



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Grant Cummings
Bureau Director
Bureau of Rate Setting
Division of Medicaid Services

Dylan Helmenstine
IRIS Fiscal Management
Health Care Rate Analyst

IRIS Advisory Committee
May 28, 2024

2022 Cross-Program Analysis (CPA) Summary



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- Purpose of the CPA
- Key Terms
- Statewide Results
- Dane County Results
- Summary Explanations
- Questions

Cross Program Analysis (CPA)

- Part of DMS's activities that help to compare Long-Term Care (LTC) programs in Wisconsin.
- Compares program experience in 2022 between Family Care and IRIS on a Monthly Per-Person basis.
- Conducted by Milliman, BRS's consulting actuary.

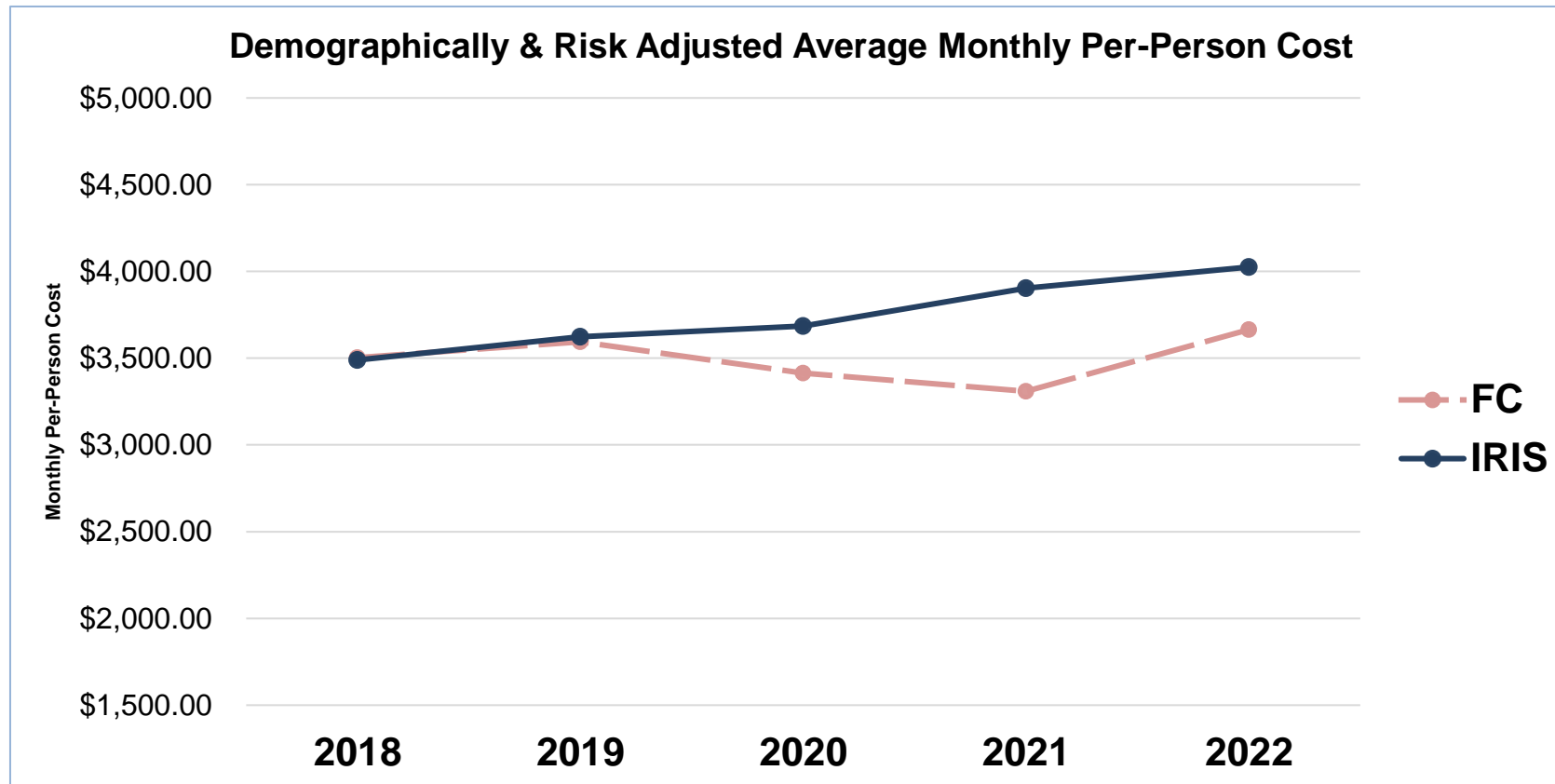
CPA Key Terms

- Monthly Per-Person Average Cost
 - The calculated spending for a representative person in each program.
- Demographically-Adjusted Costs
 - Comparable costs after matching the IRIS ratios to Family Care ratios for people designated as frail elderly, physically disabled, and developmentally disabled.
- Risk-Adjusted Costs
 - Comparable costs after matching the prevalence of certain cares and conditions to those in Family Care.

Statewide Average Calculations 2022

Program	Non-Adjusted Total	Demographically Adjusted	Demographically & Risk Adjusted
IRIS	\$4,204.33	\$4,178.62	\$4,024.34
Family Care	\$3,665.00	\$3,665.00	\$3,665.00
<i>Difference</i>	\$539.33	\$513.62	\$359.34

Adjusted Statewide Averages 2018-2022

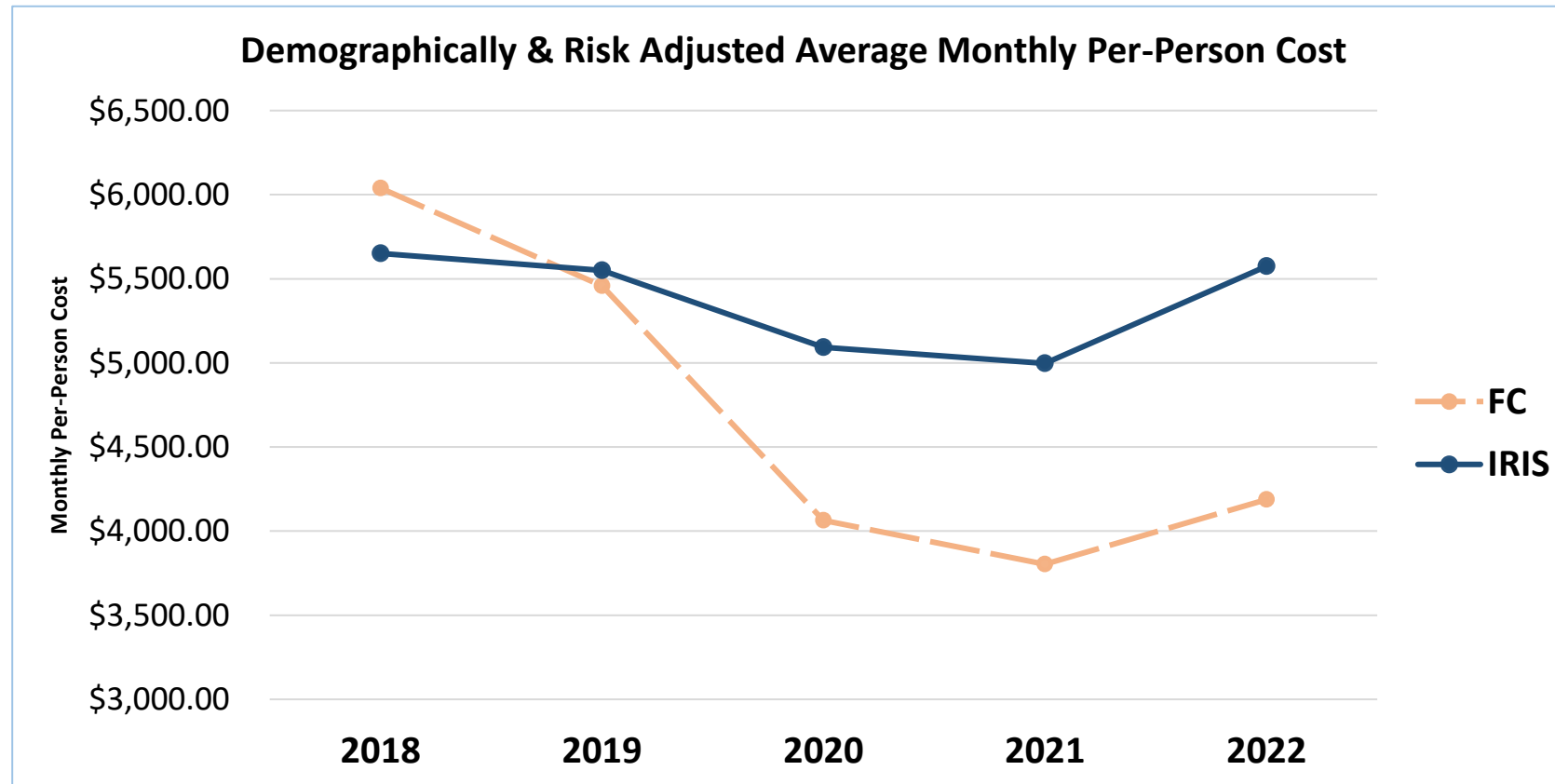


Dane Co. Average Calculations 2022

Program	Non-Adjusted Total	Demographically Adjusted	Demographically & Risk Adjusted
IRIS	\$7,148.53	\$6,444.05	\$5,574.70
Family Care	\$4,187.56	\$4,187.56	\$4,187.56
<i>Difference</i>	\$2,960.97	\$2,256.49	\$1,387.14

NOTE: Statewide Difference is \$359.34

Adjusted Dane Co. Averages 2018-2022



Milliman's Initial Summary Findings

- IRIS monthly per-person costs continue to exceed Family Care's
- Family Care monthly per-person costs grew more than IRIS, which may be due differences in provider contracting.
- Dane County monthly per-person costs increased for both programs.
 - Significant decreases in Dane's costs were not expected to persist.



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Questions?

Wisconsin 2022-23 NCI-AD Self-Direction Results



Justine Felix
NCI Coordinator
May 28, 2024

Agenda

- NCI-AD Survey Background
- 22-23 Survey Cycle Participation
- Self-Direction Module
- Outcomes
- Resources
- Questions

National Core Indicators – Aging and Disability (NCI–AD) Survey

- Commonly used survey tool nationally to gain insights on long-term care (LTC) members' perception of **care, home life, and community inclusion**.

- Tracks trends and informs long-term care policy regarding how members feel about their care.

- Survey population includes adult waiver program enrollees in the Frail Elderly (FE) and Physically Disabled (PD) target groups.

- Provides information on **experiences, service satisfaction, and self-reported outcomes** of LTC services and support.

NCI-AD Survey Continued

- Wisconsin has participated in NCI-AD since 2017 – **18** states participated in 2022-23
- LTC programs surveyed include:
 - Managed LTC: Family Care, Family Care Partnership, PACE (Program of All-Inclusive Care for the Elderly), and IRIS (Include, Respect, I Self-Direct)
 - Nursing homes
- Surveys conducted remotely, by telephone or video conference

2022-23 NCI-AD Participation

- Data collected from July 2022 – June 2023
 - Completion rates were slightly lower than project goals due to onboarding new survey vendor, staff turnover, and compressed timeframe
 - Current survey cycle (23-24) is on track to meet goals
- Reached 95% confidence level and 5% margin of error

Program and Target Group	Population Size at Sample Pull	Valid Responses
Family Care (FC)	24,867	649
IRIS	12,951	390
Total	37,818	1,039

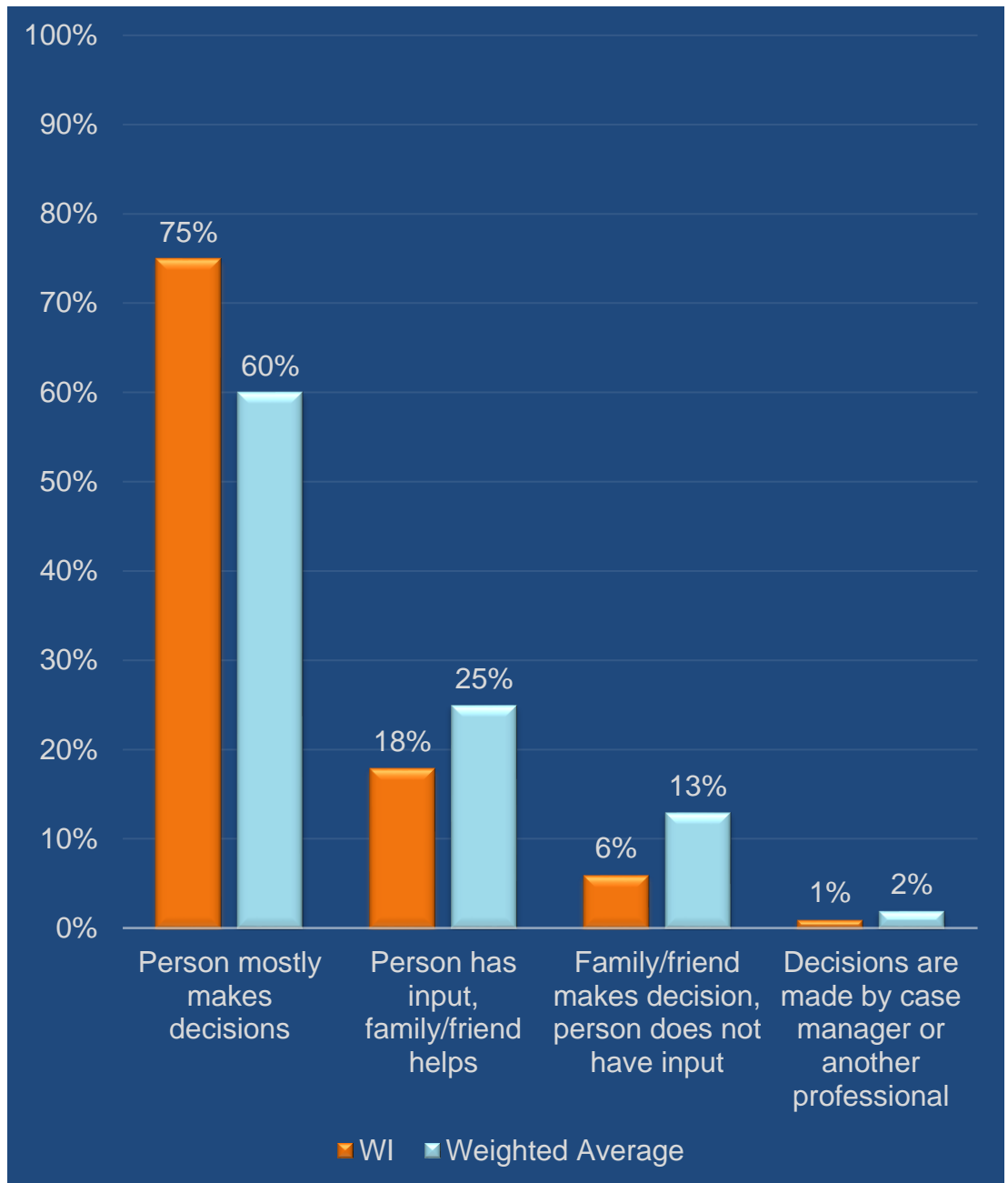
Self-Direction Module

- These questions are only asked of those who are using a self-directed supports option and assess experiences specific to self-direction
 - 99% of IRIS participants and 32% of FC participants use self-directed supports – the following results are about 70% IRIS and 30% FC
 - Number of respondents (N) may differ between questions due to inapplicability or choosing to not respond
- 9 new self-direction questions were added for 2022-23 survey
- Proxy is allowed for all questions

SDS-1:

Who makes decisions about the services that are self-directed? Things like what services you use, hiring or firing staff, scheduling services.

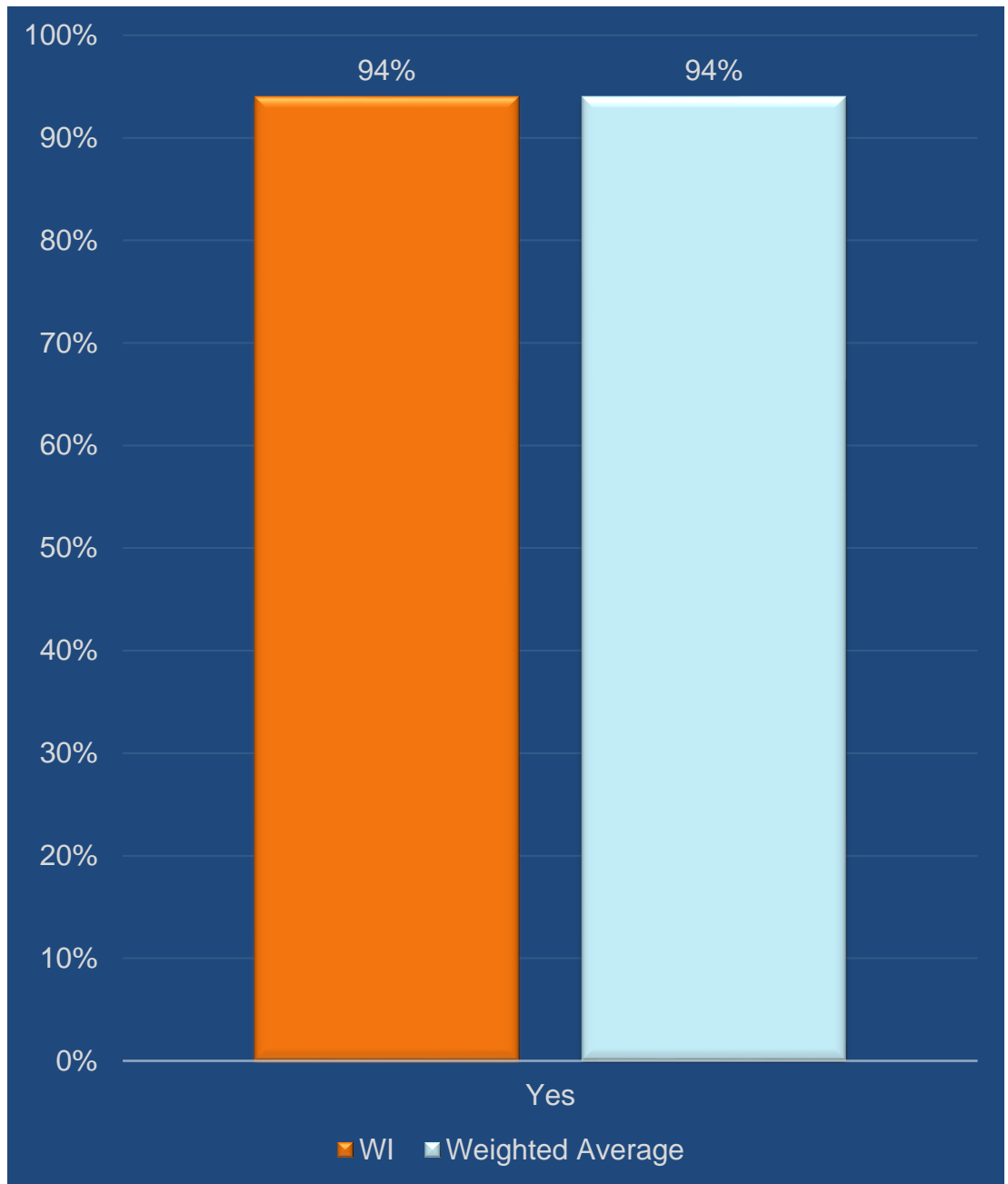
N = 343



SDS-2:

Do you have enough help deciding how to direct your services?
Things like making decisions about how and when you get services?

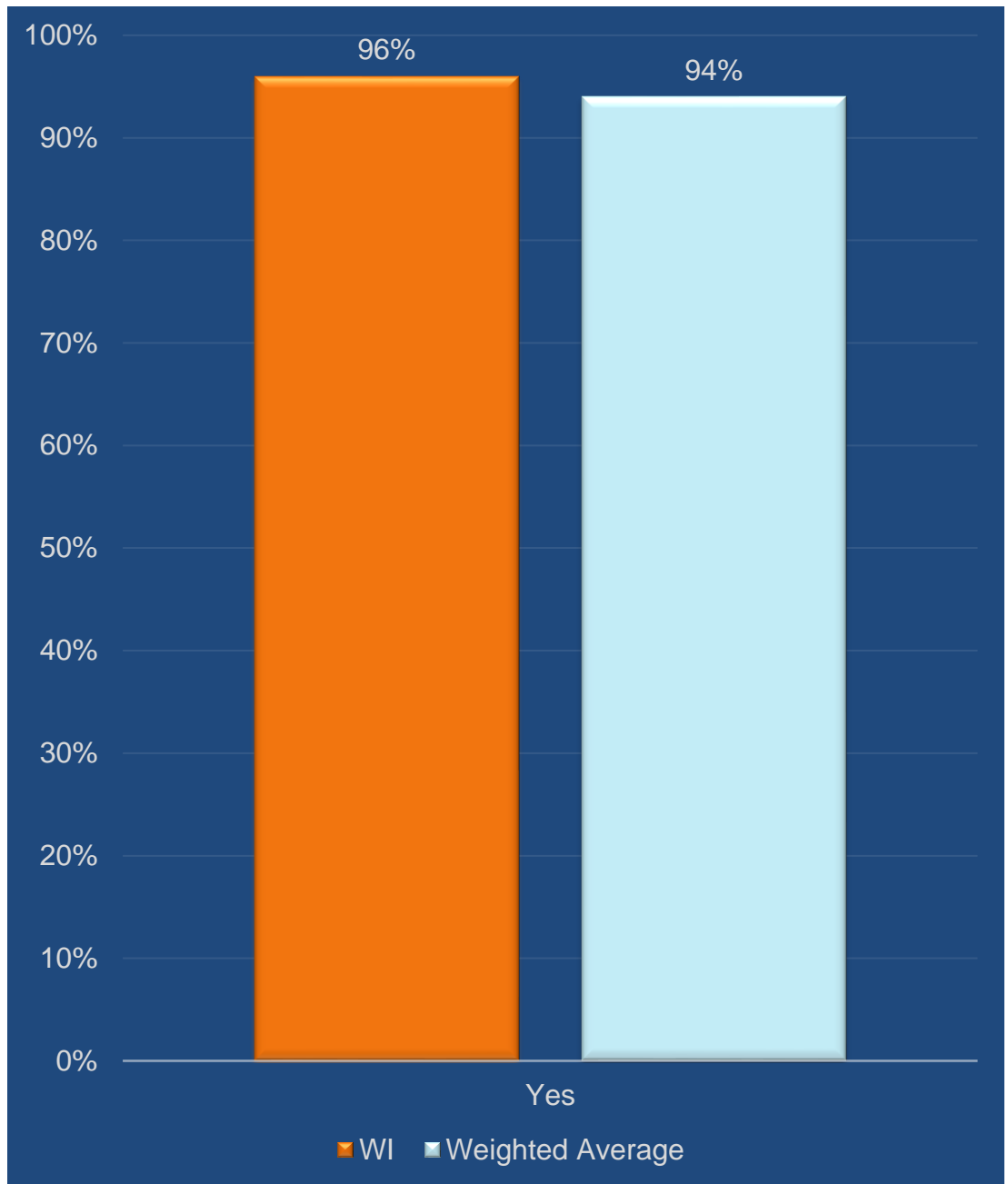
N = 269



SDS-3:

Can you make changes
to the services and
supports you self-direct
if you need to?

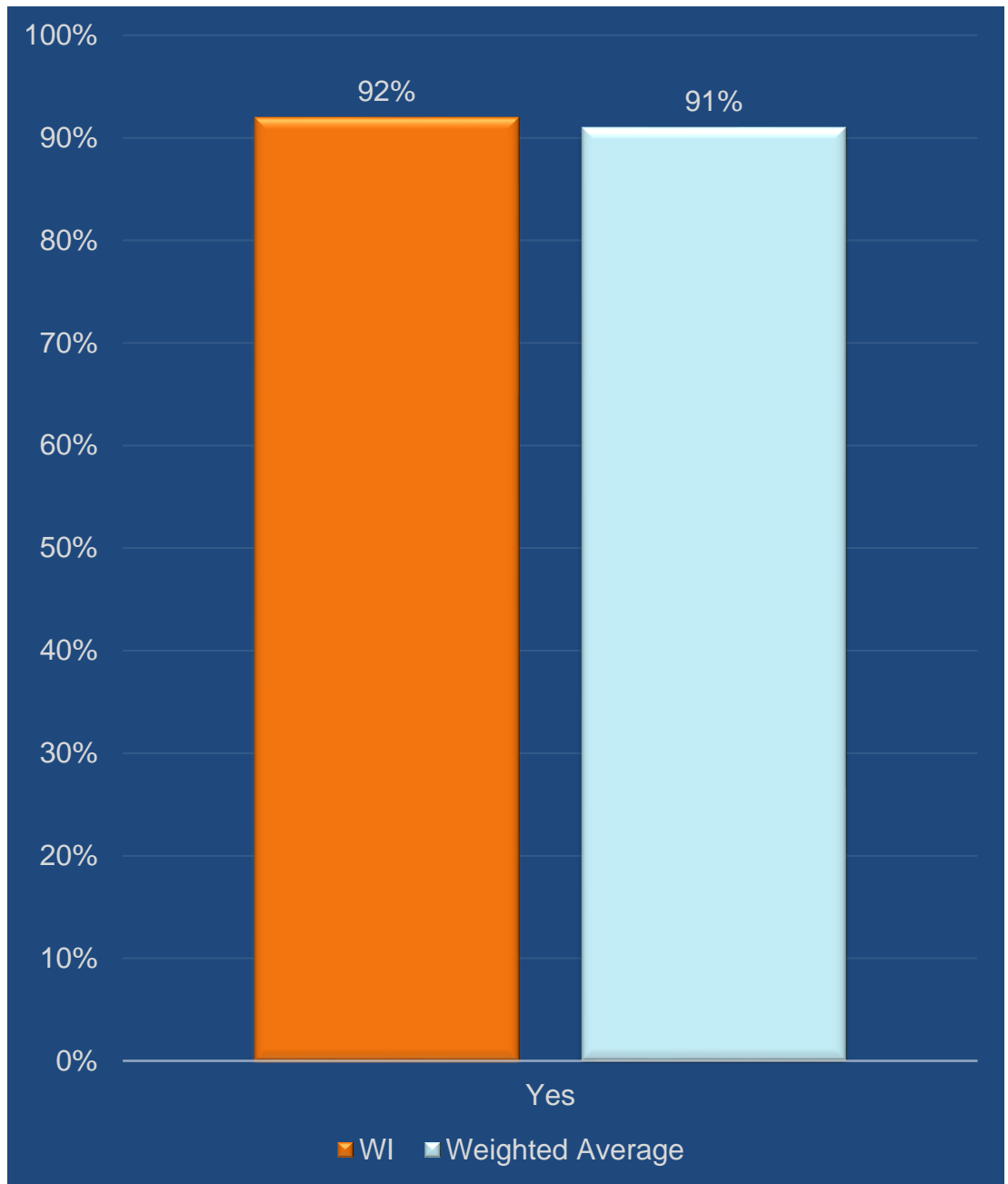
N = 266



SDS-4:

Do you have the amount
of control you want with
the services you self-
direct?

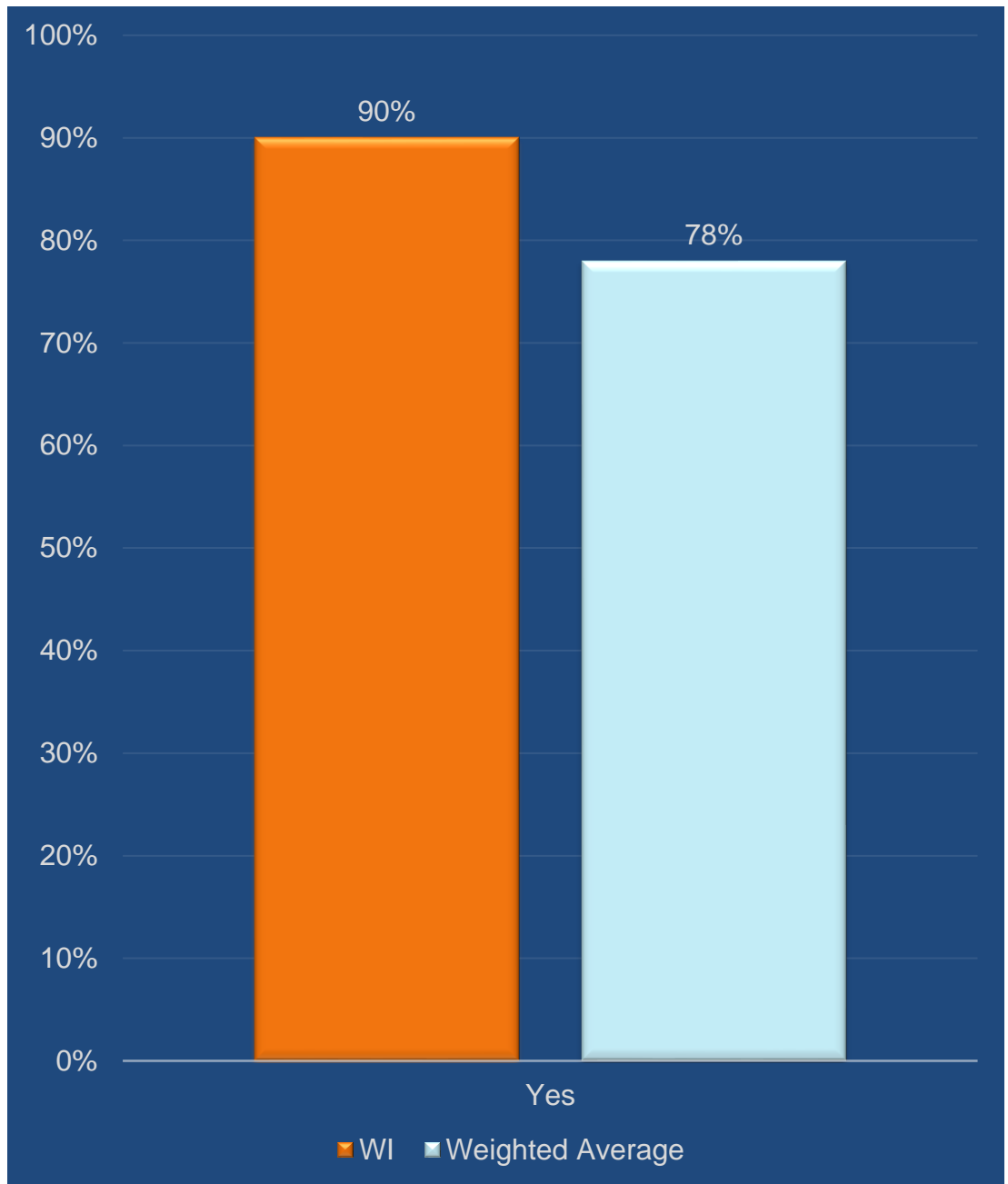
N = 265



SDS-5:

Are the services and supports you want to self-direct always available? This includes things like having the services that you want available when you want them and having enough staff to hire.

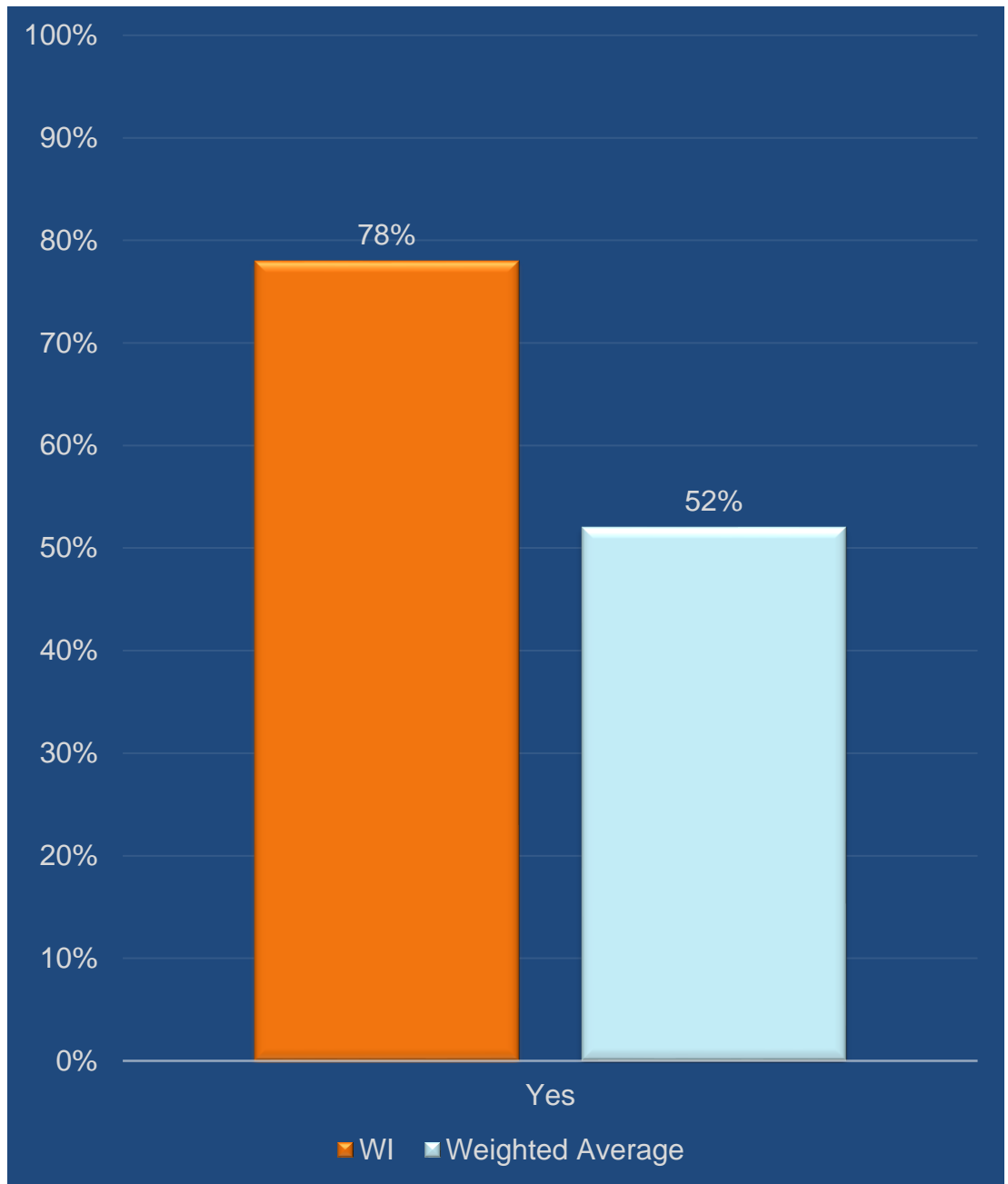
N = 259



SDS-6:

Do you get information about your budget and services from your/their financial management service (FMS)?

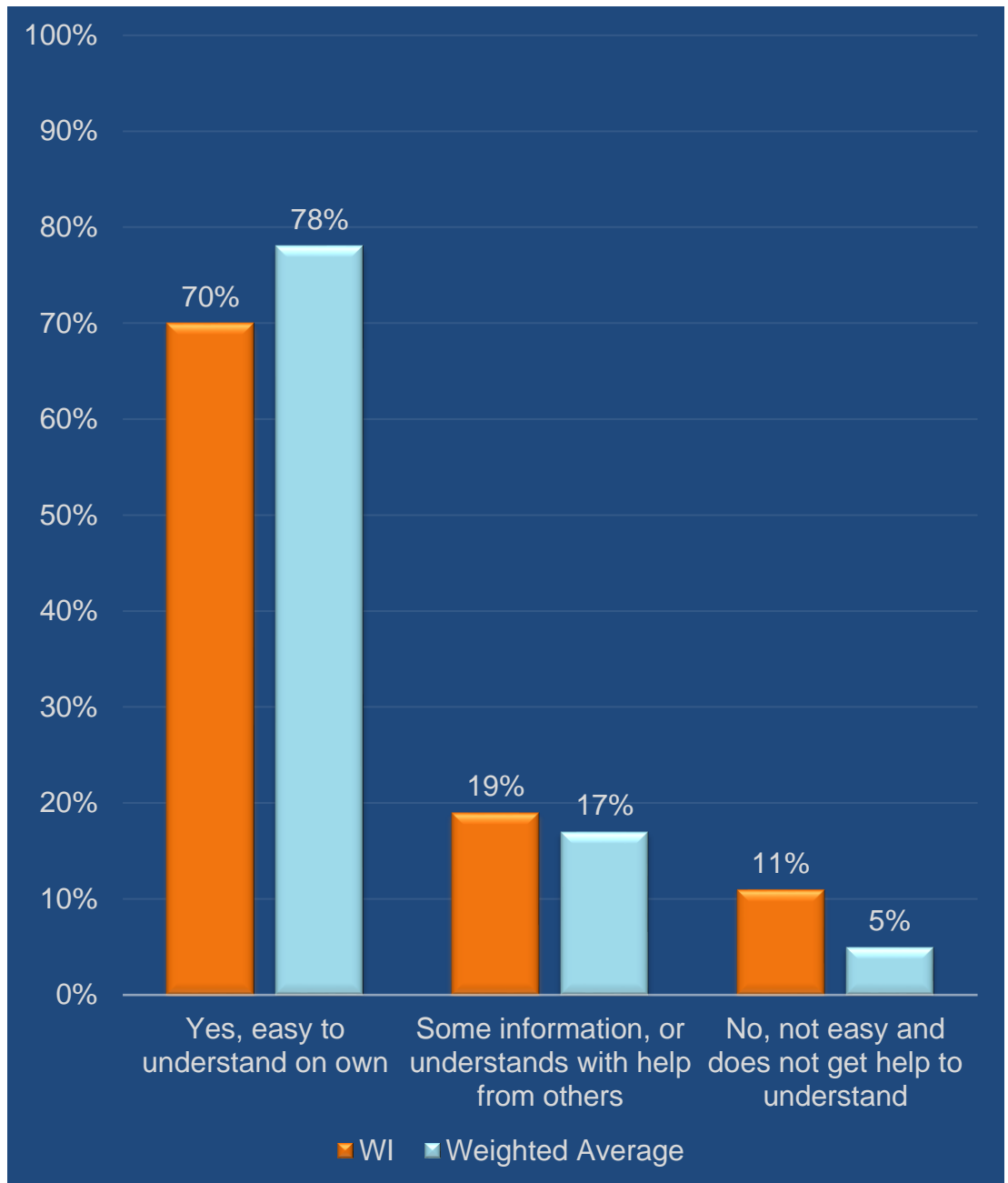
N = 262



SDS-7:

Is the information you get from the FMS easy to understand?

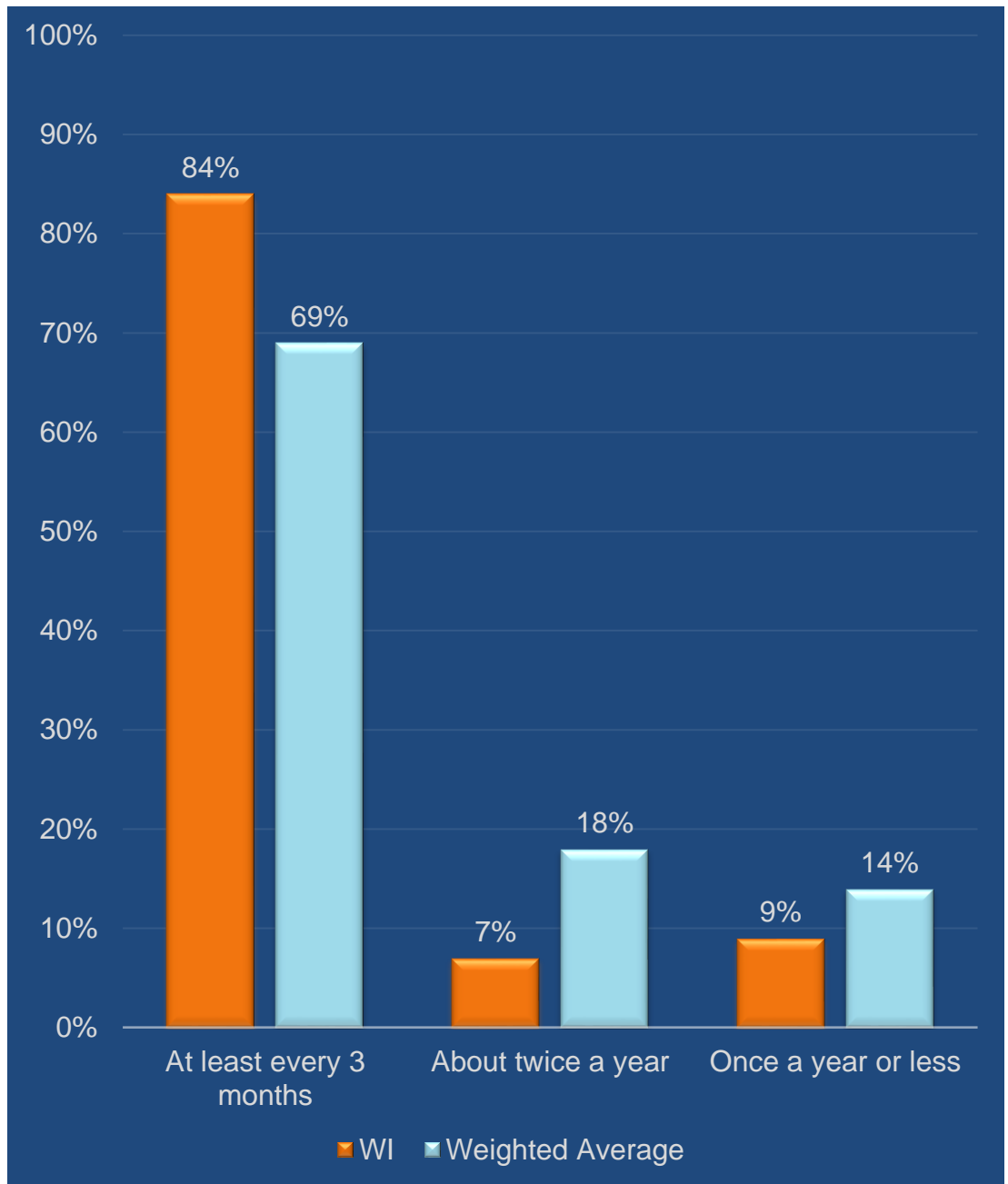
N = 202



SDS-8:

How often do you get the information about your budget and services from your FMS?

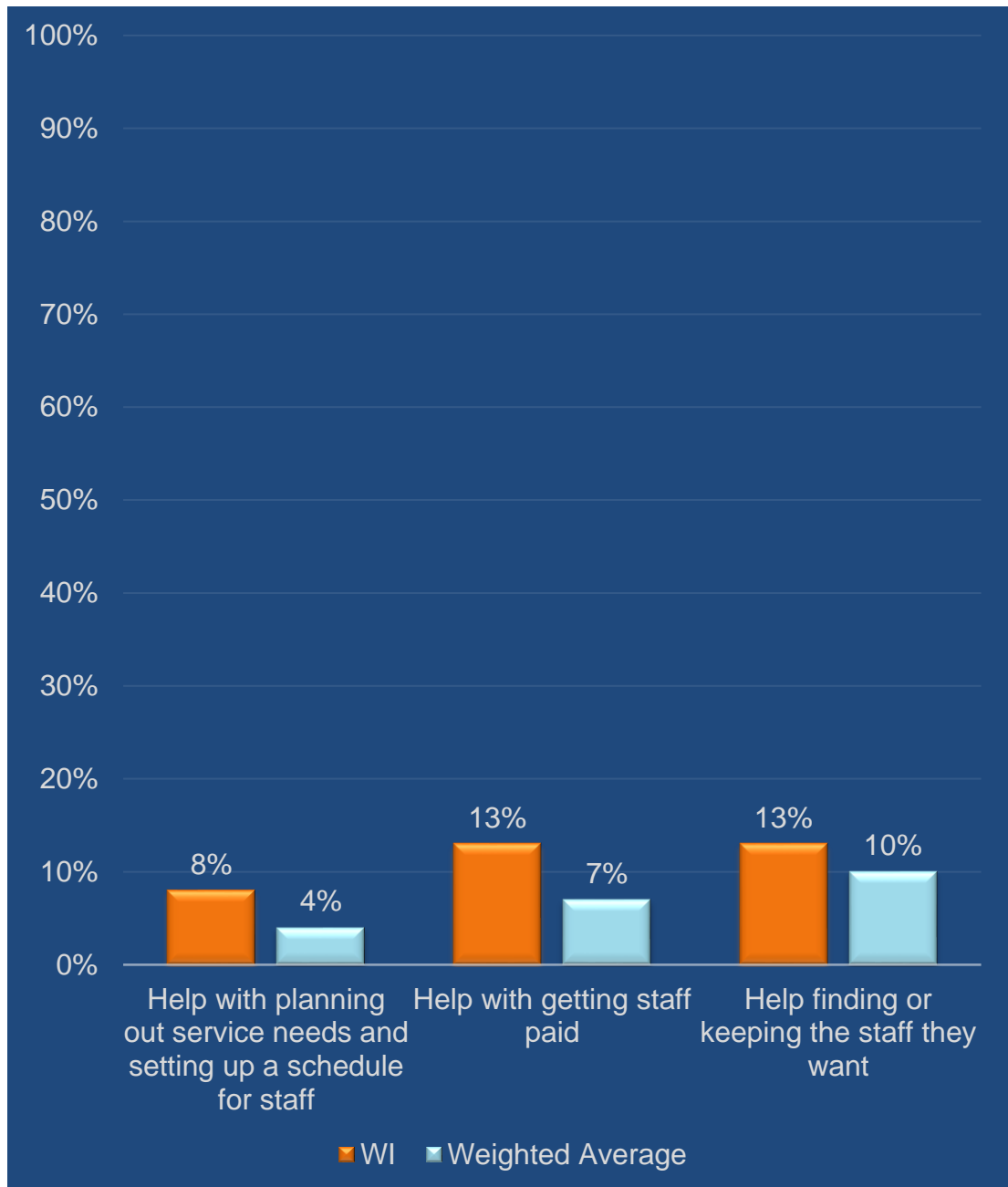
N = 194



SDS-9 (1/3):

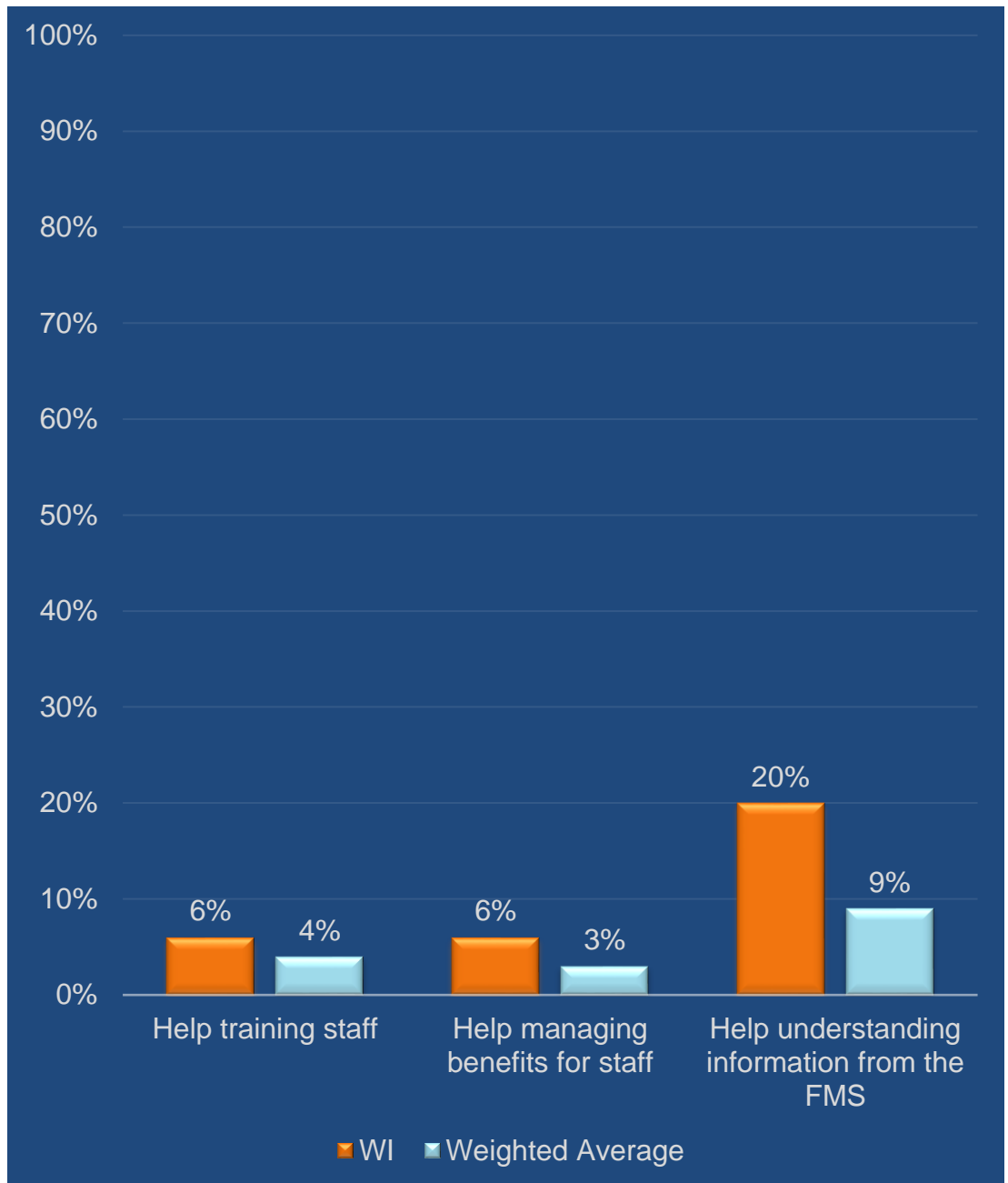
From this list, what parts of self-direction do you need help with?

Categories are not mutually exclusive, therefore N is not included.



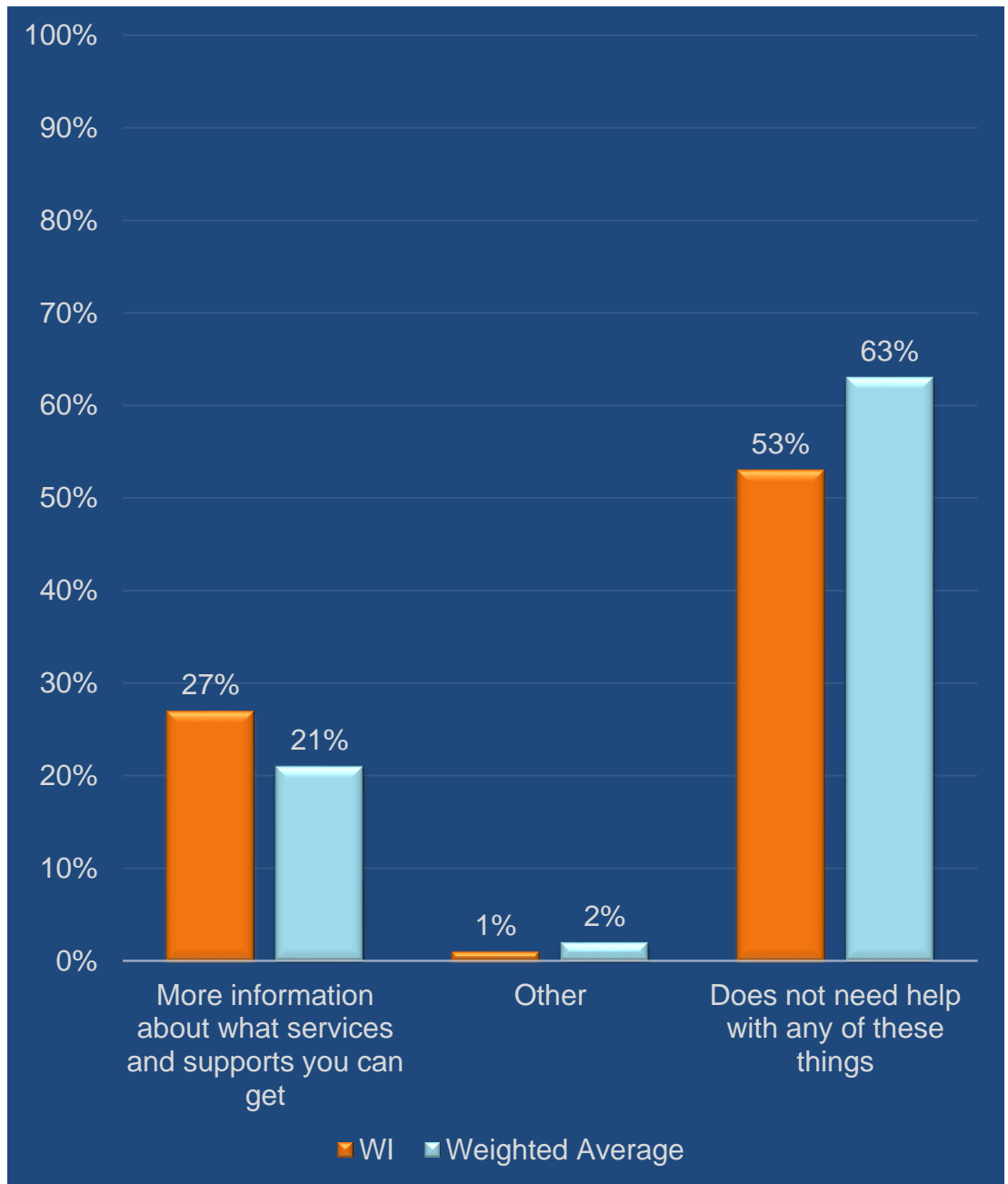
SDS-9 (2/3):

From this list, what parts of self-direction do you need help with?



SDS-9 (3/3):

From this list, what parts of self-direction do you need help with?



Resources

- NCI-AD Website - <https://nci-ad.org/>
- NCI-AD 22-23 National Report - https://nci-ad.org/upload/reports/2022-23_NCI-AD_ACS_Part1_Final240412.pdf
- DHS NCI Website - <https://www.dhs.wisconsin.gov/nci/index.htm>

Questions

Justine Felix

NCI Coordinator

Justine.Felix@dhs.wisconsin.gov

608-471-3901

Wisconsin Medicaid Standards for Certified 1- 2 Bed Adult Family Homes



Agenda

1. Background and Project Overview
2. Overview of Changes
3. Review and Feedback Process

Background and Project Overview

Why did DHS Update the Standards?

- DHS identified need for additional 1-2 bed AFH oversight
- DHS needed to clarify 1-2 bed AFH roles and the responsibilities of certifying and placing agencies
- DHS needed to clarify the types of settings that require 1-2 bed AFH certification
- DHS Partners expressed interest in strengthening 1-2 bed AFH certification standards

Project Overview

- Standards are issued under the authority of the approved HCBS Waiver programs operated by DHS
- Standards were initially published on 10/22/2013
- Minor Standard updates were published in 02/2018
- Standards are being revised to include:
 - ◆ More precise health and safety provisions for people living in 1-2 bed AFHs
 - ◆ Clarification of a variety of concepts/language (e.g., types of plans, definitions, certifying/placing agency responsibilities, etc.)
 - ◆ Creation of standardized reporting criteria
 - ◆ HCBS setting rule requirements

Overview of Changes

Article I Introduction

- ◆ Changed and updated definitions
 - Revised Placement Agency to include IRIS Consulting Agency (ICA)

Article II. Certifying Agency: Qualifications and Responsibilities

- ◆ Included requirement that certifying agency staff must receive initial training AND on-going training
- ◆ Enhanced content of the certifying agency training plan

Article III Certification

- Updated certification process for new applicants and recertification for current providers or operators
 - ◆ Mandates annual site visit with requirement to attempt to engage residents
 - ◆ On-going caregiver background checks revised from four years to “not less than once every three years”
 - ◆ Prior to hire, new staff must pass the required background checks. Checks must be completed no sooner than 90 days prior to hire. (This also includes household members age 18 and who reside in the home.)

Article IV Requirements for the Home

- Added visual verification requirement during annual site visit that ammunition is stored separately from weapons and that weapons are stored and physically secured
- Added requirement for battery operated carbon monoxide detectors to be checked and logged monthly
- Added requirement for provider to submit floor plan to certifying agency, including square footage of each room
- Added HCBS settings rule bedroom door lock requirements

Article V Provider, Operator, and Staff Qualifications

- Updated personnel qualifications
 - ◆ Added background check specifications for new employees, new respite residents, substitute providers, and new household members 18 years and older
 - ◆ Added reporting requirements for unexpected provider health issues
 - ◆ Clarified conflict of interest process
 - ◆ Expanded initial and on-going training requirements and hours of training

VI Provider or Operator Responsibilities

- Added immediate reportable incidents and reporting requirements
 - Revised when to report; to whom; and required timelines

Article VII Requirements for Residential Supports and Services

- Expanded contents of the AFH service agreement including
 - ◆ Reasons and notice requirements for involuntary discharge
 - ◆ Requirement for AFH to provide residents with written information for advocacy groups
 - ◆ Revised to allow use of an AFH for respite only. Respite resident care stays may not exceed 28 consecutive days and 90 days per calendar year per resident (unchanged from current standards)

Article VIII Requirements for Home and Community-Based Settings

- Updated expectations of HCBS compliance
 - ◆ Added WI HCBS Settings Rule benchmarks for 1-2 Bed Adult Family Homes
 - ◆ Added HCBS Settings Rule Modification process including documentation and consent requirements
 - ◆ Added HCBS Setting Rule Heightened Scrutiny process

Article IX Resident Rights

- Require upon placement and annually thereafter, residents must be notified orally and given a written copy of their rights
- Expanded resident rights article to specifically identify all rights
- Clarified rights that can be denied or limited
- Added informed consent and risk agreement process
- Clarified process for the right to file a grievance

Article X Records and Reports

- Revised retention of records to seven years instead of 10 years

Article XI Exceptions to a Requirement

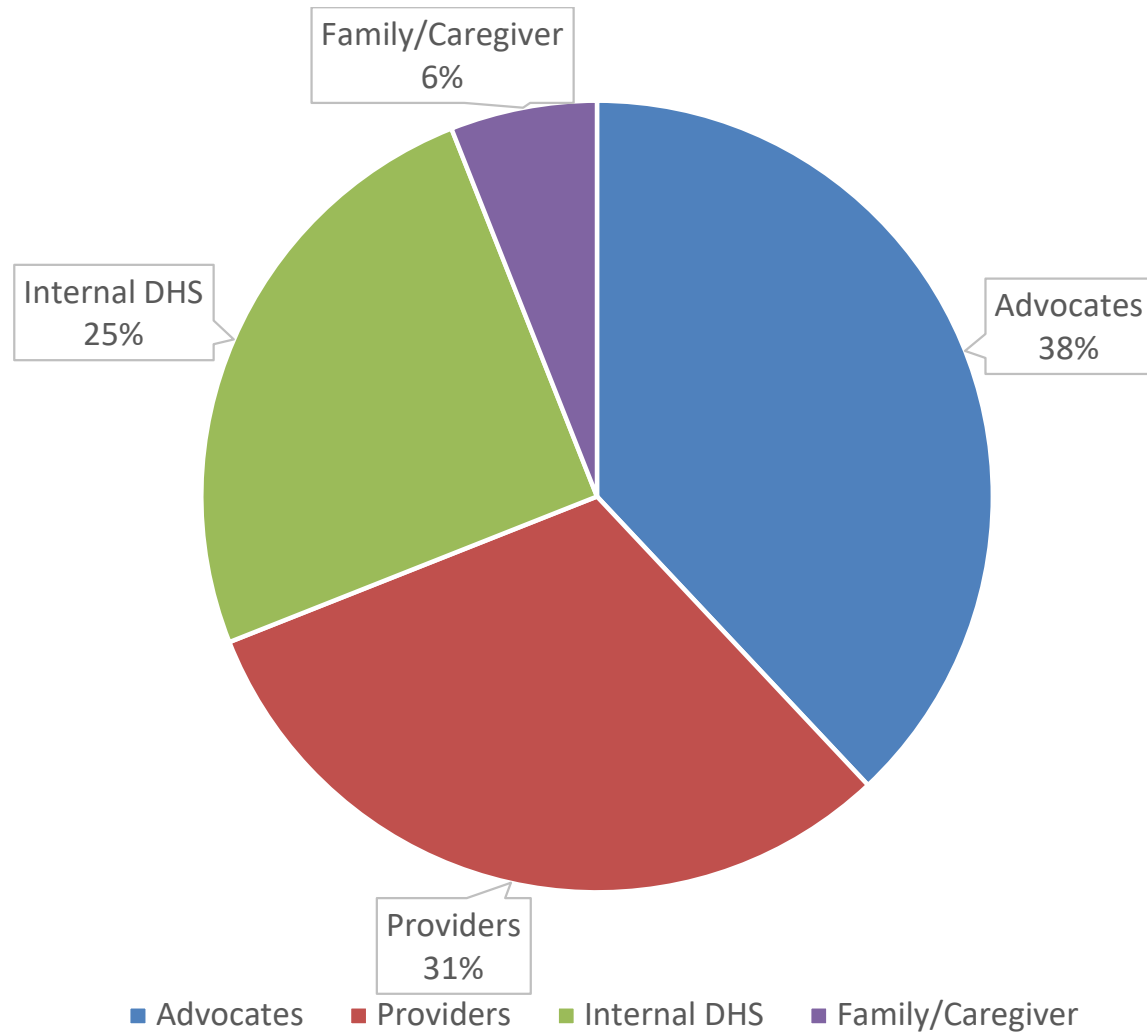
- Created a DHS Approval Committee to review, approve, or deny exception requests using a standardized process
- Indicated articles which MAY BE considered for exception
 - ◆ Clarified which Articles require both an exception request and a HCBS Rule Modification
- Changed certifying agency quarterly exception reporting to monthly via DHS standardized template

Review and Feedback Process

Outreach

What	Who	When
Targeted Outreach	<ul style="list-style-type: none">• Targeted DHS Partners• Area Administration• Wisconsin County Human Service Association (WCHSA)	<ul style="list-style-type: none">• June - July 2023
Public Comment	<ul style="list-style-type: none">• All DHS partners• Open to the public	<ul style="list-style-type: none">• December 2023 - January 2024

Public Comment Feedback



Public Comment Themes

Consistency

Where possible, align with DHS 83 and DHS 88

ICA as a placing agency

Comments asking about the requirements of an ICA as a placing agency

Rights and Grievances

Request for more stringent processes and oversight for rights and grievance process

Background Checks

Comments regarding background check requirements changing from 4 to 3 years

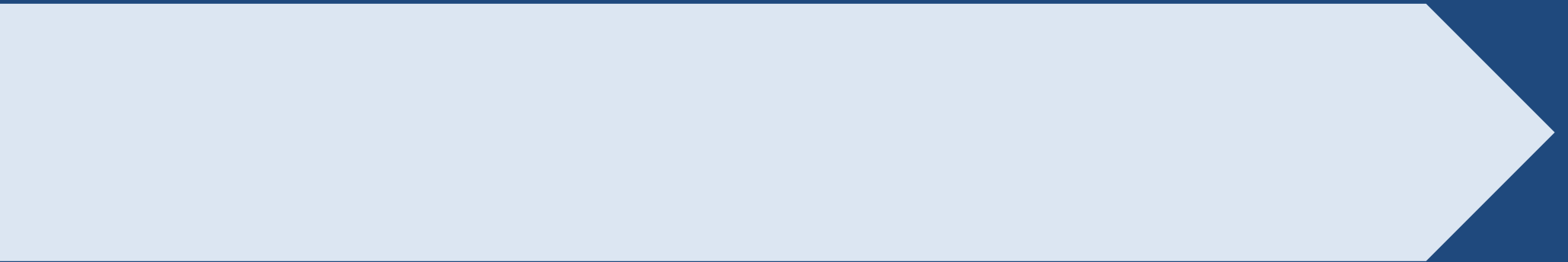
HCBS Setting Rule

Questioning HCBS Setting Rule language

Training Requirements

Varying comments about additional training requirements; some providers requested less training and advocates requested more

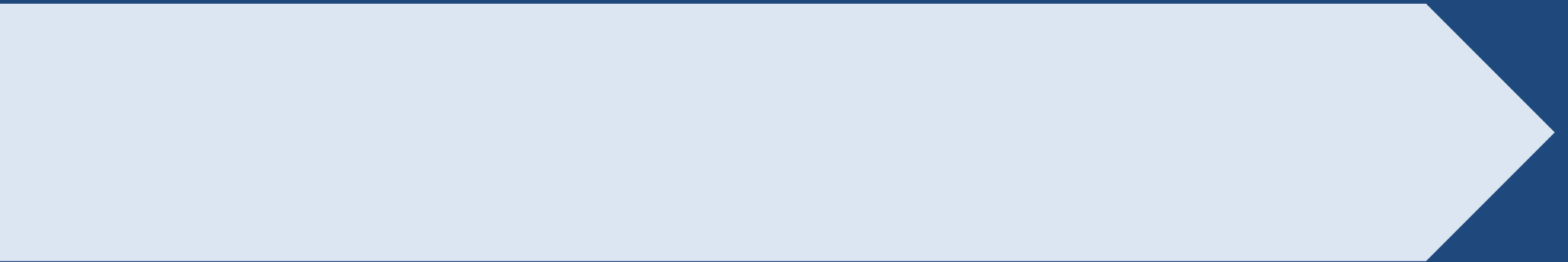
Additional Revisions based on Public Comment



Major Changes based on Public Comment

- Consistency - aligned where appropriate with DHS 88 (3-4 bed AFH)
- IRIS Consultant Agency (ICA) - clarified definition and role
- Rights and Grievances - included all rights and created a requirement for a clear grievance process
- Background checks - retained change from 4 years to 3 years
- HCBS Setting Rule - expanded throughout Articles
- Training requirements - strengthened AFH initial and on-going training requirements

Next Steps



Next Steps

- Gather feedback from DHS partners on revised HCBS Benchmarks
- Submit Standards and all supporting documents for review/publishing
- After publishing, website and benchmarks will be updated

Thank you!

IRIS Service Plan (ISP) Policy

Chris Ma
IRIS Program and Policy Analyst
May 28, 2024



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Overview

How does the CMS CAP
impact the IRIS program?

ISSP Policy → ISP Policy

Next Steps

How does the CMS Corrective Action Plan (CAP) impact the IRIS program?

Summary of CAP

Category Name	Category Milestone(s) Summary	Final Completion Date
1. Forthcoming Heightened Scrutiny Activities	Multiple milestones related to completing heightened scrutiny reviews of the 20 settings not yet submitted to CMS.	Submit settings to CMS by 06/30/2024 Address CMS findings the later of 12/31/2024 or 3 months after CMS issues findings
2. Current Heightened Scrutiny Activities	Responding to the CMS feedback on the settings submitted in 04/2021 once that feedback is received	Address CMS findings the later of 12/31/2024 or 6 months after CMS issues findings
3. Heightened Scrutiny Site Visit	Addressing the findings from the CMS heightened scrutiny site visits	12/31/2024

ICA-Related Site Visit Findings

- Choice of setting documented in the written plan for participants, including court ordered restrictions
 - ◆ Will be applicable to all participants
- For participants in provider owned or controlled residential settings, modifications to the residential HCBS Settings requirements must be documented per the requirements in the Individual Service Plan (ISP). Restrictions cannot be in place that are not documented.

Application to All IRIS Participants

In both the Site Visit Report Cover and the CAP Milestones, CMS directs Wisconsin to include complying with person-centered planning requirements as part of our remediation.

[Wisconsin Site Visit Cover Letter and Report \(medicaid.gov\)](https://www.medicaid.gov/sites/default/files/2022-12/wi-site-visit-rpt-cl.pdf)

<https://www.medicaid.gov/sites/default/files/2022-12/wi-site-visit-rpt-cl.pdf>

[Wisconsin Settings CAP Approval Letter \(medicaid.gov\)](https://www.medicaid.gov/sites/default/files/2023-09/wi-appvd-cap.pdf)

<https://www.medicaid.gov/sites/default/files/2023-09/wi-appvd-cap.pdf>

CMS Cover Letter

CMS appreciates the efforts of the state to prepare for our visit to Wisconsin. We are asking the state to apply remediation strategies addressing the feedback contained in our report to the specific setting(s) as identified. We note that the HCBS settings criteria identified in the report that are followed by an asterisk require the state to go beyond ensuring that the individual setting has completed the necessary actions identified; specifically, complying with person-centered planning requirements requires further direction to and collaboration with the entities responsible for developing and monitoring the person-centered plans and with the HCBS provider community that is responsible for implementing services and achieving the objectives outlined in the plan. In addition, CMS notes that the state's remediation strategies must be applied to all remaining similarly situated settings you have identified as being presumptively institutional that were not included in CMS' site visit to ensure compliance with the settings criteria at 42 CFR § 441.301(c)(4) by March 17, 2023. Finally, the state should ensure issues identified in this report are addressed in the state's overall assessment process of all providers of HCBS in Wisconsin, to ensure that all providers are being assessed appropriately against the regulatory settings criteria and will implement the necessary remediation to achieve timely compliance.

- Modifications of additional conditions in provider owned and controlled residential settings under § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan.*

CMS Approval Letter

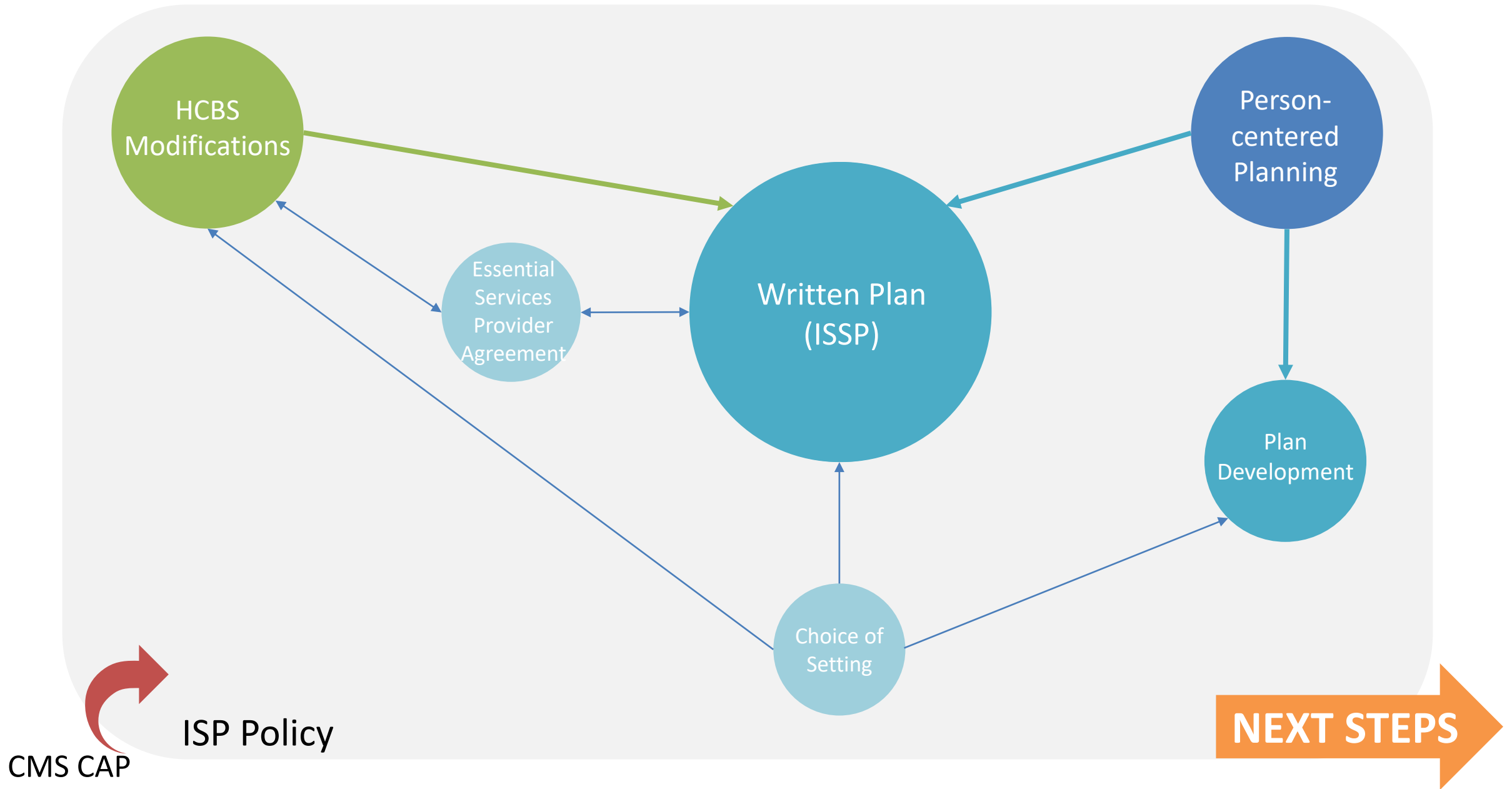
Heightened Scrutiny Site Visit	Begin Date	Completion Date
Address findings related to CMS heightened scrutiny site visit including, as applicable, needed remediation required to ensure compliance of the settings visited, remediation of all similarly situated settings that utilize a similar service delivery model, remediation of the process for developing and implementing the person-centered service plan to include justification for modifications of additional conditions with required documentation, and application of site visit feedback to the overall assessment process of all providers of HCBS in the state to ensure that all providers are being assessed appropriately against the regulatory settings criteria.	December 6, 2022	December 31, 2024

ISSP → ISP

Process for Addressing CMS CAP

1

Analyze CMS
Cover Letter/CAP,
CMS Site Visit
Findings Report,
CFR, IRIS waiver,
and current
policies to
determine
program impacts



42 CFR § 441.301(c)(1)(ix)

(1) Person-centered planning process.

...

(ix) **Records the alternative home and community-based settings** that were considered by the individual.

42 CFR § 441.301(c)(4)(ii)

(4) Home and Community-Based Settings.

...

(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The **setting options are identified and documented in the person-centered service plan** and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

42 CFR § 441.301(c)(2)(ix-x)

(2) Person-Centered Service Plan.

...

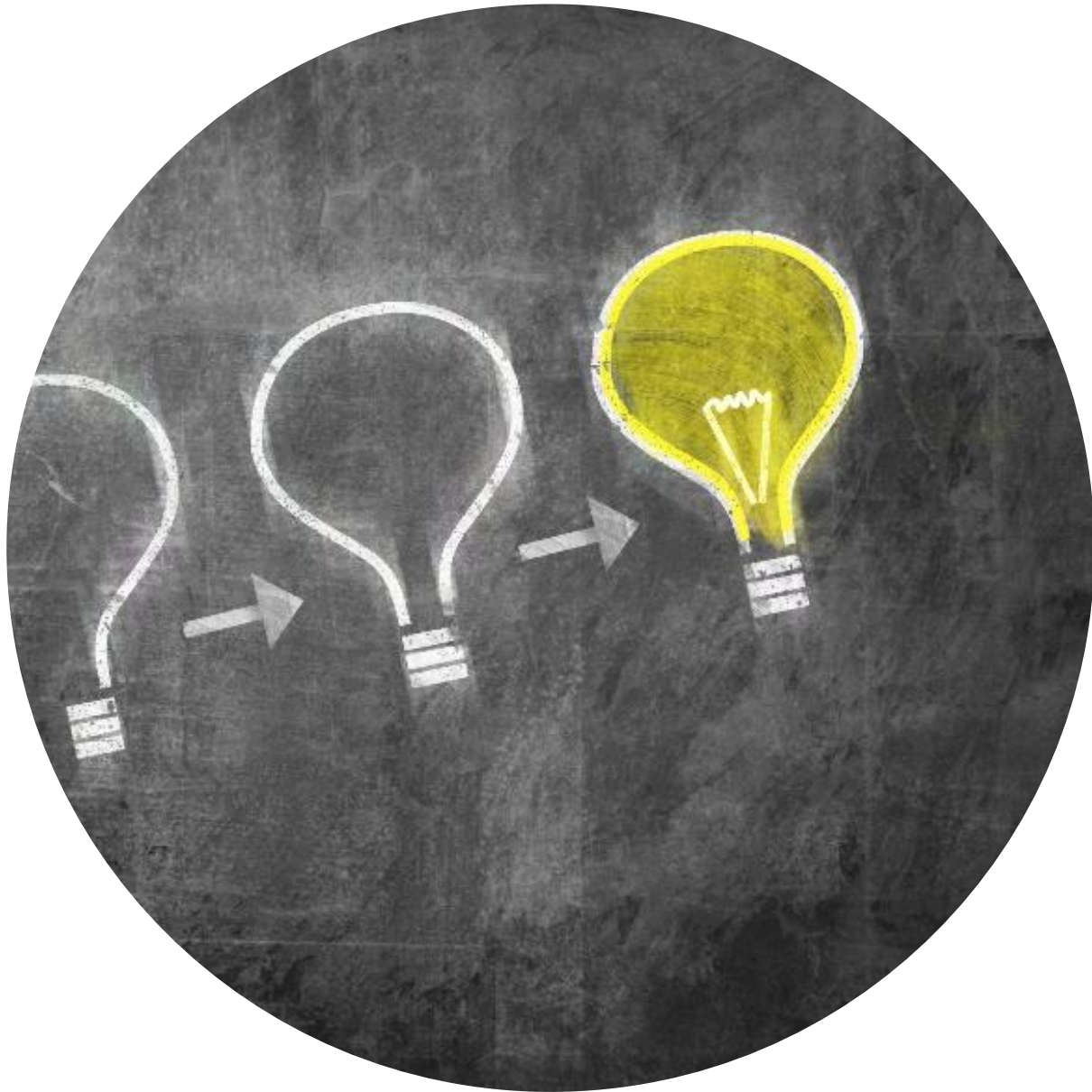
(ix) Be finalized and agreed to, with the informed consent of the individual in writing, and **signed by all** individuals and **providers** responsible for its implementation.

(x) Be **distributed** to the individual **and other people** involved in the plan.

Next Steps

Work in Progress

- ISP policy is being revised
- ISP Policy small workgroup with contractors
- Develop HCBS modifications panel in Department's enterprise care management system
- HCBS modifications incorporated into the ISP policy
- Essential Services Provider Agreement policy under review



Questions?

HCBS-related questions:
dhshcbssettings@dhs.wisconsin.gov

Resources

[Wisconsin Site Visit Cover Letter and Report \(medicaid.gov\)](#)

[Wisconsin Settings CAP Approval Letter \(medicaid.gov\)](#)



WISCONSIN DEPARTMENT
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2023 Participant Satisfaction Survey

Jie Gu
Program and Policy Analyst
5/24/2024

Survey Sample Criteria

Surveys were sent to randomly selected participants meeting the following criteria:

- Current participant
- Having been a participant for 6+ months
- Distributed among all three target groups

2023 Family Care/IRIS Survey Questions

FC/FCP/PACE Survey Questions

There were a few changes in the question language from previous surveys. The current questions are:

1. Can you contact your care team when you need to?
2. When asking for help, how often do you get the help you need from your care team?
3. How satisfied are you with getting clear explanations about your care plan from your care team?
4. When you speak with your care team, how well do they listen to you?
5. How kindly does your care team treat you?
6. How satisfied are you with getting clear explanations about the self-directed supports (SDS) option from your care team?
7. To make sure you are the focus of your care plan, how much does your care team involve you in the planning, development, and communication of your care plan?
8. How well does your care plan support the activities that you want to do in your community, such as visiting with family and friends, working, and volunteering?
9. How often does your care plan include the things that are important to you?

FC/FCP/PACE Survey Questions

There were a few changes in the question language from previous surveys. The current questions are:

10. How kindly do the people who provide you with supports and services treat you?

11. How well do the supports and services you receive meet your needs?

12. Overall, how satisfied are you with your managed care organization?

13. Thinking about a usual month, how satisfied are you with the number of opportunities you have to participate in social activities?

(New Question for 2023)

14. Thinking about a usual month, how often do you have access to transportation to places and social activities you want to attend?

(New Question for 2023)

15. Currently, which of the following best describes where you, the member, live?

16. Who answered the questions in this survey?

17. Please write any other comments you may have about {MCO name} in the box below. Because survey answers are confidential, we are unable to respond directly to your comments. If you need help or have an immediate concern, please contact your care manager.

IRIS ICA Survey Questions

There were a few changes in the question language from previous surveys. The current questions are:

1. Can you contact your IRIS consultant when you need to?
2. When asking for help, how often do you get the help you need from your IRIS consultant?
3. How satisfied are you with getting clear explanations from your IRIS consultant?
4. When you speak with your IRIS consultant, how well do they listen to you?
5. How kindly does your IRIS consultant treat you?
6. Overall, how satisfied are you with your IRIS consultant agency?
7. Overall, how well do the supports and services you receive in your ISSP meet your needs?
8. How satisfied are you with getting clear explanations from your IRIS consultant agency to develop your ISSP?
9. How well does your ISSP support the activities you want to do in your community, such as visiting with family and friends, working, and volunteering?

IRIS ICA Survey Questions

There were a few changes in the question language from previous surveys. The current questions are:

10. How well does your ISSP support your needs related to living in a place of your choice? This may include a private apartment or house, adult family home (AFH), or residential care apartment complex (RCAC).
11. How satisfied are you with the process of recruiting, hiring, training, and supervising your workers?
12. How satisfied are you with how your budget is made to purchase allowable services to meet your needs?
13. Thinking about a usual month, how satisfied are you with the number of opportunities you have to participate in social activities?
(New Question for 2023)
14. Currently, which of the following best describes where you, the participant, live?
15. Who answered the questions in this survey?
16. Please write any other comments you may have about {ICA name} in the box below. Because survey answers are confidential, we are unable to respond directly to your comments. If you need help or have an immediate concern, please contact your IRIS consultant for assistance.

IRIS FEA Survey Questions

There were a few changes in the question language from previous surveys. The current questions are:

1. Can you contact your fiscal employer agent when you need to?
2. When asking for help, how often do you get the help you need from your fiscal employer agent?
3. When you email, call, or leave a voicemail for your fiscal employer agent, how satisfied are you with the timeliness of the response?
4. When you email, call, or leave a voicemail for your fiscal employer agent with a concern, how satisfied are you with the result?
5. How satisfied are you with getting clear explanations from your fiscal employer agent?
6. When you speak with your fiscal employer agent, how well do they listen to you?
7. How kindly does your fiscal employer agent treat you?
8. How easy is it for you to find the forms or information you need on your fiscal employer agent's website?
9. If you hired a worker within the last year, how satisfied were you with the timeliness for hiring them?

IRIS FEA Survey Questions

There were a few changes in the question language from previous surveys. The current questions are:

10. How satisfied are you with the fiscal employer agent timesheet and payroll processing?
11. How well does your fiscal employer agent communicate if there is a problem with submitted timesheets?
12. Overall, how satisfied are you with your fiscal employer agent?
13. How likely are you to recommend your fiscal employer agent to someone you know?
14. Currently, which of the following best describes where you, the participant, live?
15. Who answered the questions in this survey?
16. Please write any other comments you may have about {FEA name} in the box below. Because survey answers are confidential, we are unable to respond directly to your comments. If you need help or have an immediate concern, please contact your IRIS consultant for assistance.

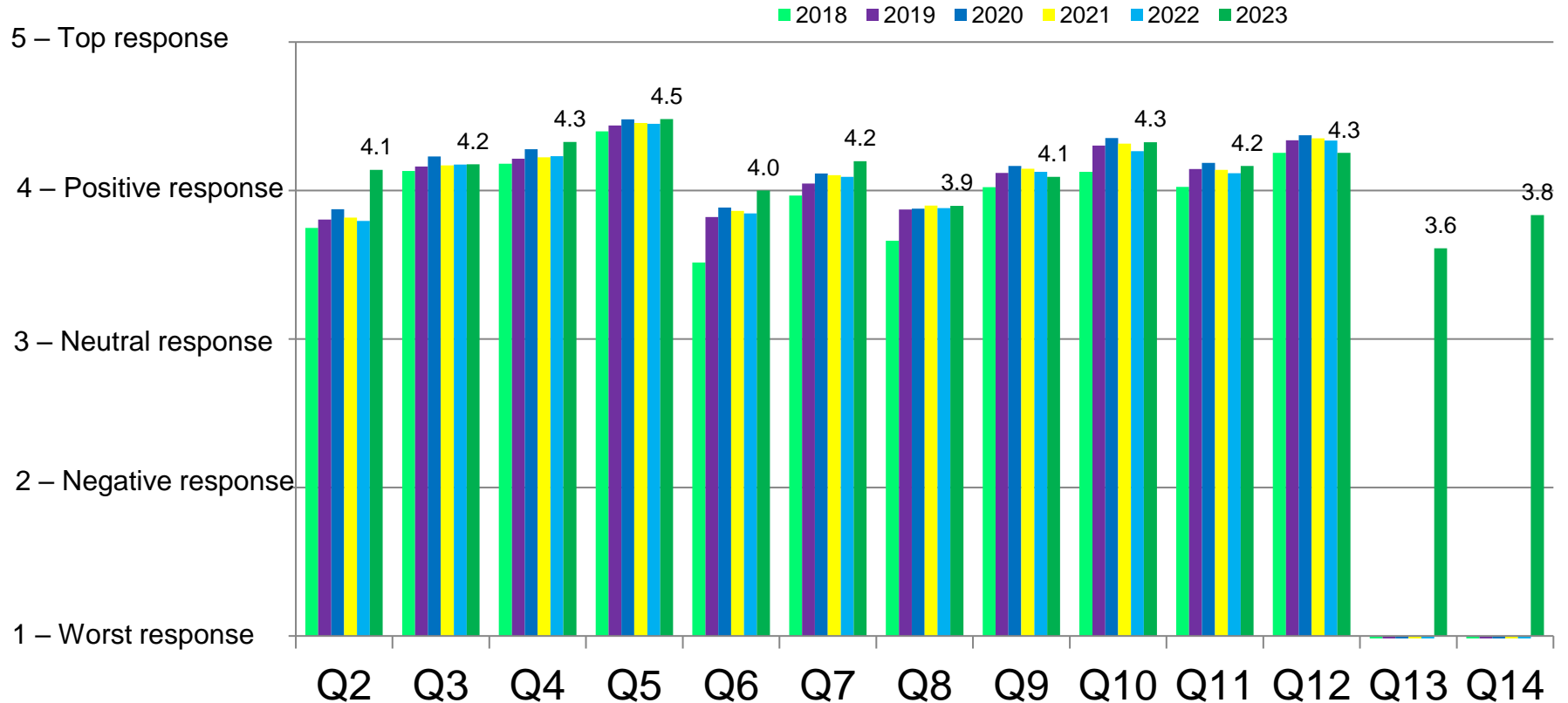
Family Care Survey Analysis

FC/FCP/PACE Insights

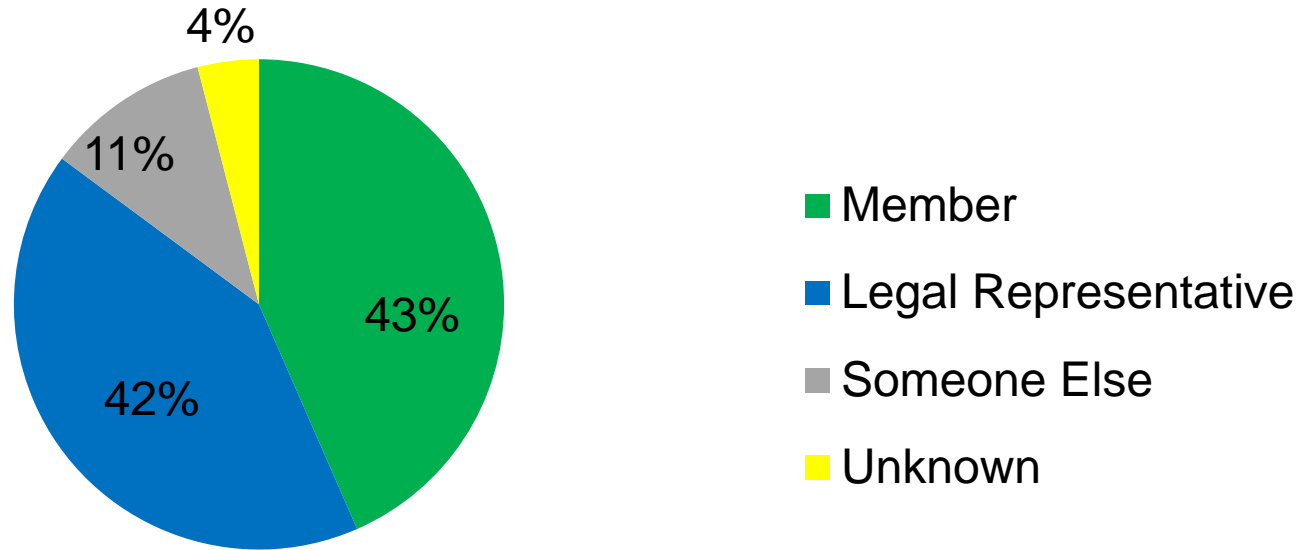
- We stopped the P4P connected with the 2023 Satisfaction Survey
- We updated the survey questions for FC including the addition of 2 new community related questions
- The change to Question 2 on the survey resulted in significant improvement in satisfied responses
- General increase in satisfaction compared to 2022
- Slight decrease in satisfaction to Q9 and Q12
- FCP results generally matched FC results, no decrease in Q9
- PACE showed smaller improvement to Q2, slight decrease to Q9, Q10, Q11, Q12
- Response Rate at 34% across all MCOs (FC – 39%, FCP – 20%, PACE – 31%)

Survey Question Response – Family Care

*Q13 and Q14 added for FC/FCP/PACE in 2023

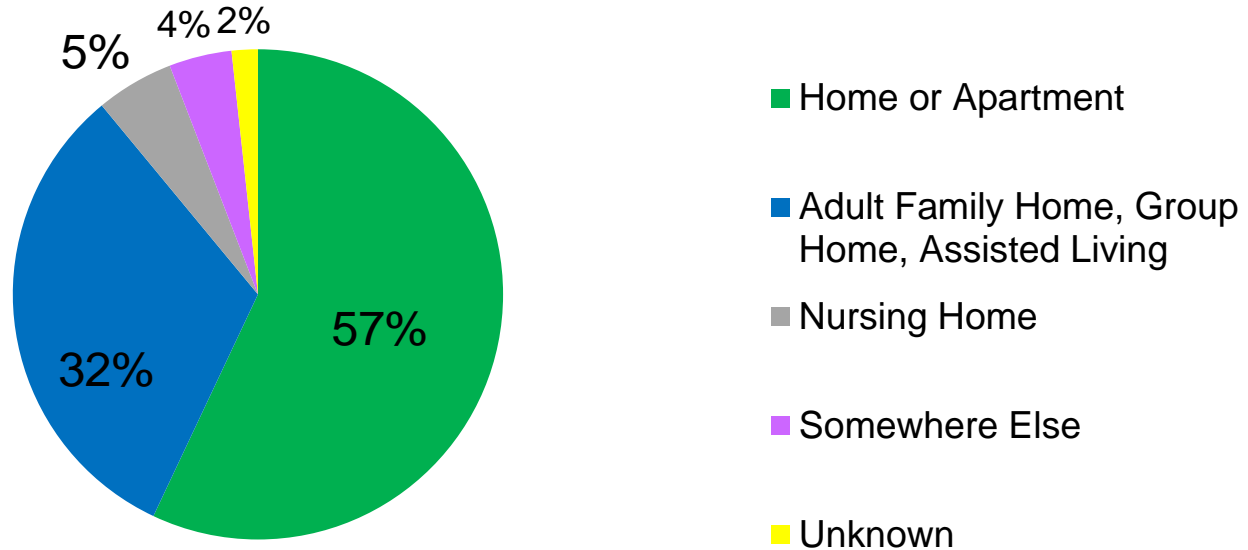


Who Answered Survey – Family Care



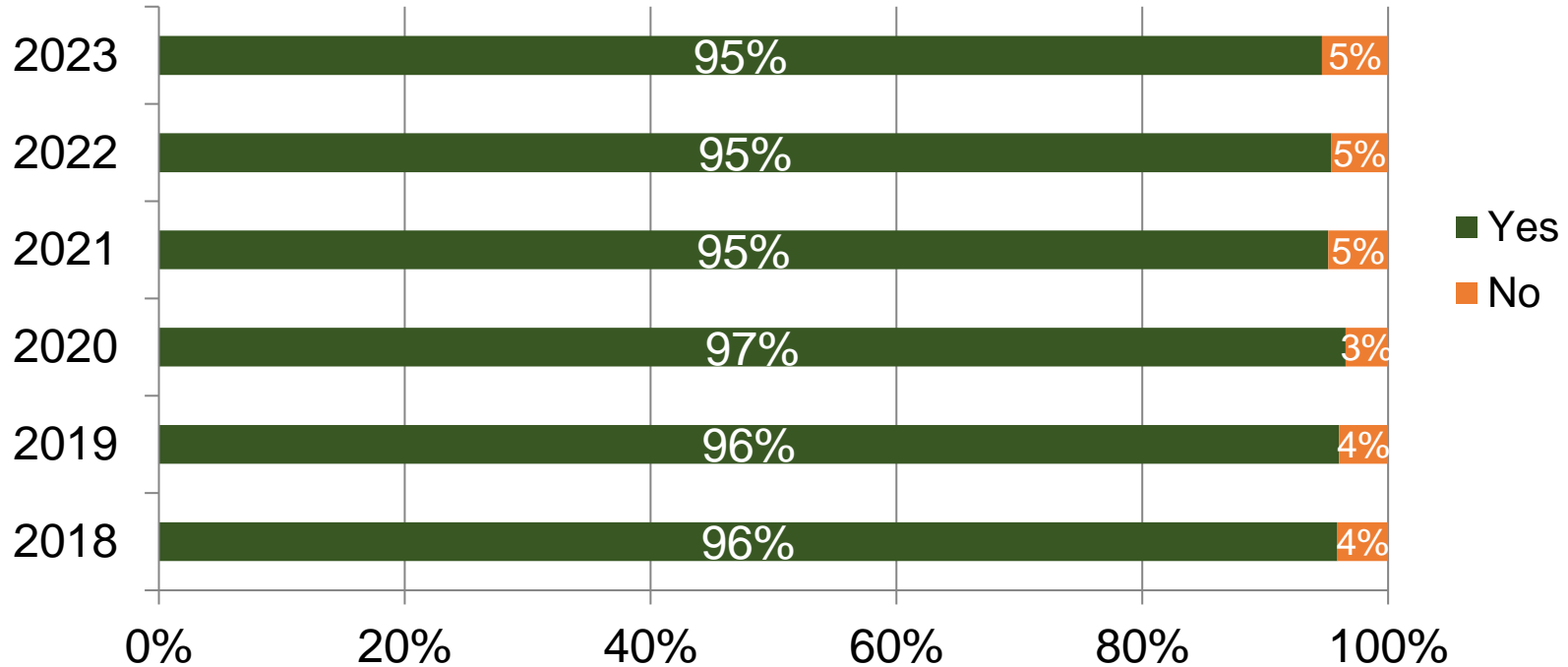
Sample Size = 4,811

Member Living Situation – Family Care

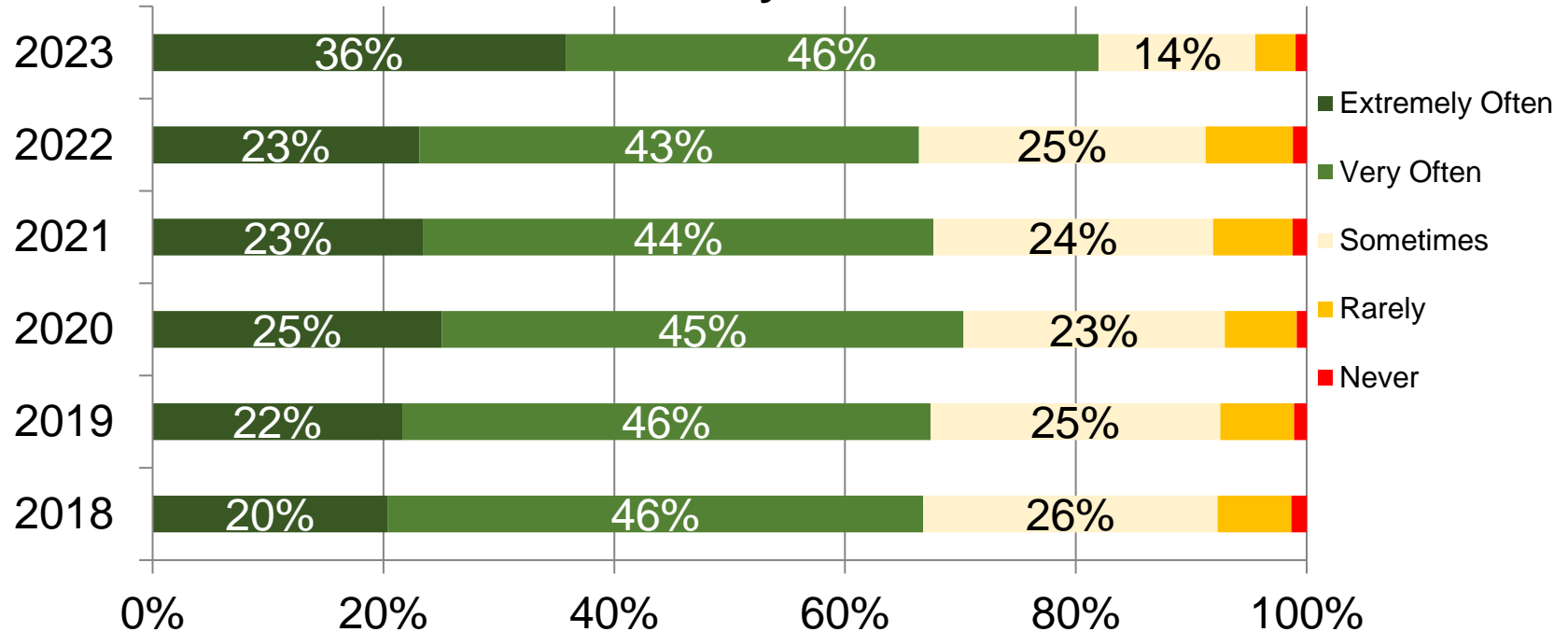


Sample Size = 4,811

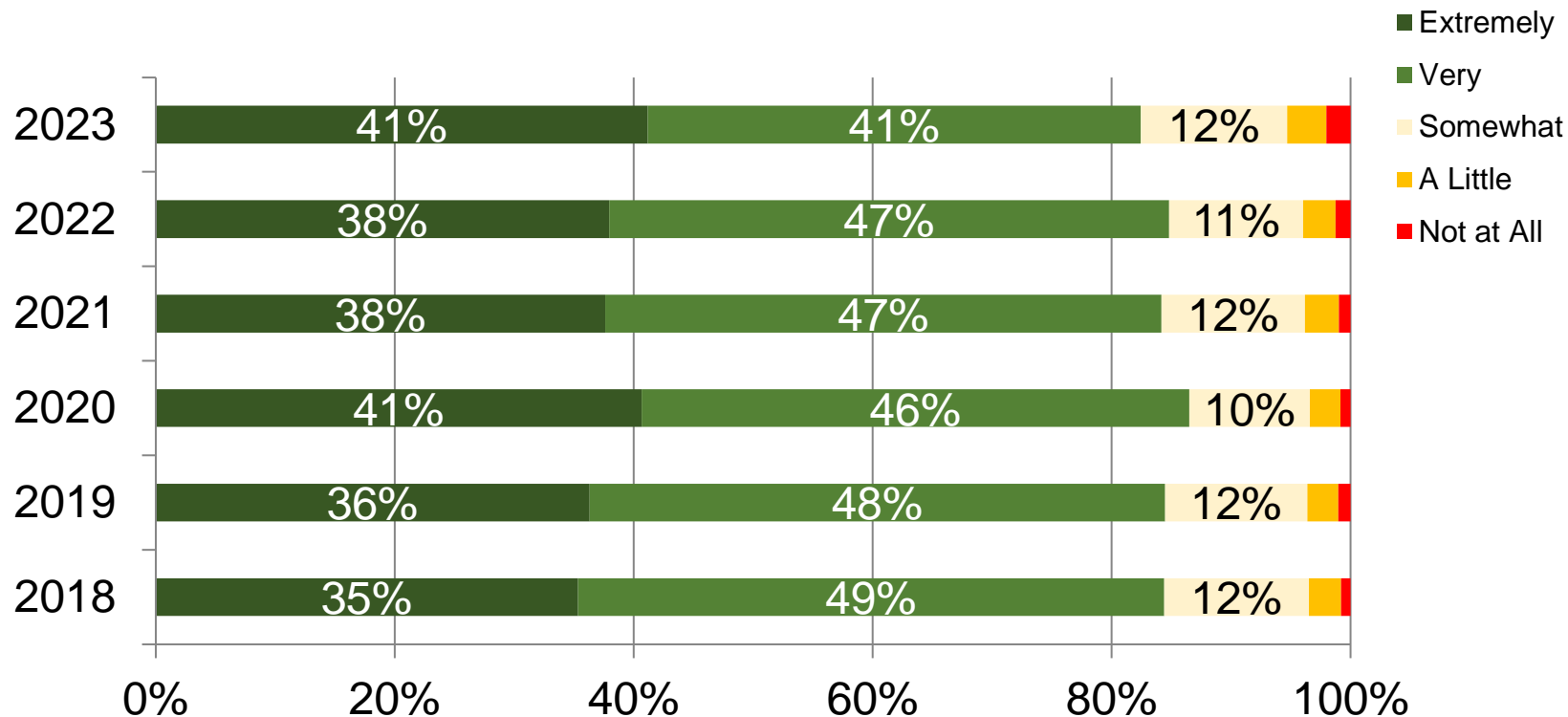
Can you contact your care team when you need to?



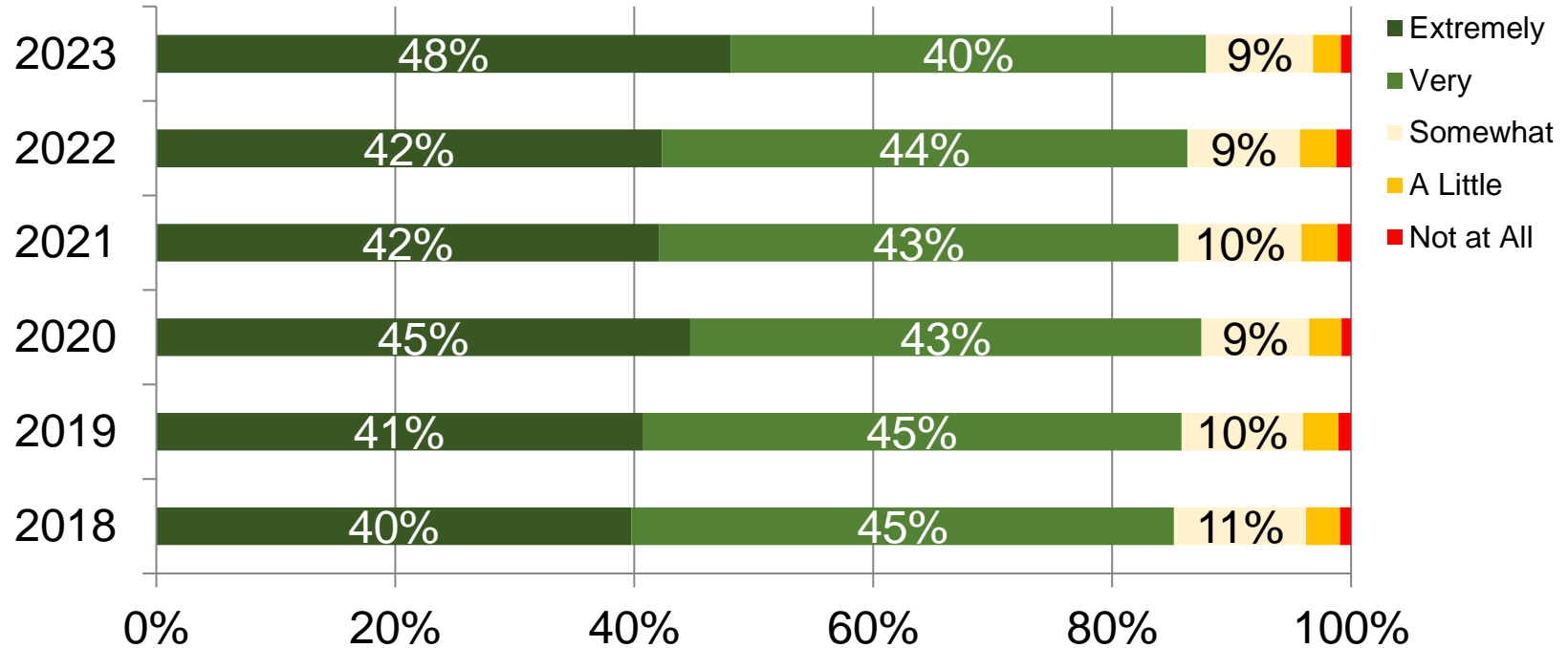
When asking for help, how often do you get the help you need from your care team?



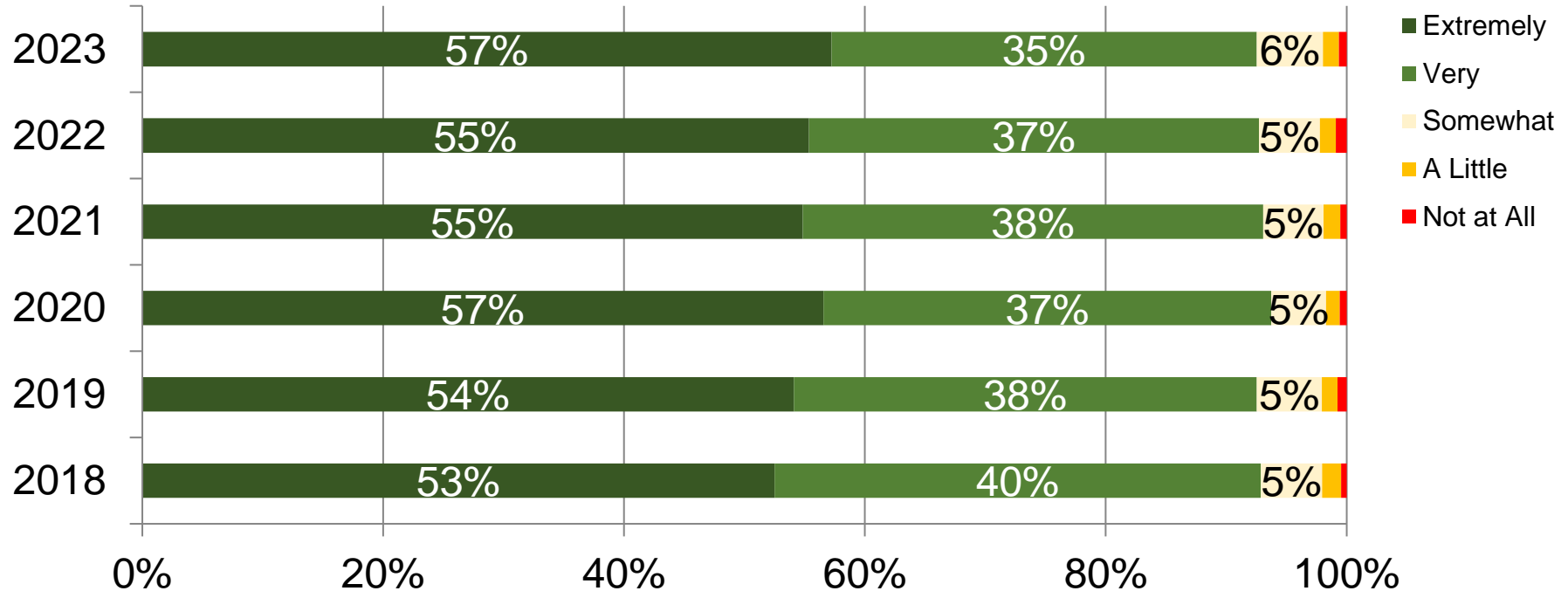
How satisfied are you with getting clear explanations about your care plan from your care team?



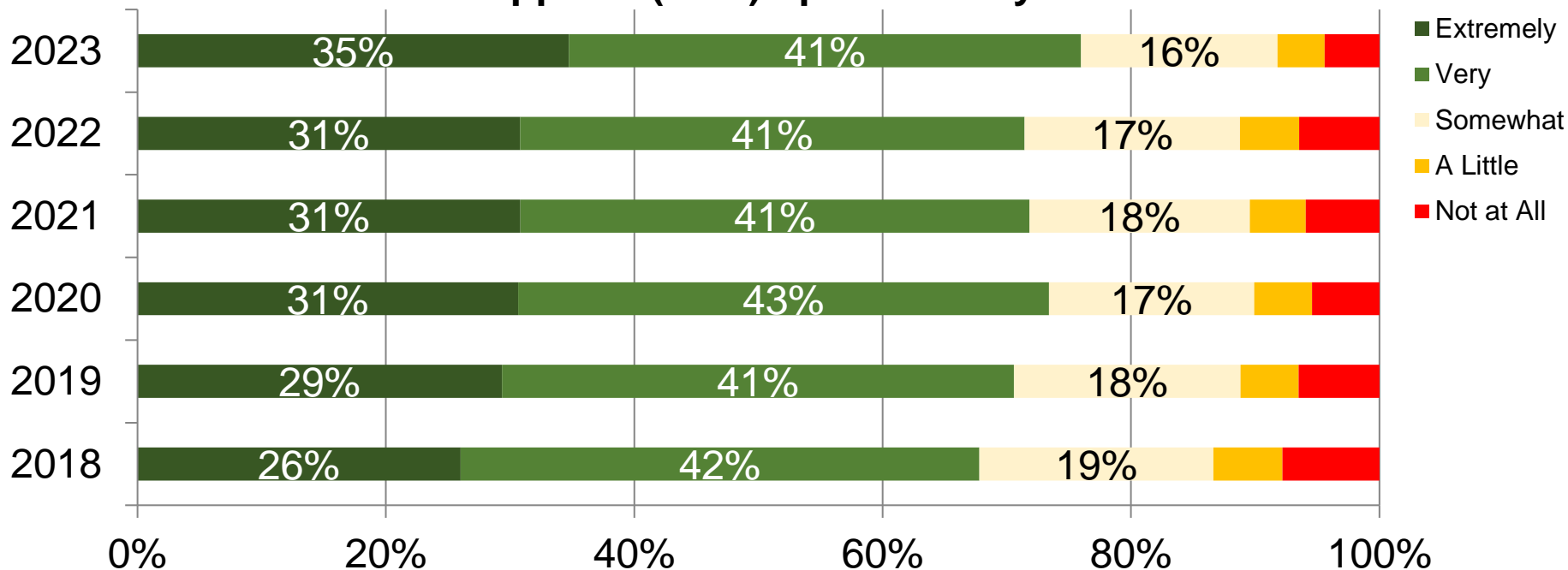
When you speak with your care team, how well do they listen to you?



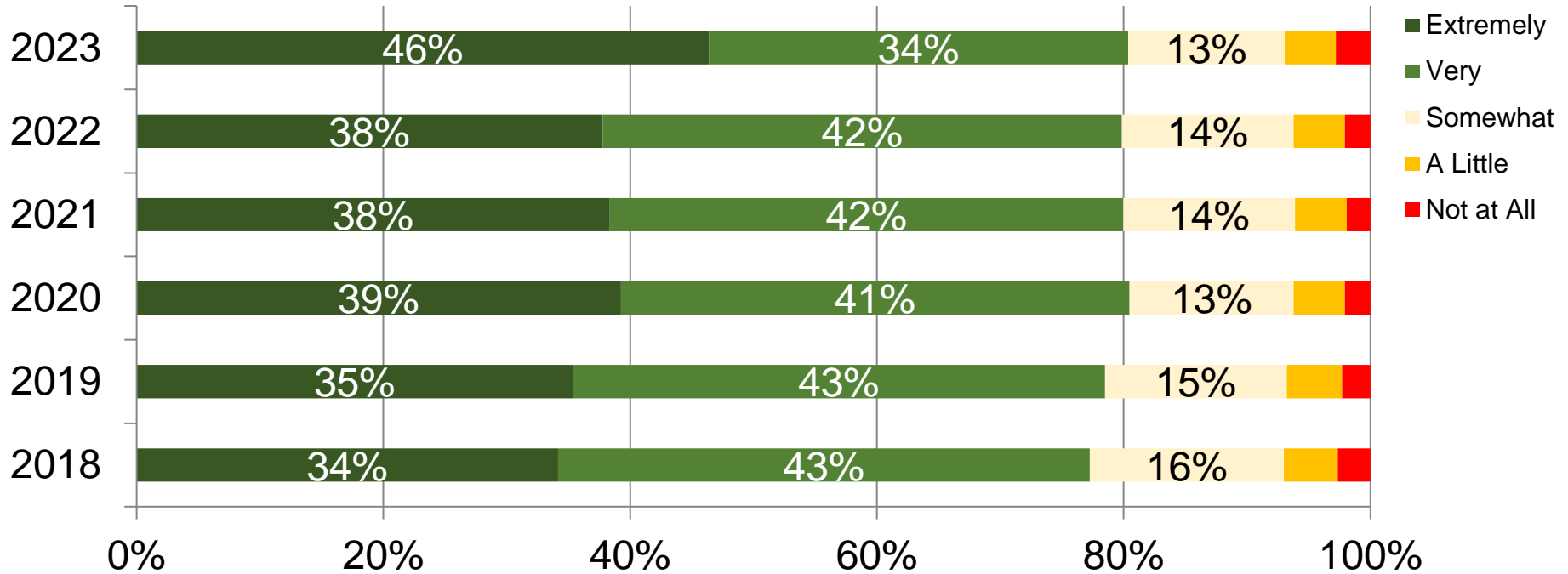
How kindly does your care team treat you?



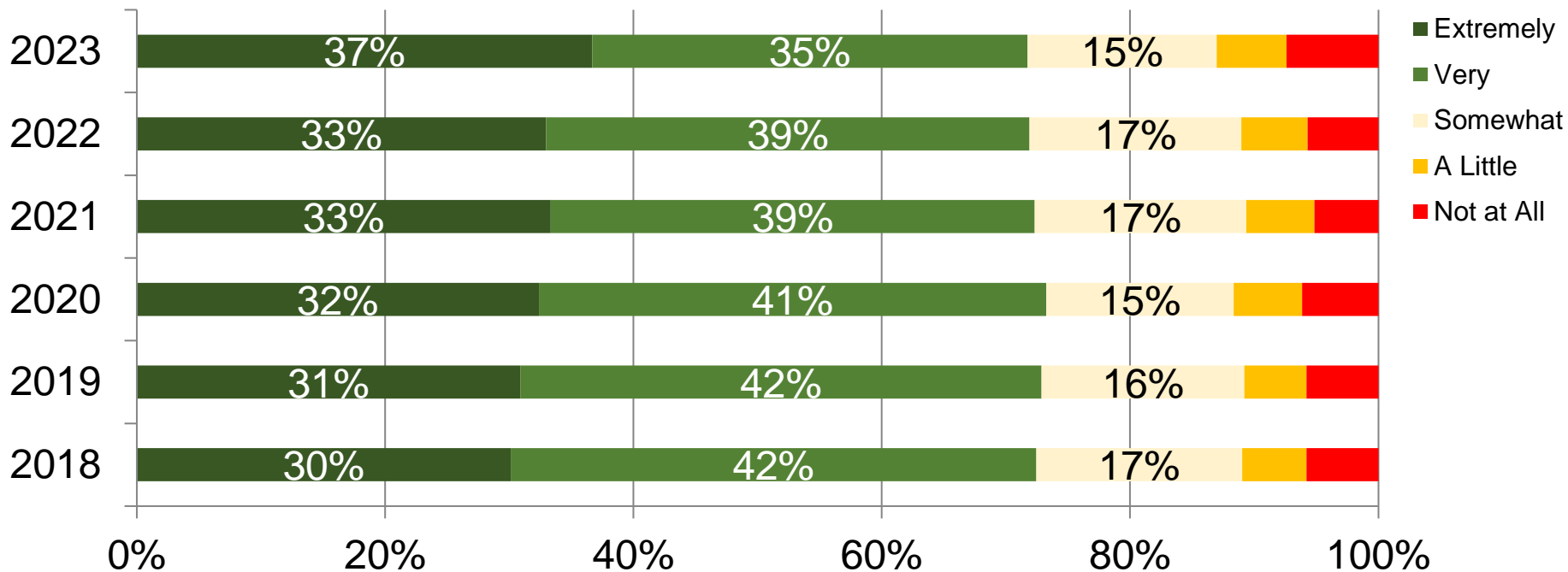
How satisfied are you with getting clear explanations about the self-directed supports (SDS) option from your care team?



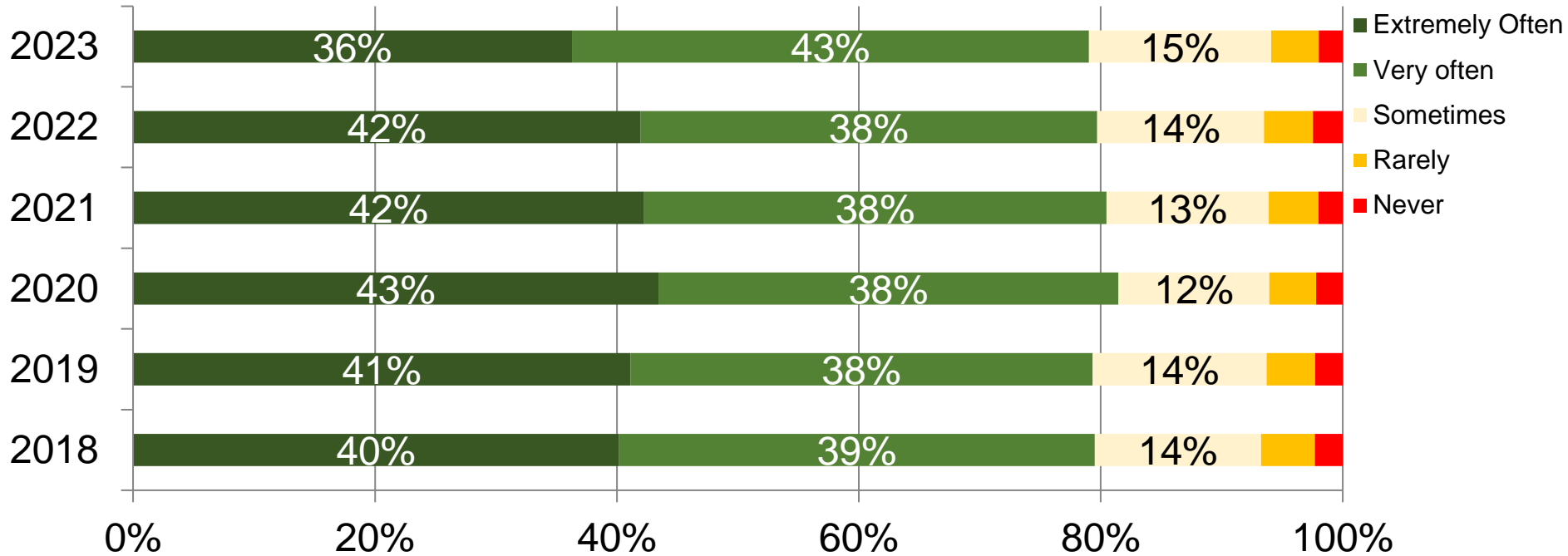
To make sure you are the focus of your care plan, how much does your care team involve you in the planning, development, and communication of your care plan?



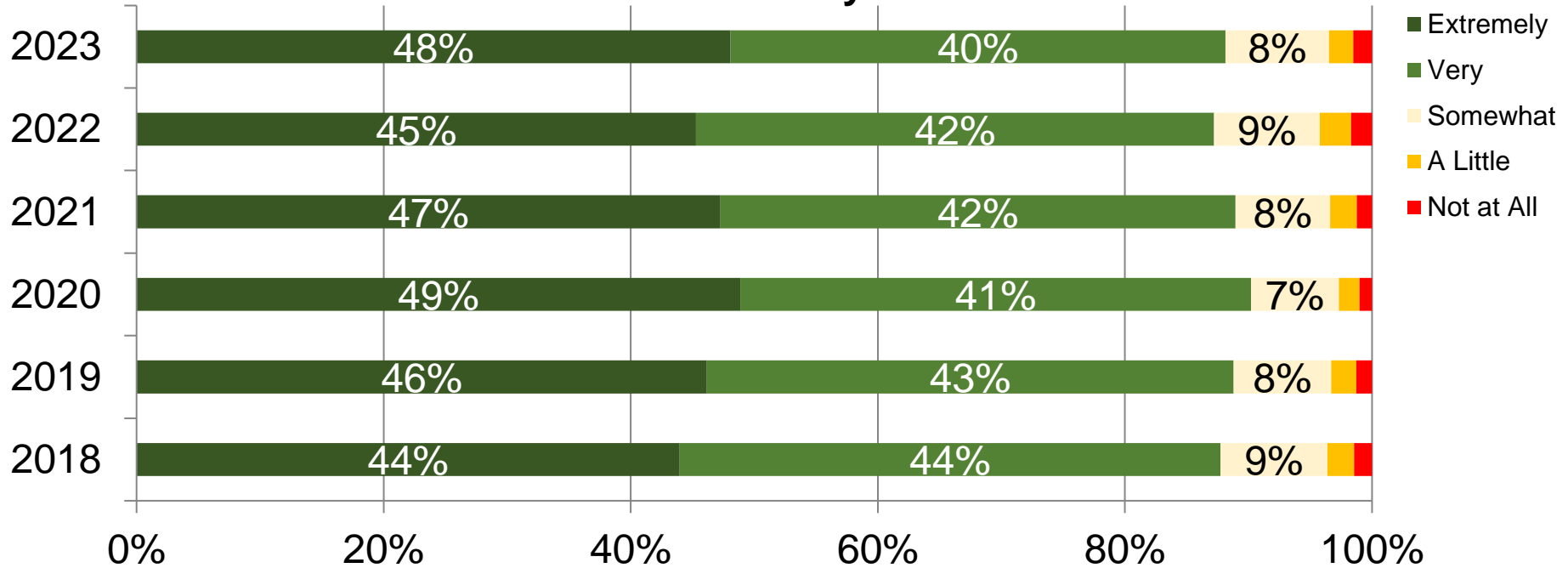
How well does your care plan support the activities that you want to do in your community, such as visiting with family and friends, working, and volunteering?



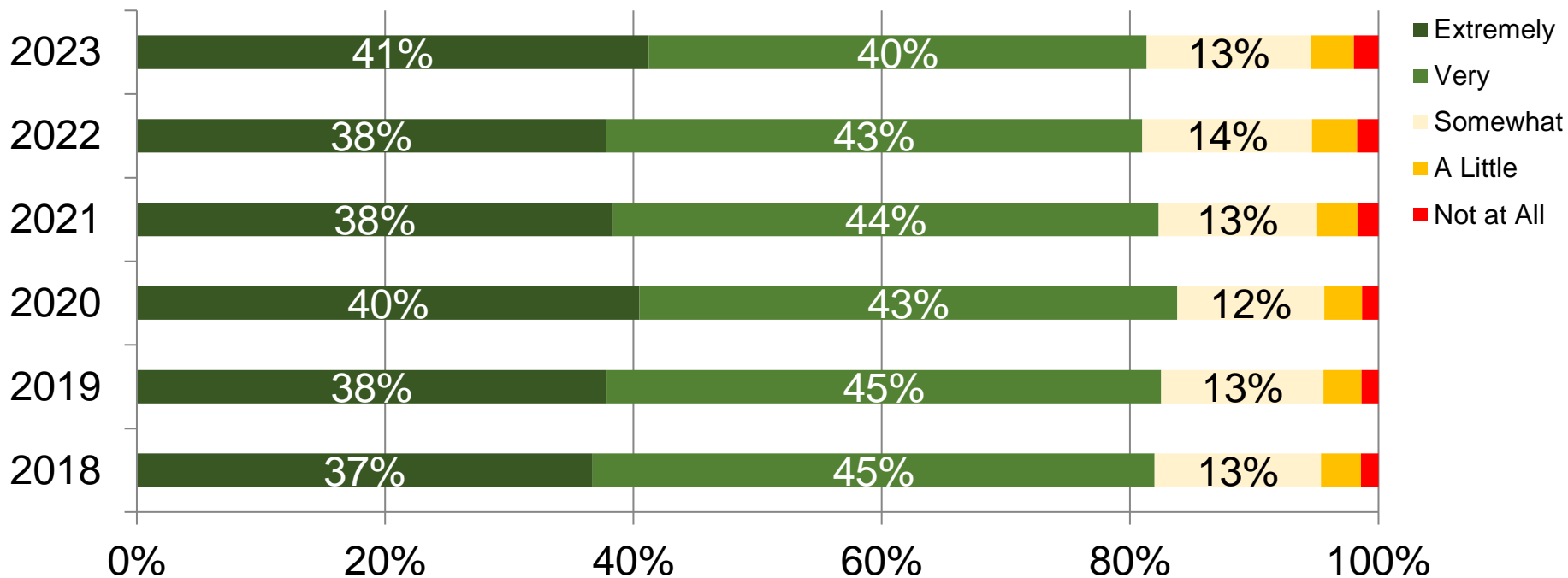
How often does your care plan include the things that are important to you?



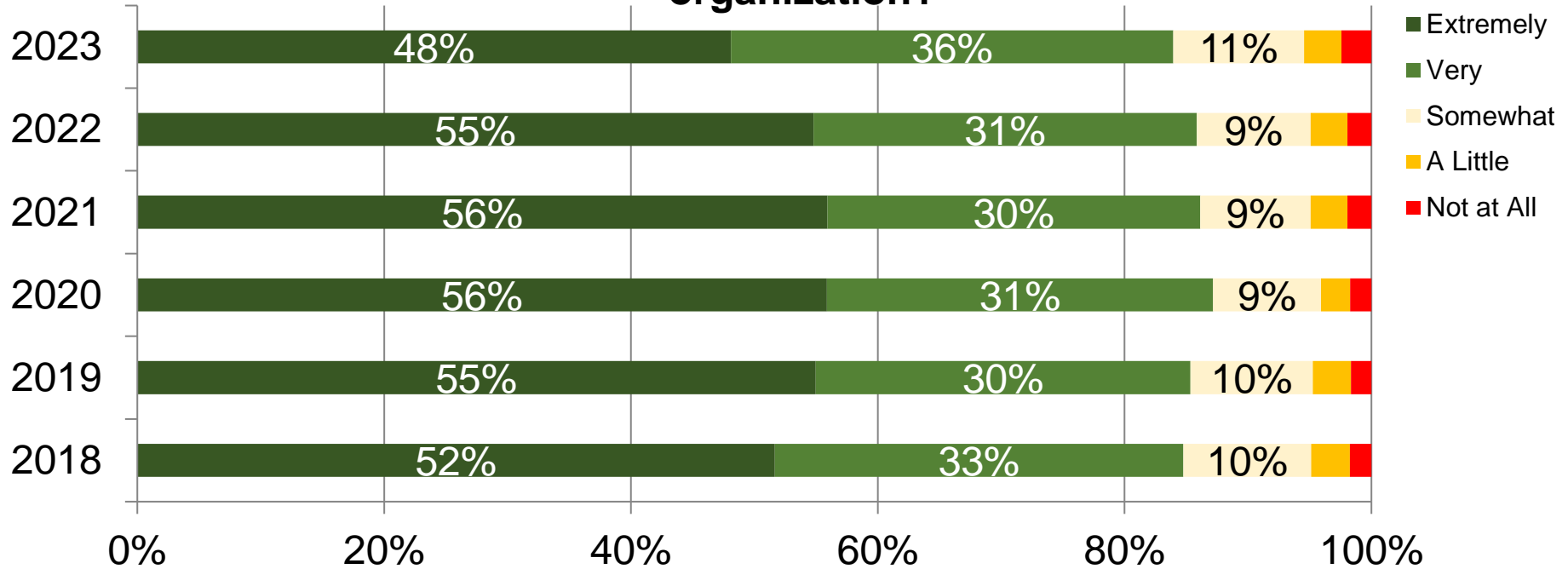
How kindly do the people who provide you with supports and services treat you?



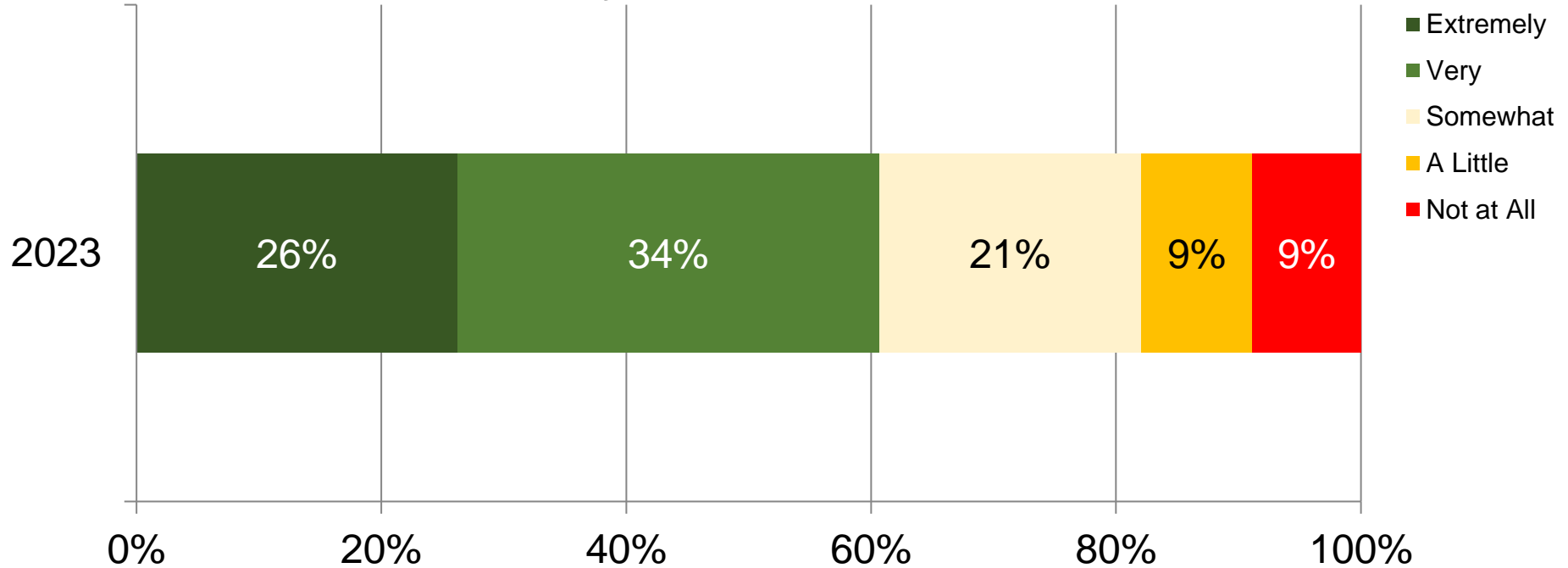
How well do the supports and services you receive meet your needs?



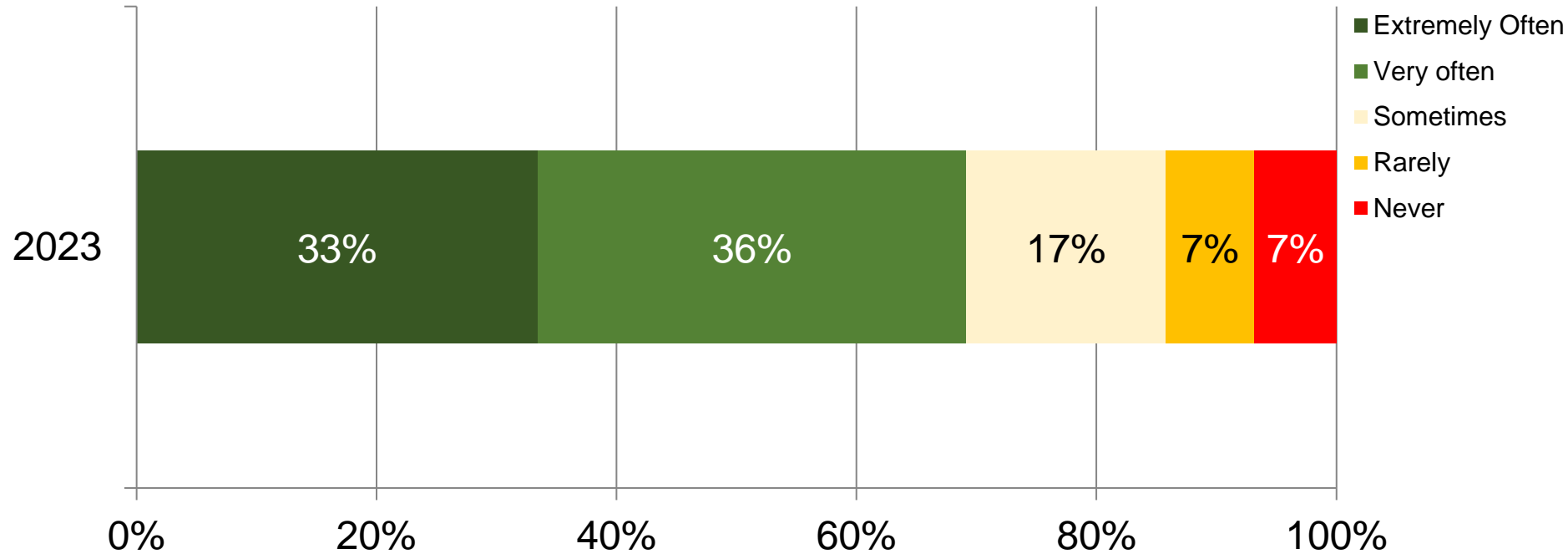
Overall, how satisfied are you with your managed care organization?



Thinking about a usual month, how satisfied are you with the number of opportunities you have to participate in social activities?



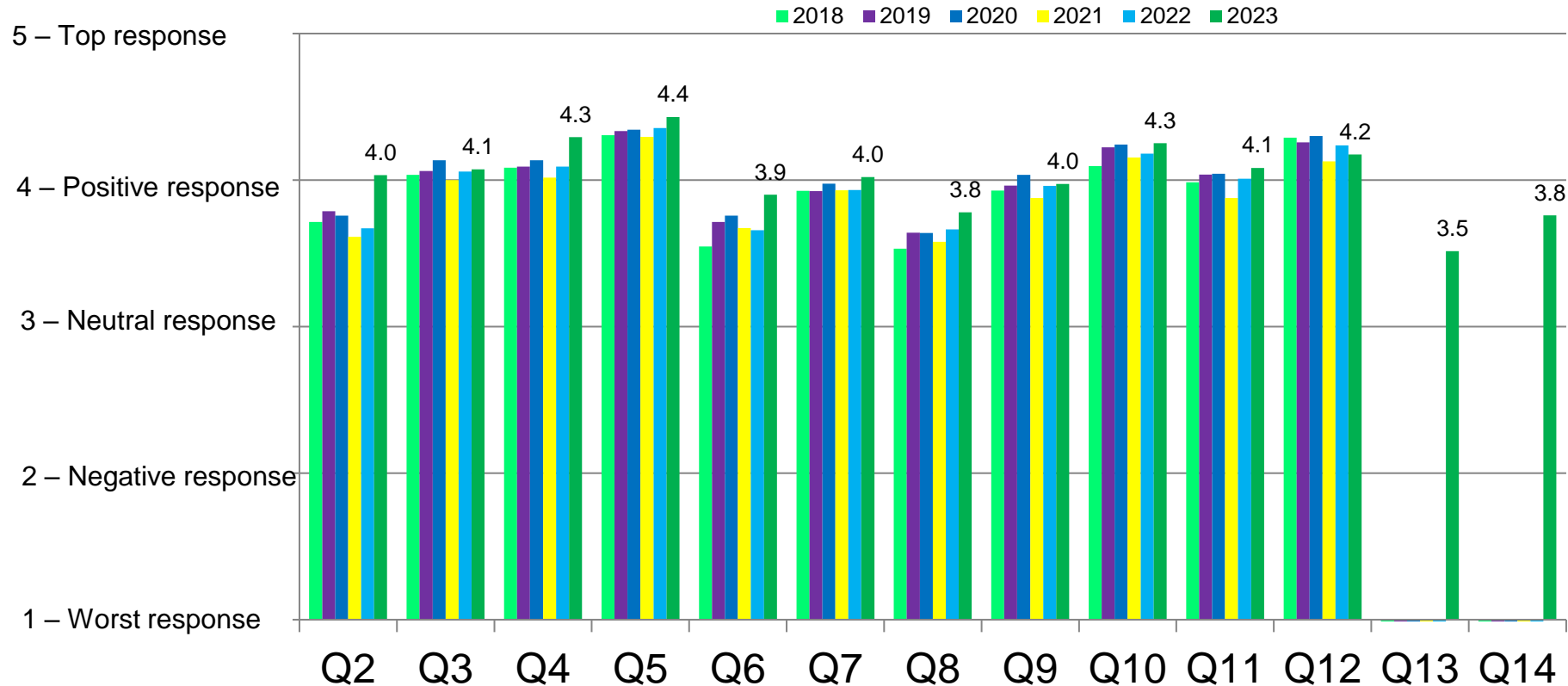
Thinking about a usual month, how often do you have access to transportation to places and social activities you want to attend?



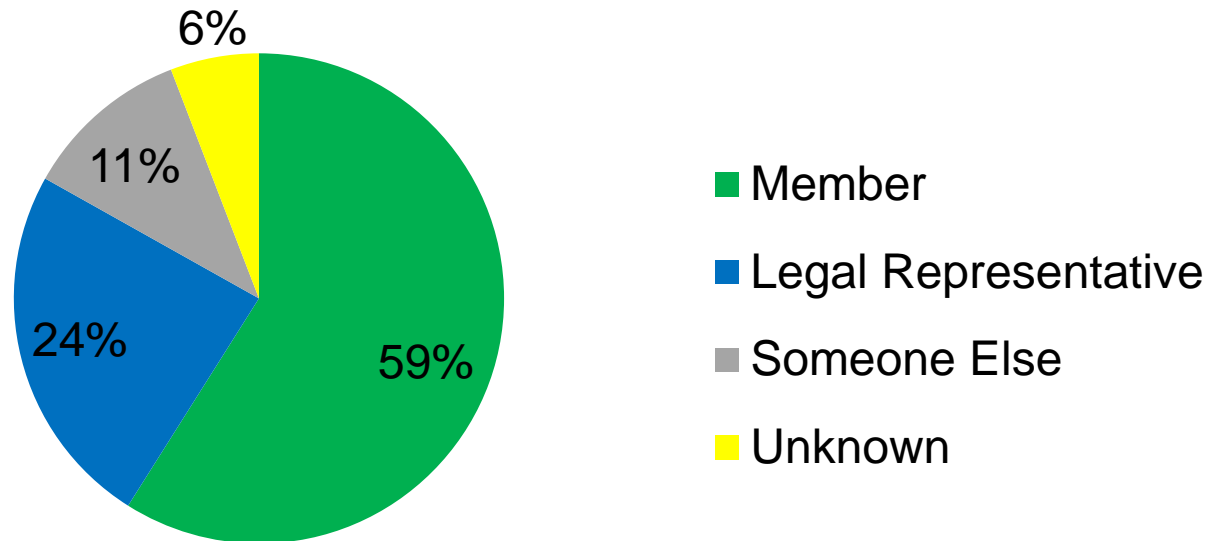
Family Care Partnership Survey Analysis

Survey Question Response – Family Care Partnership

*Q13 and Q14 added for FC/FCP/PACE in 2023

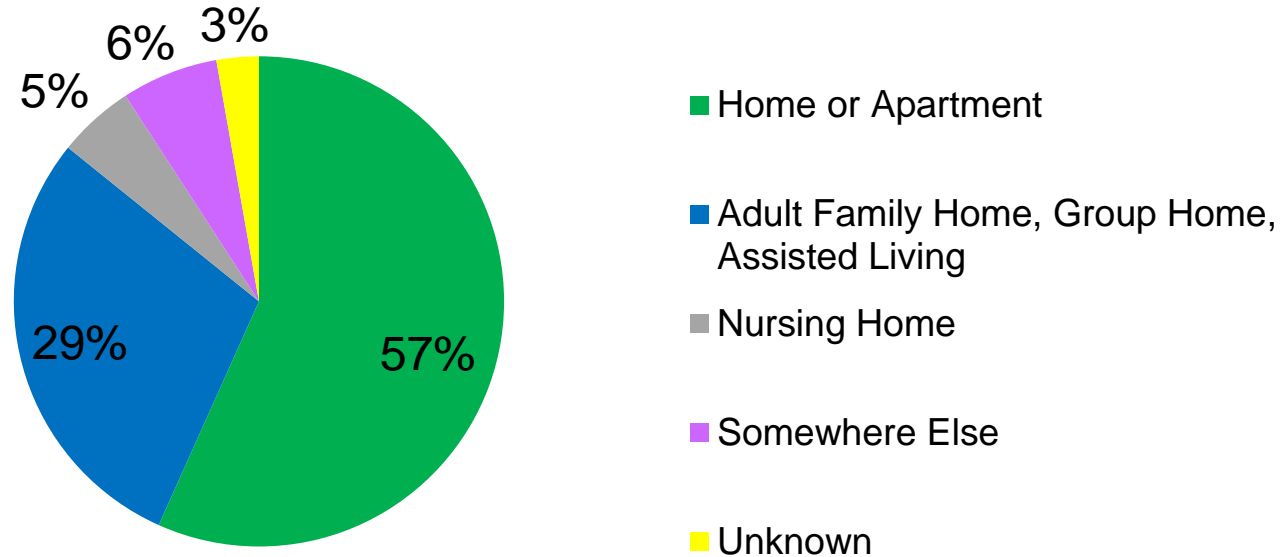


Who Answered Survey – Family Care Partnership



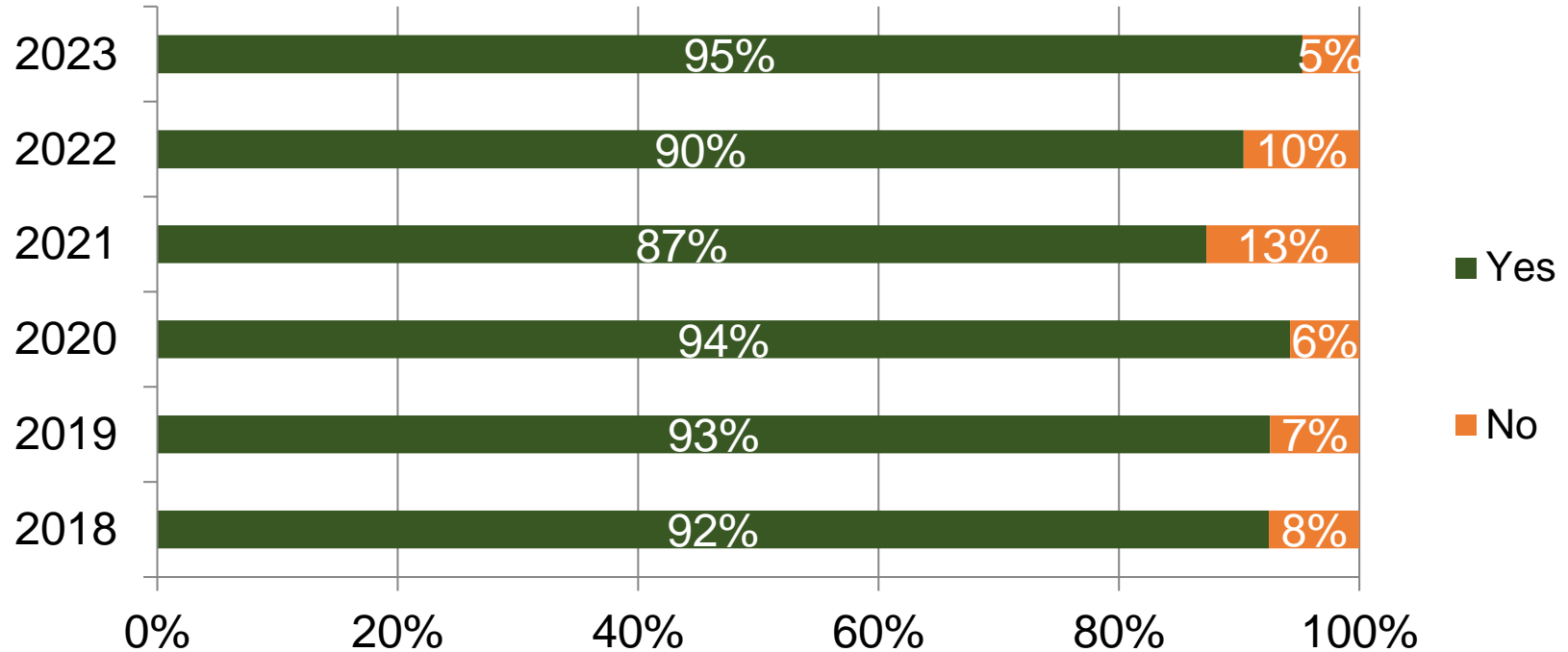
Sample Size = 753

Member Living Situation – Family Care Partnership

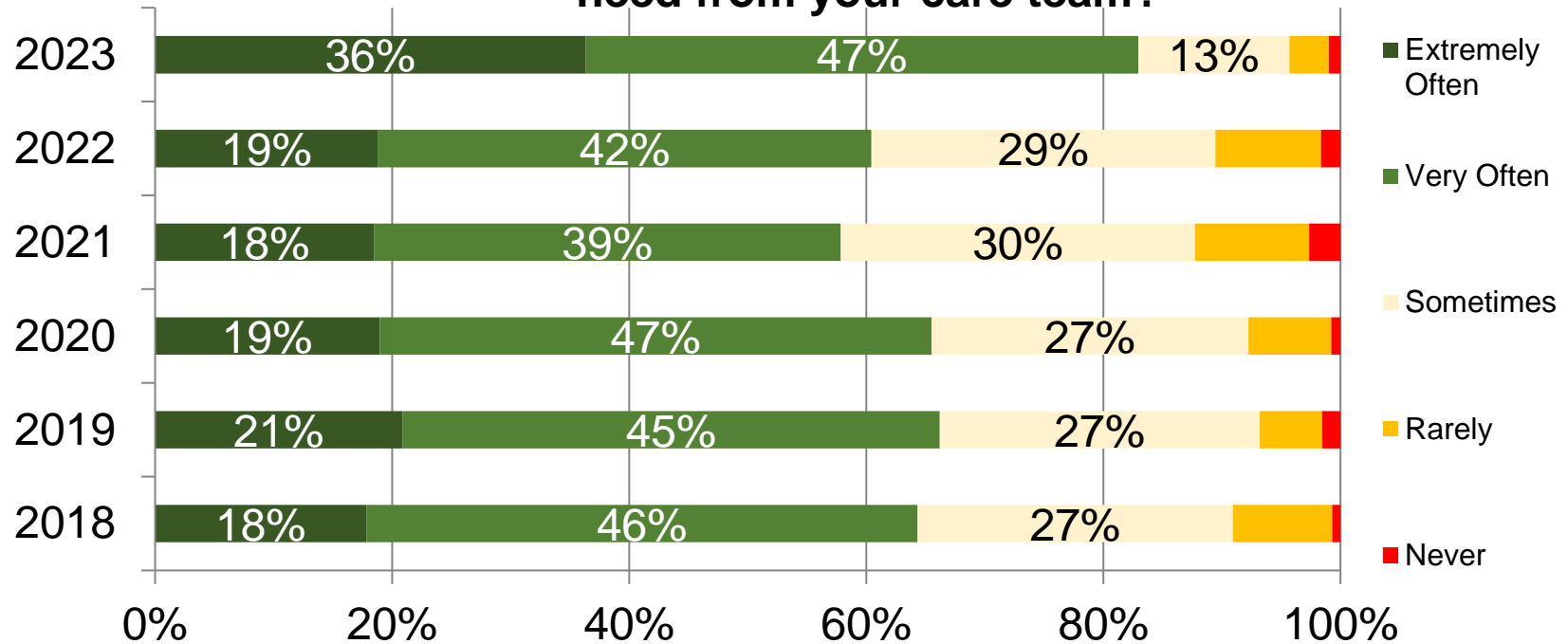


Sample Size = 753

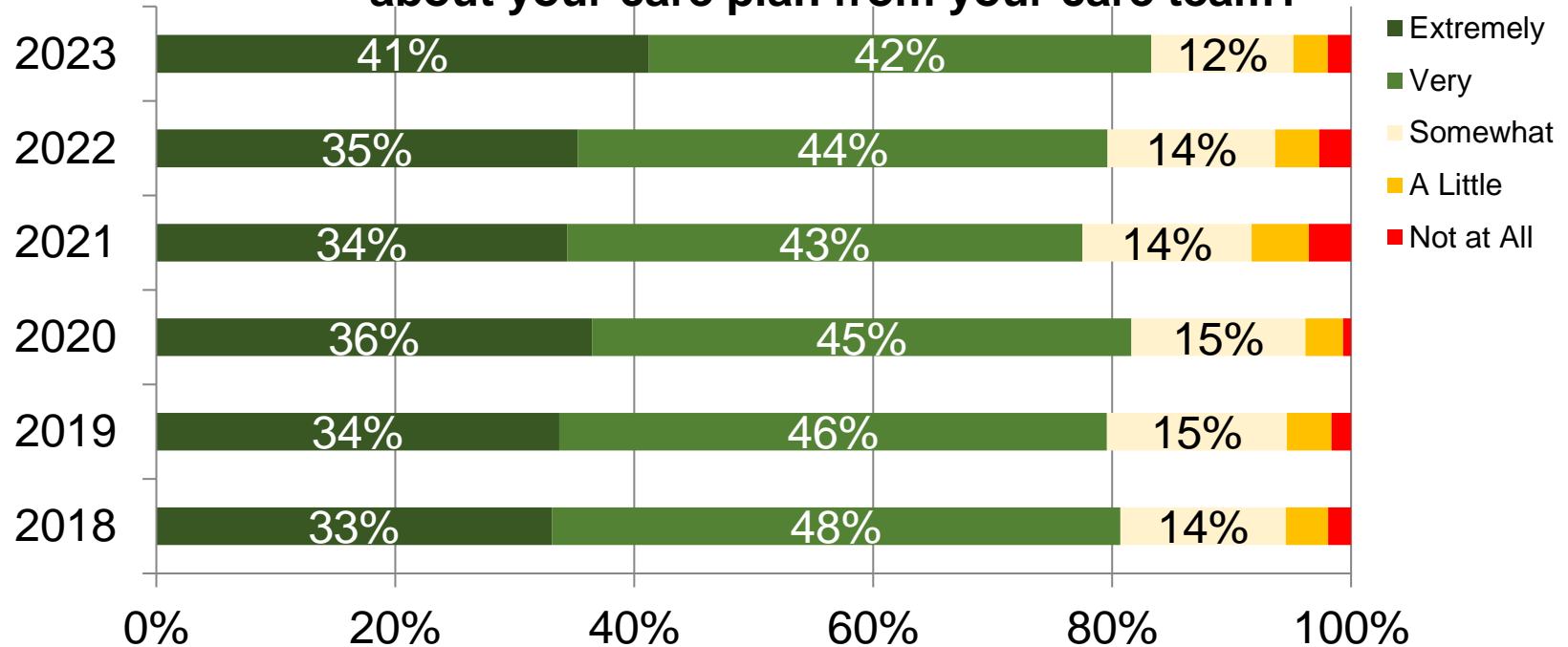
Can you contact your care team when you need to?



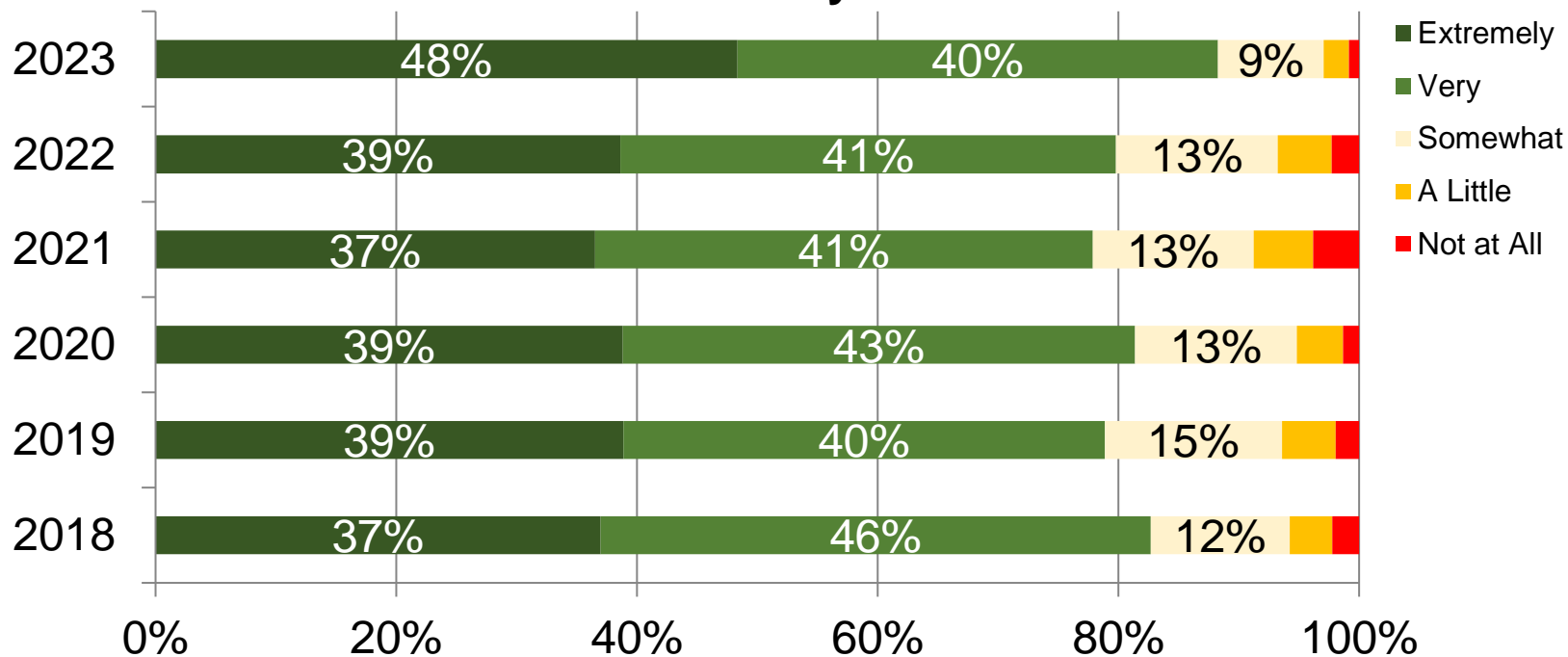
When asking for help, how often do you get the help you need from your care team?



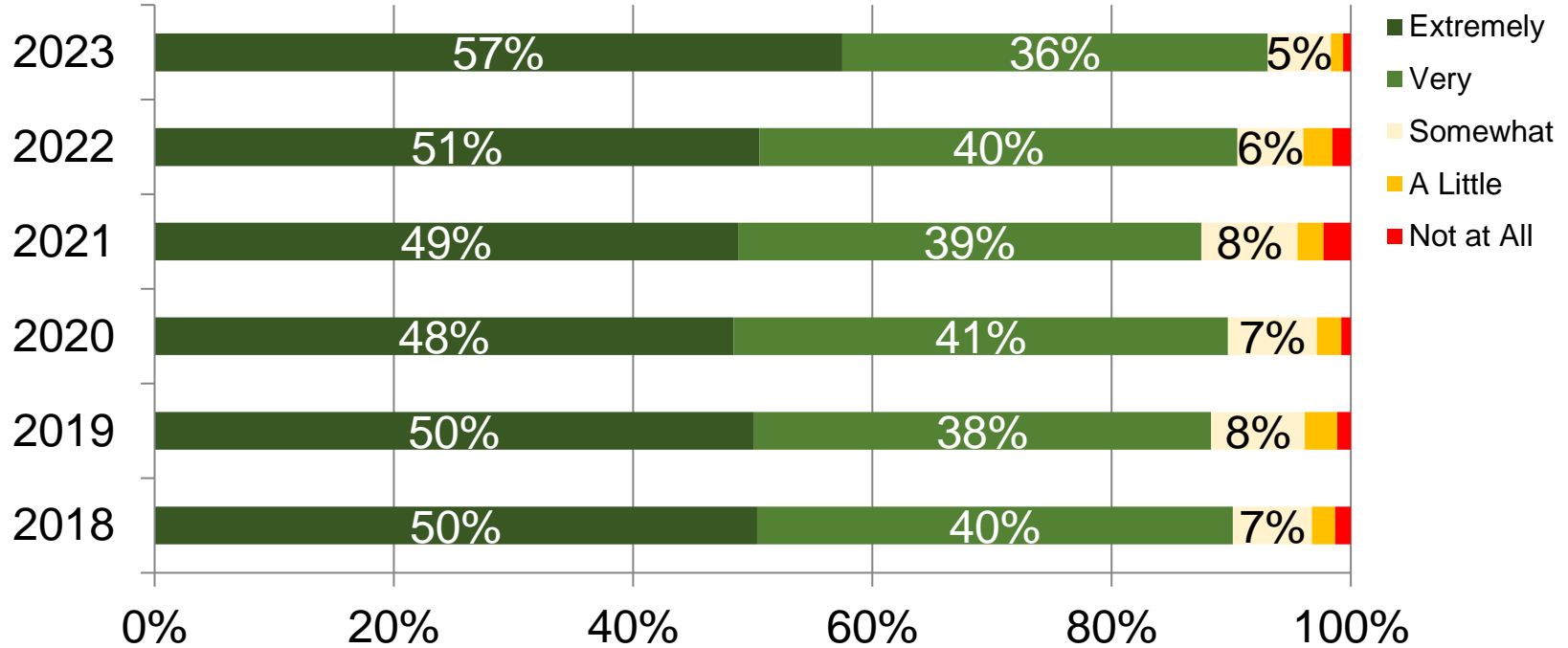
How satisfied are you with getting clear explanations about your care plan from your care team?



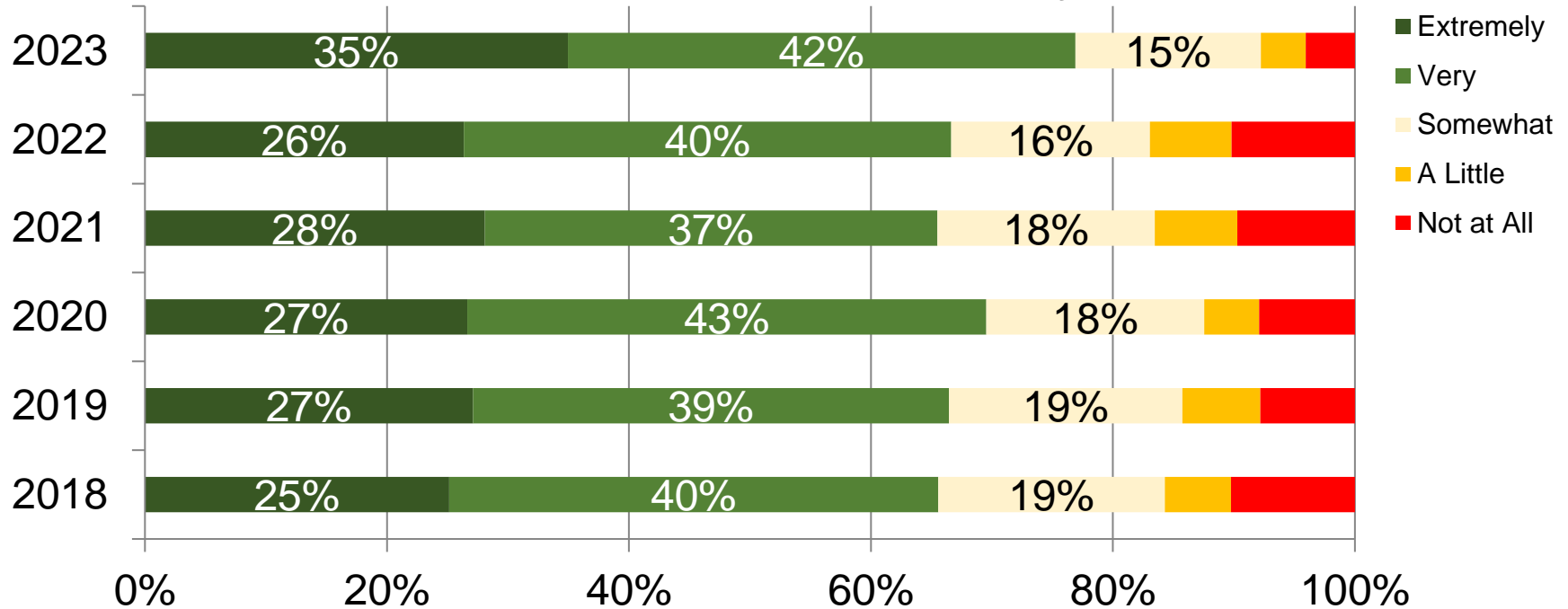
When you speak with your care team, how well do they listen to you?



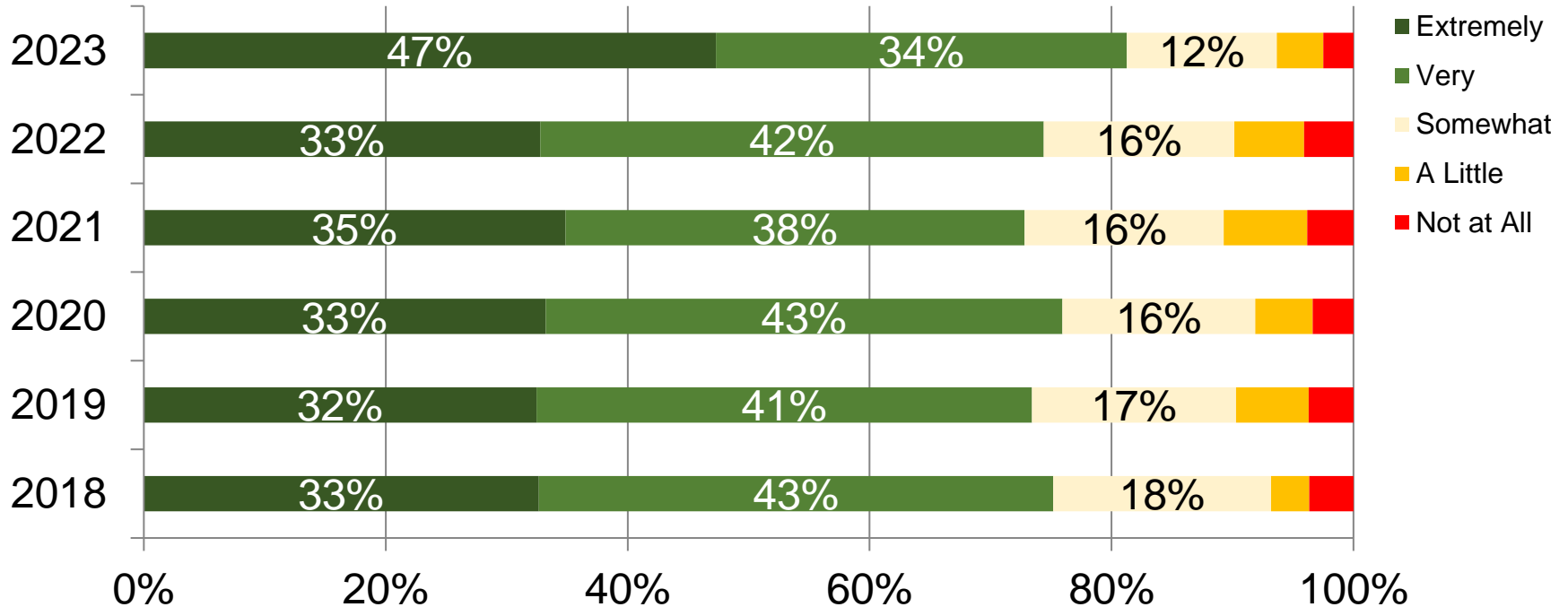
How kindly does your care team treat you?



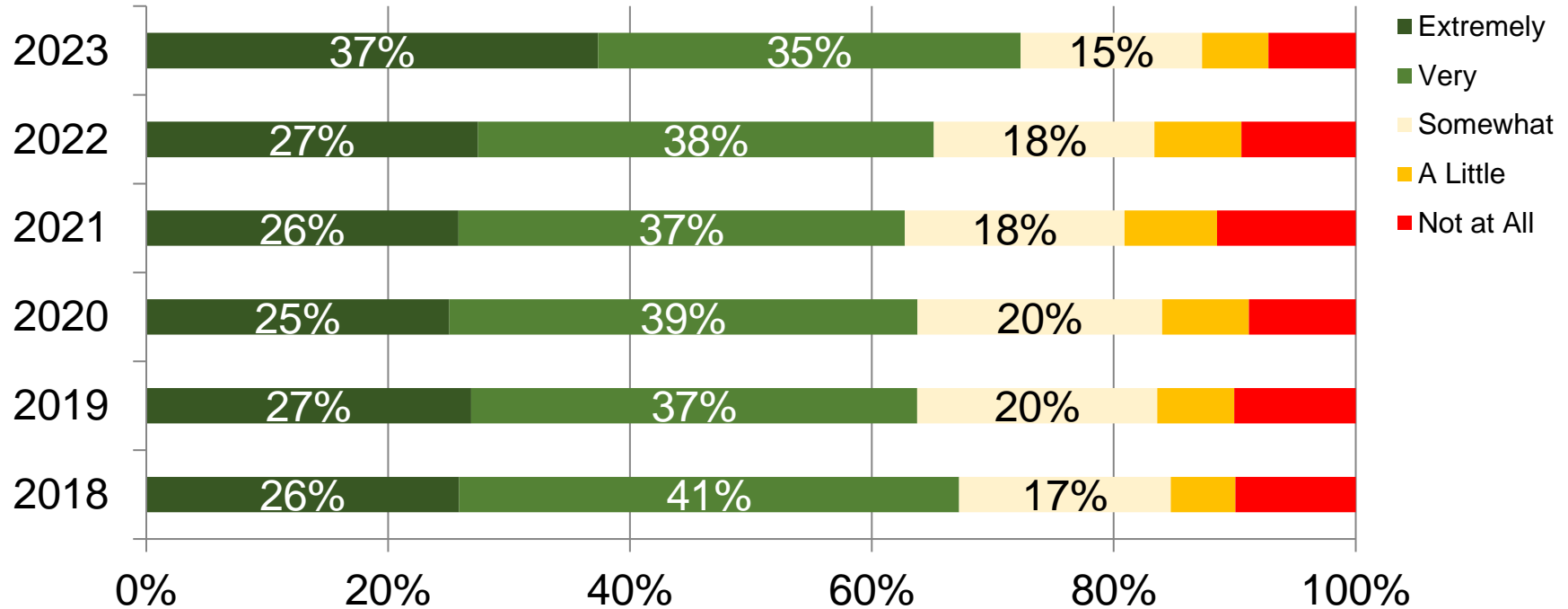
How satisfied are you with getting clear explanations about the self-directed supports (SDS) option from your care team?



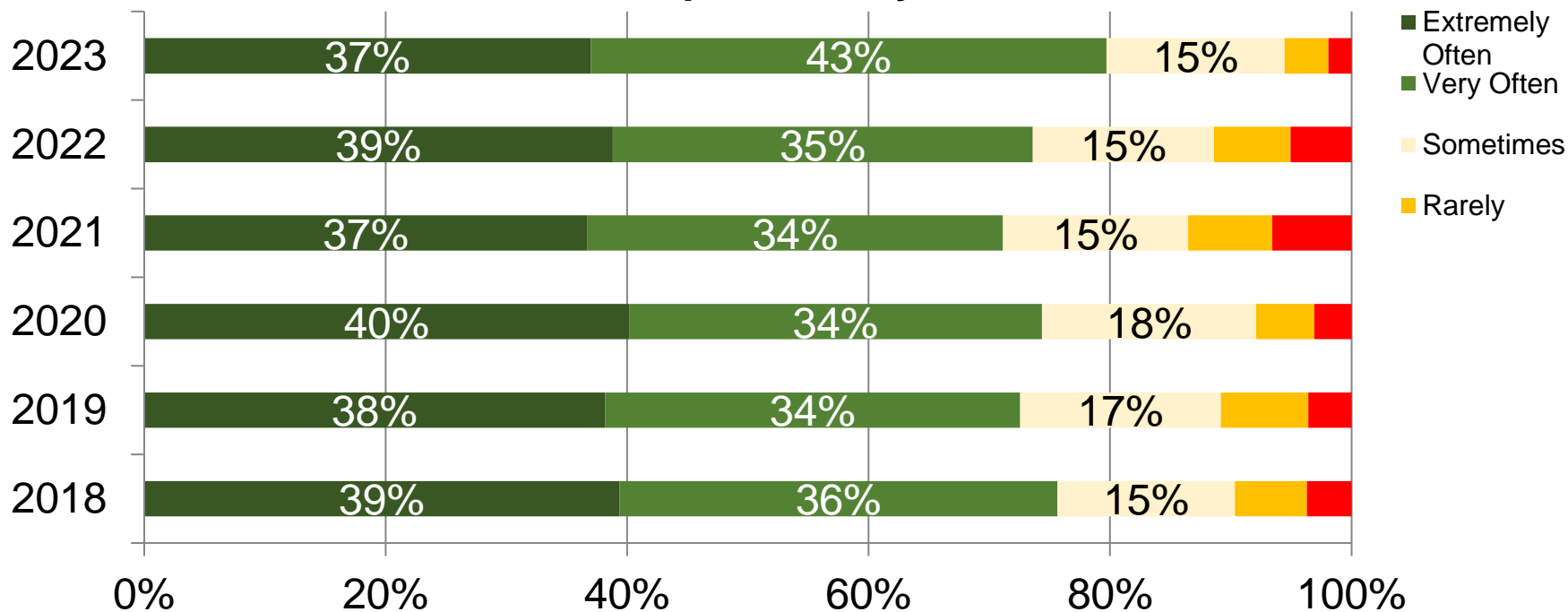
To make sure you are the focus of your care plan, how much does your care team involve you in the planning, development, and communication of your care plan?



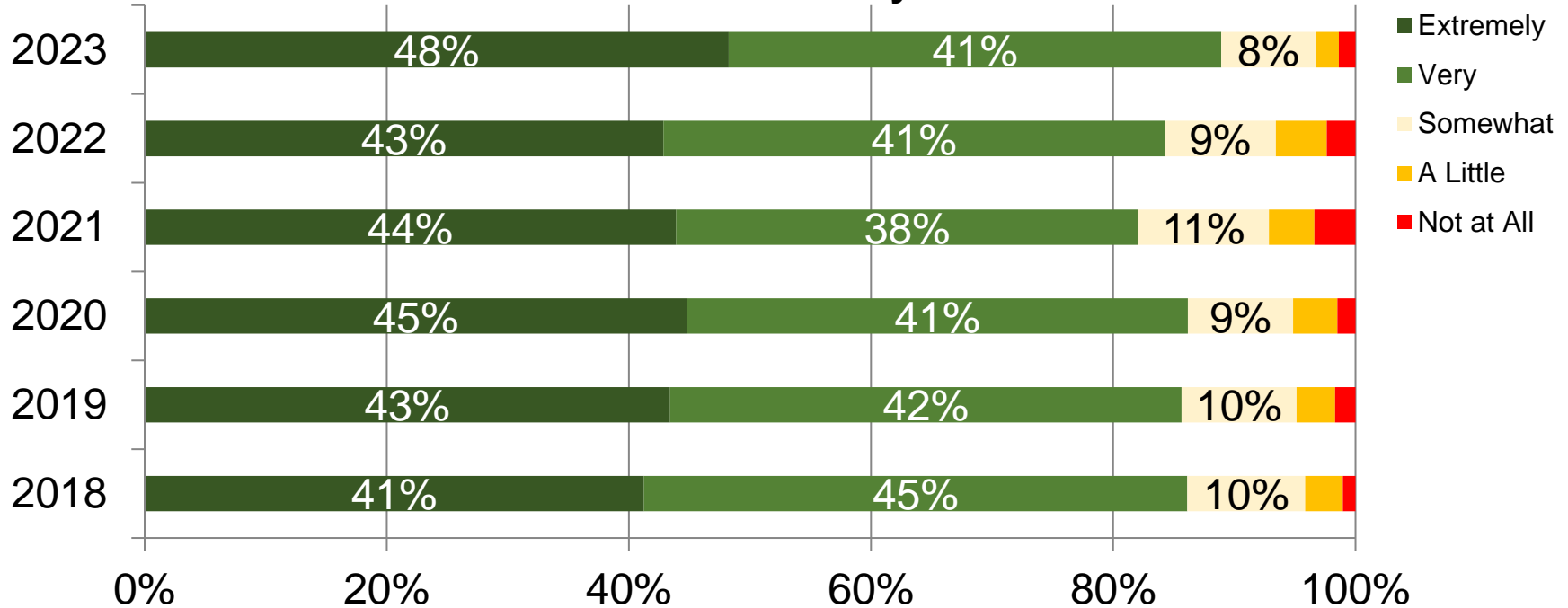
How well does your care plan support the activities that you want to do in your community, such as visiting with family and friends, working, and volunteering?



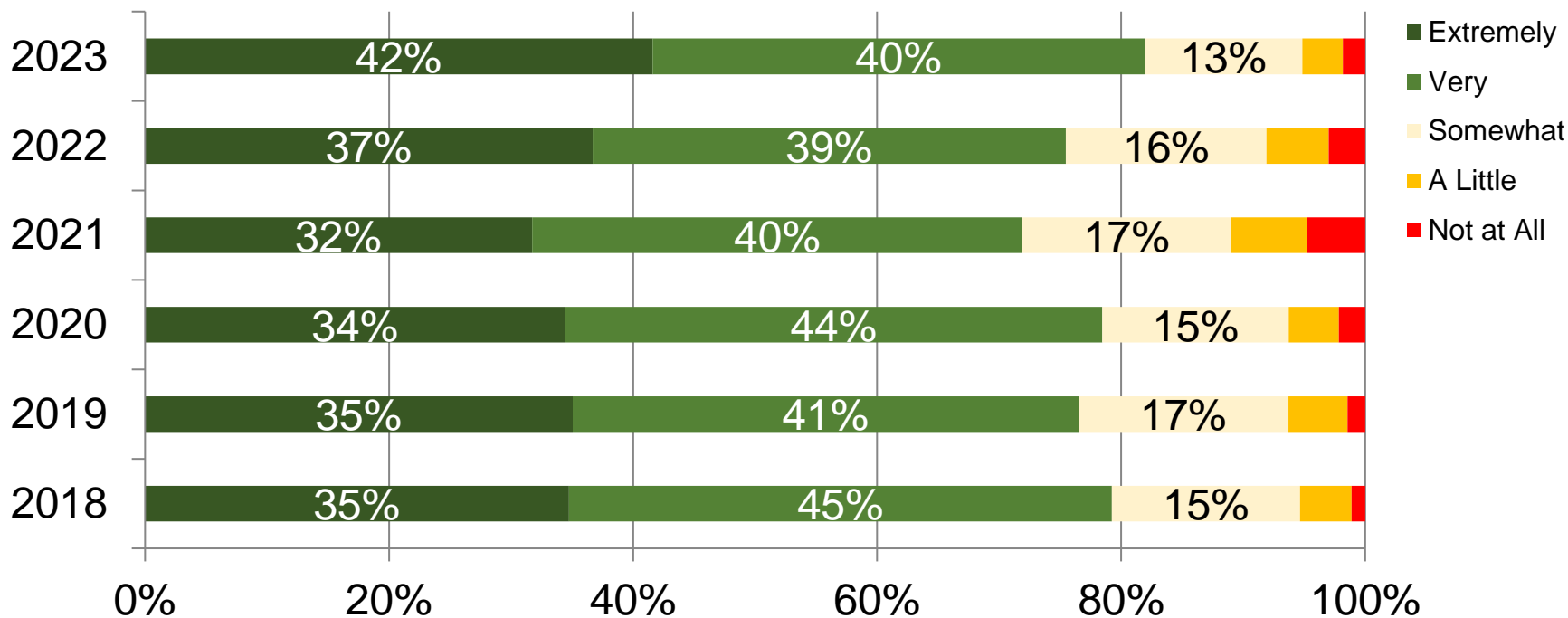
How often does your care plan include the things that are important to you?



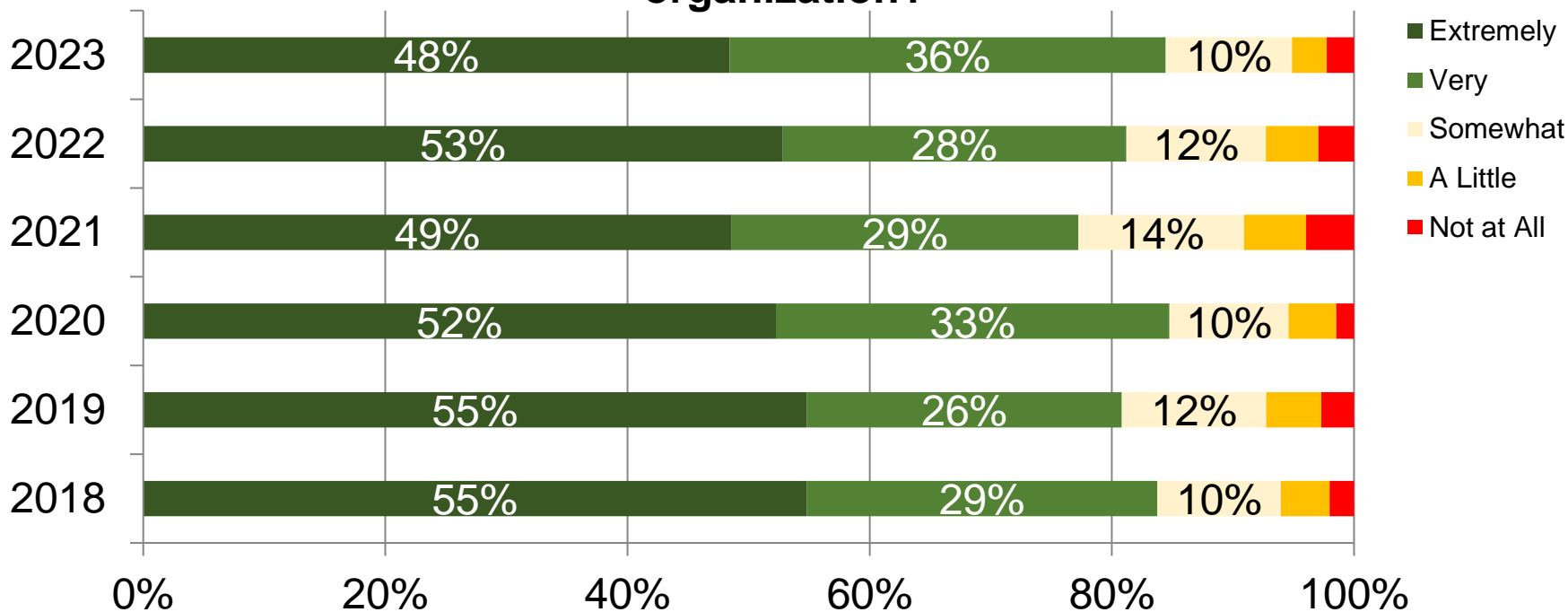
How kindly do the people who provide you with supports and services treat you?



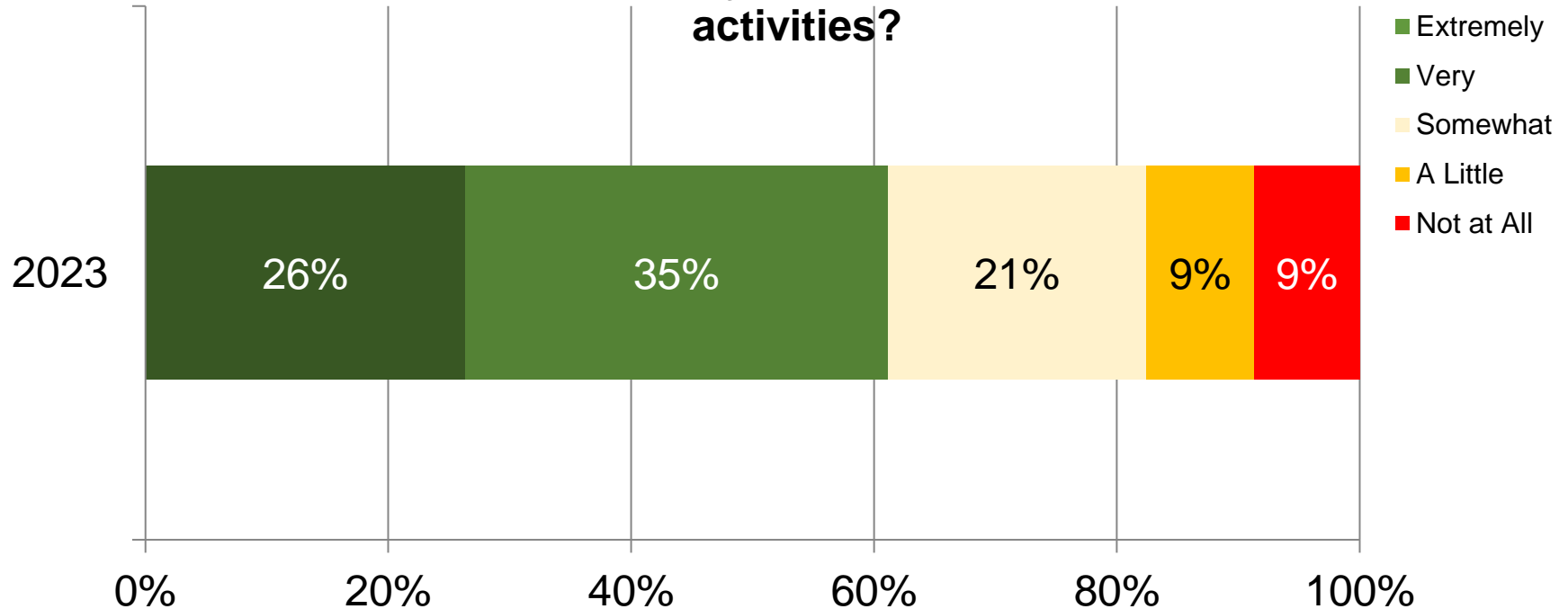
How well do the supports and services you receive meet your needs?



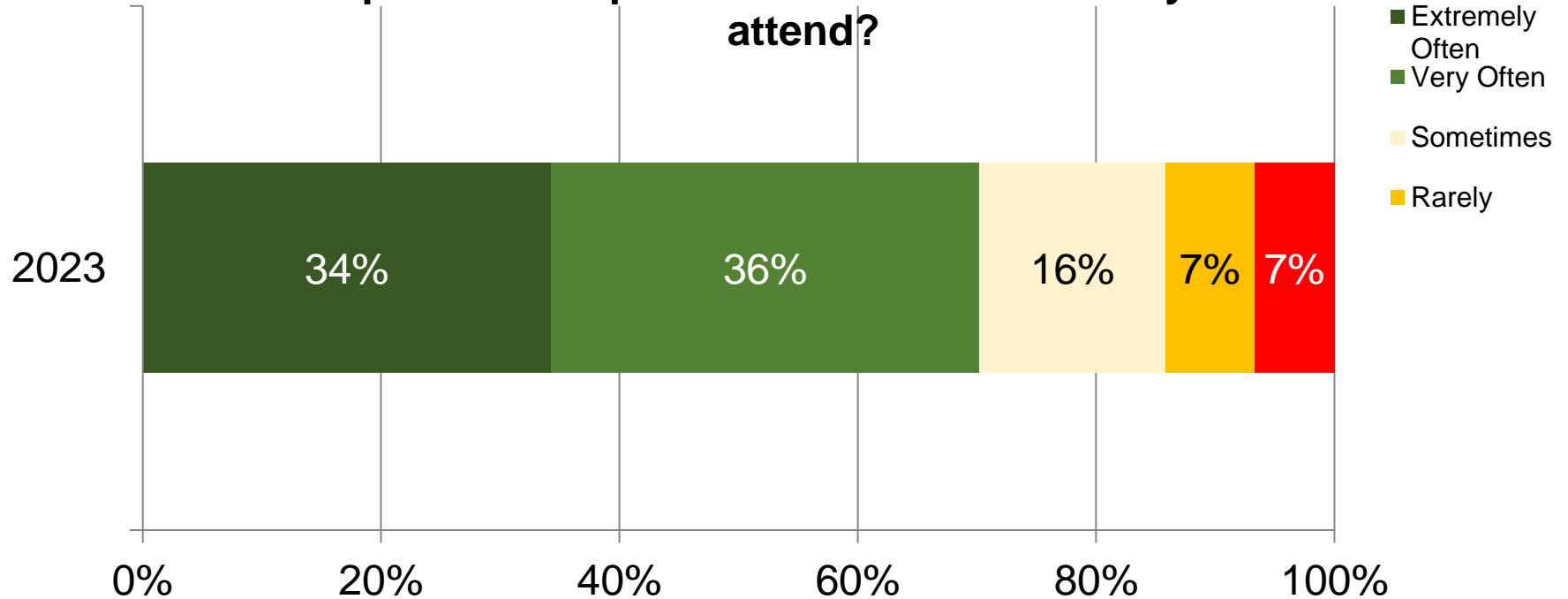
Overall, how satisfied are you with your managed care organization?



Thinking about a usual month, how satisfied are you with the number of opportunities you have to participate in social activities?



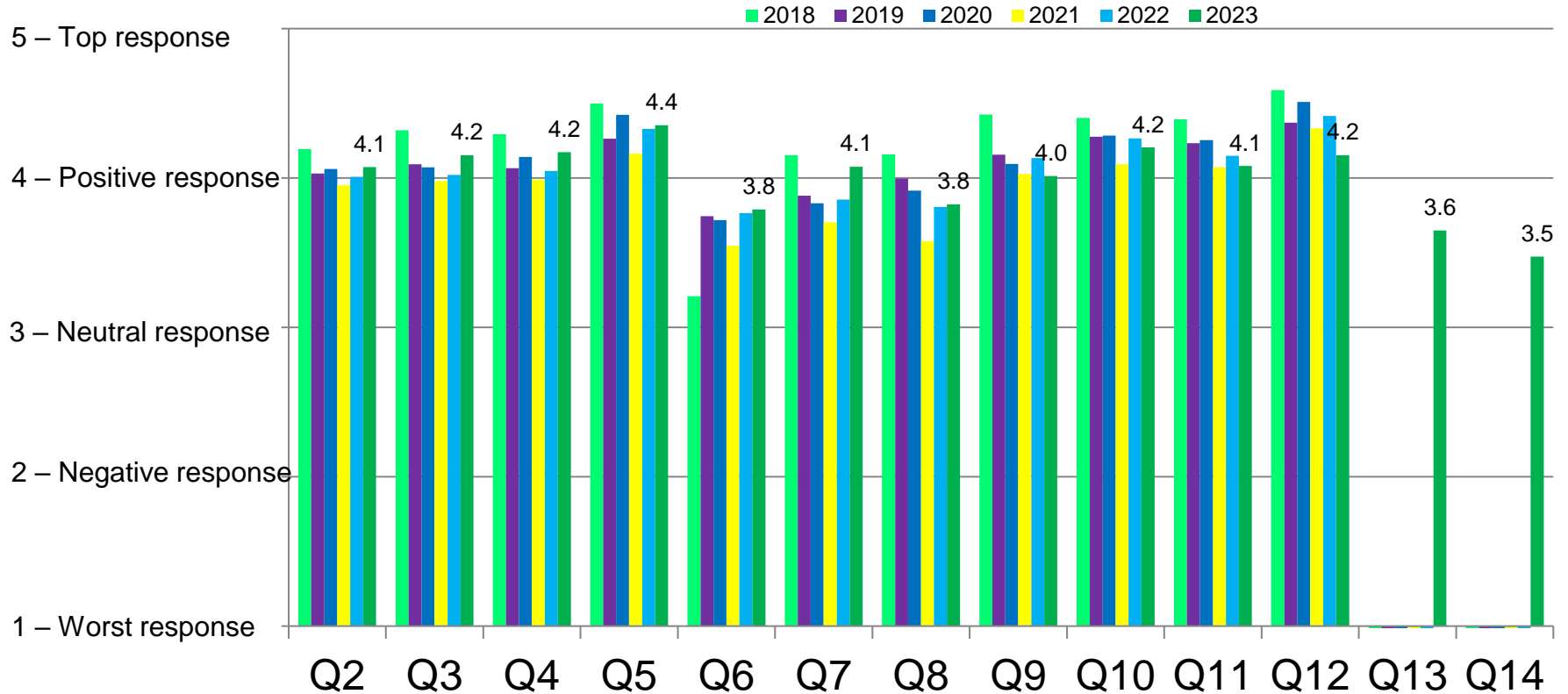
Thinking about a usual month, how often do you have access to transportation to places and social activities you want to attend?



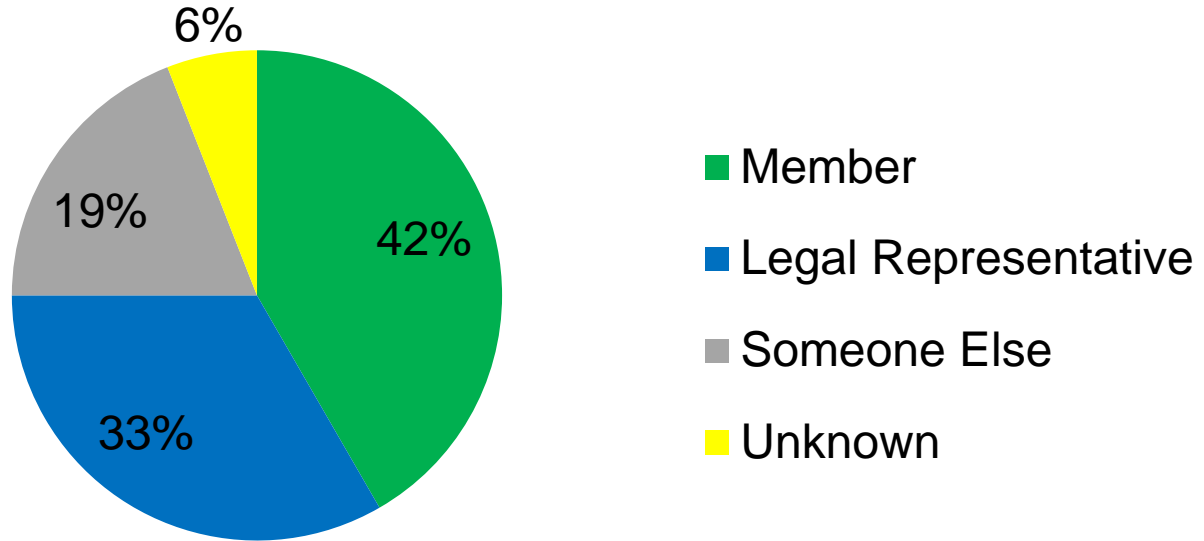
PACE Survey Analysis

Survey Question Response – PACE

*Q13 and Q14 added for FC/FCP/PACE in 2023

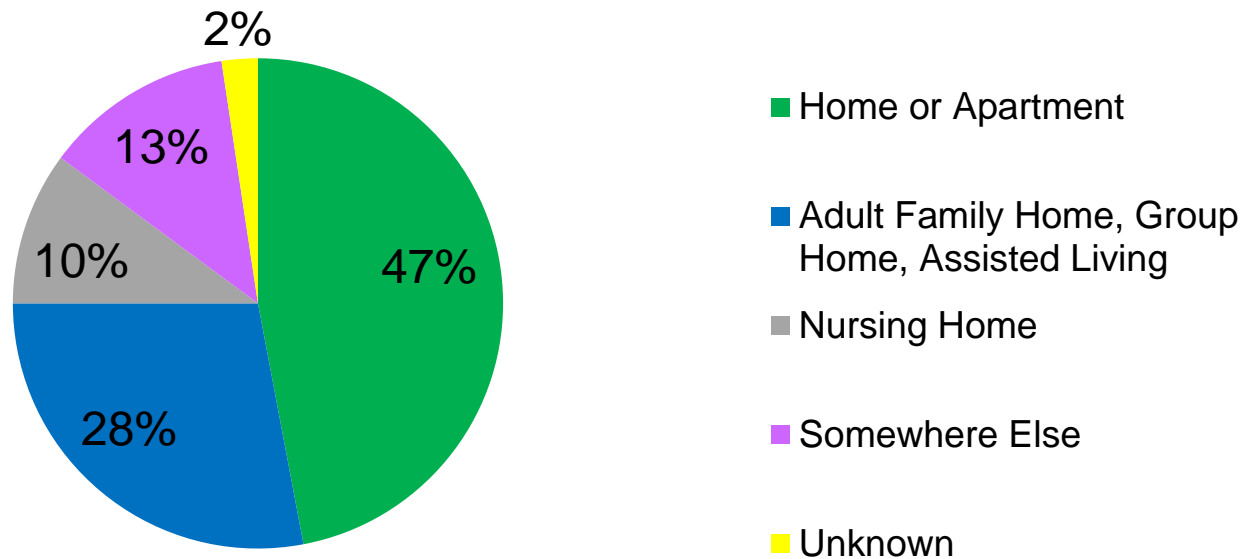


Who Answered Survey – PACE



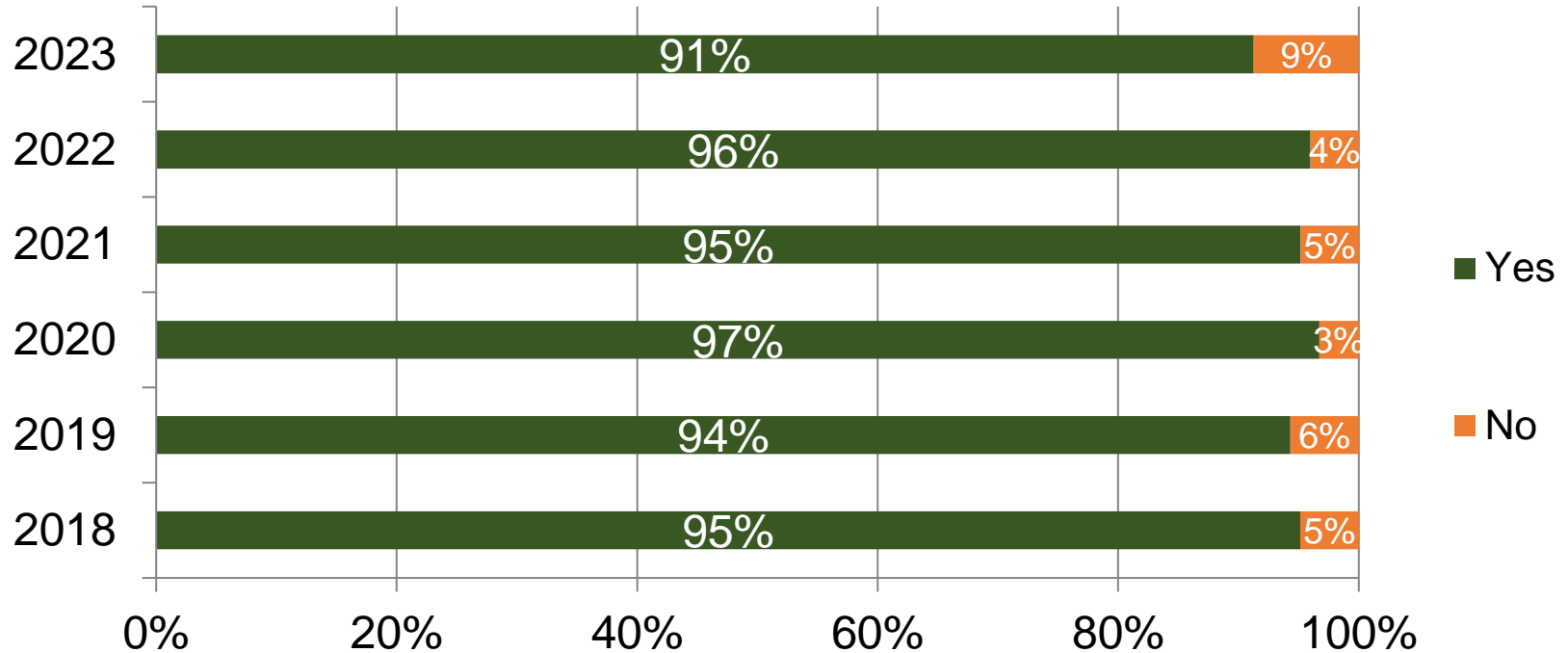
Sample Size = 168

Member Living Situation – PACE

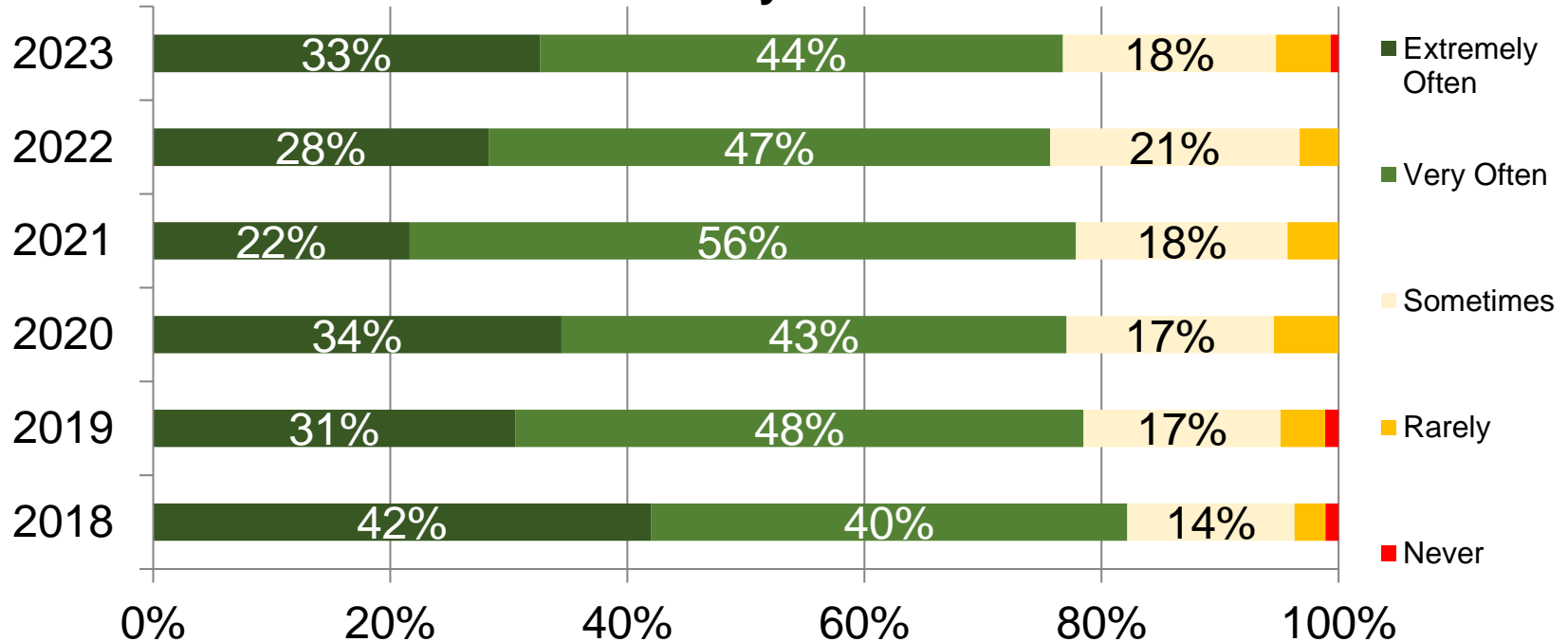


Sample Size = 168

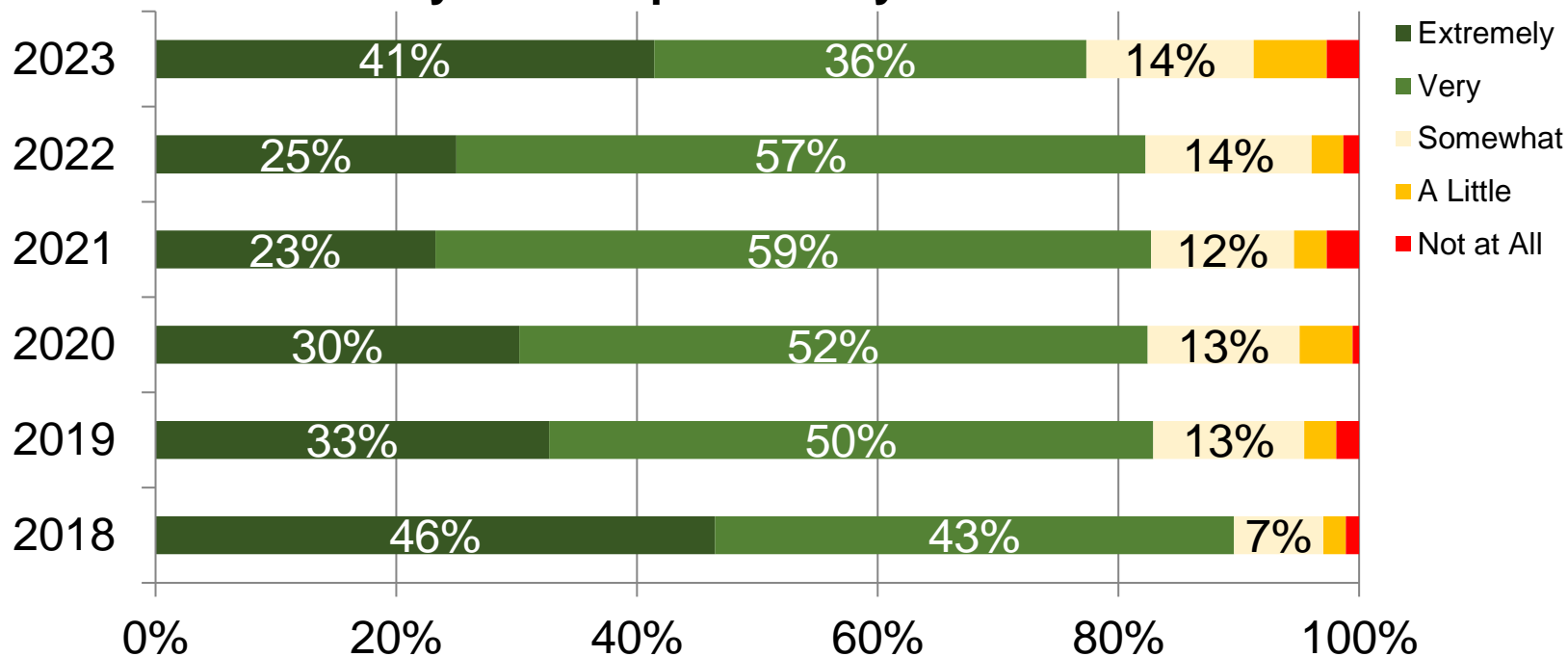
Can you contact your care team when you need to?



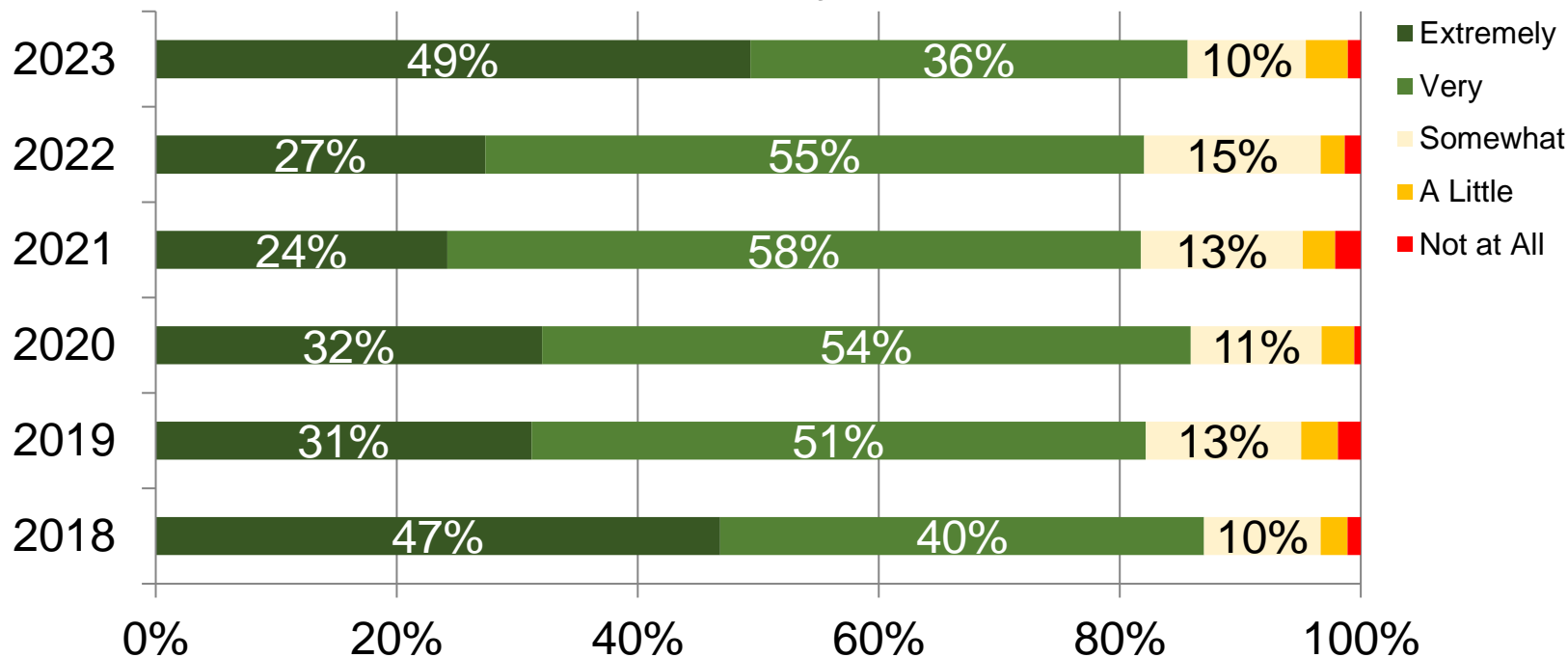
When asking for help, how often do you get the help you need from your care team?



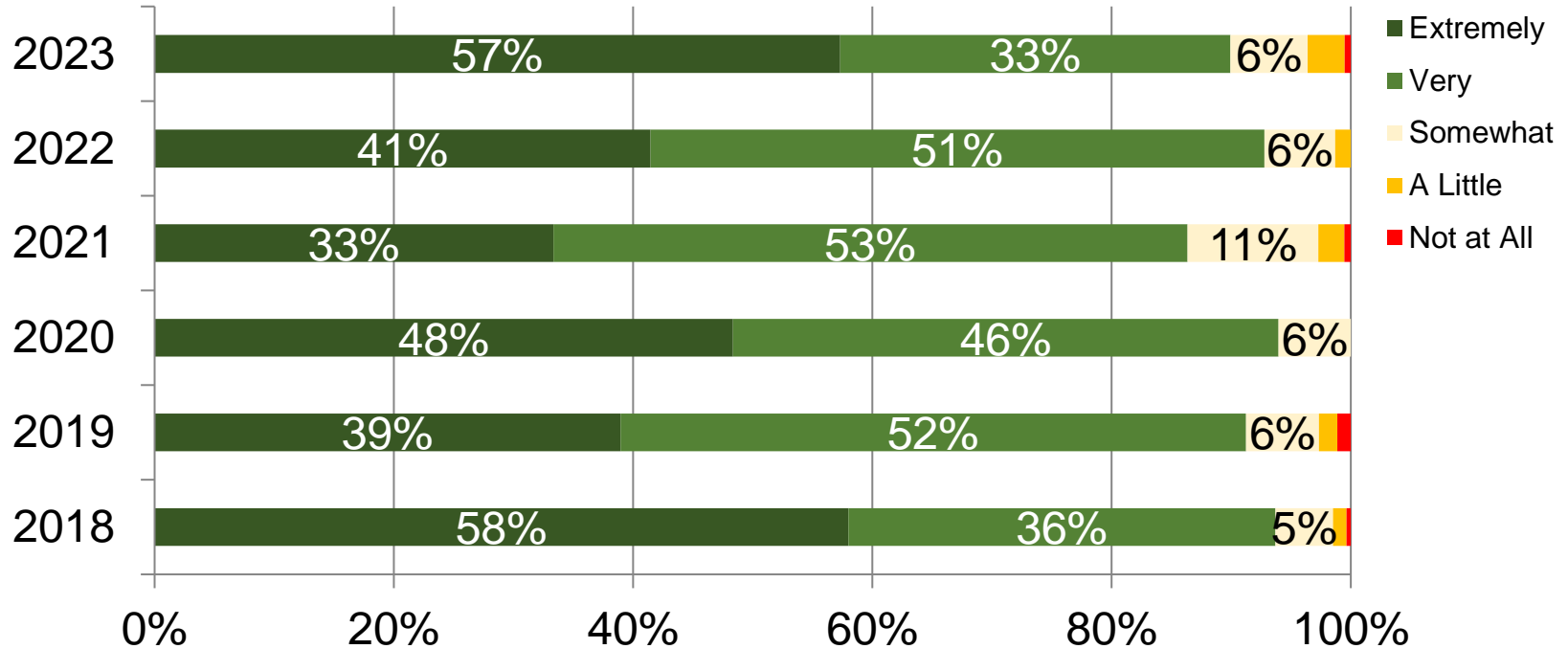
How satisfied are you with getting clear explanations about your care plan from your care team?



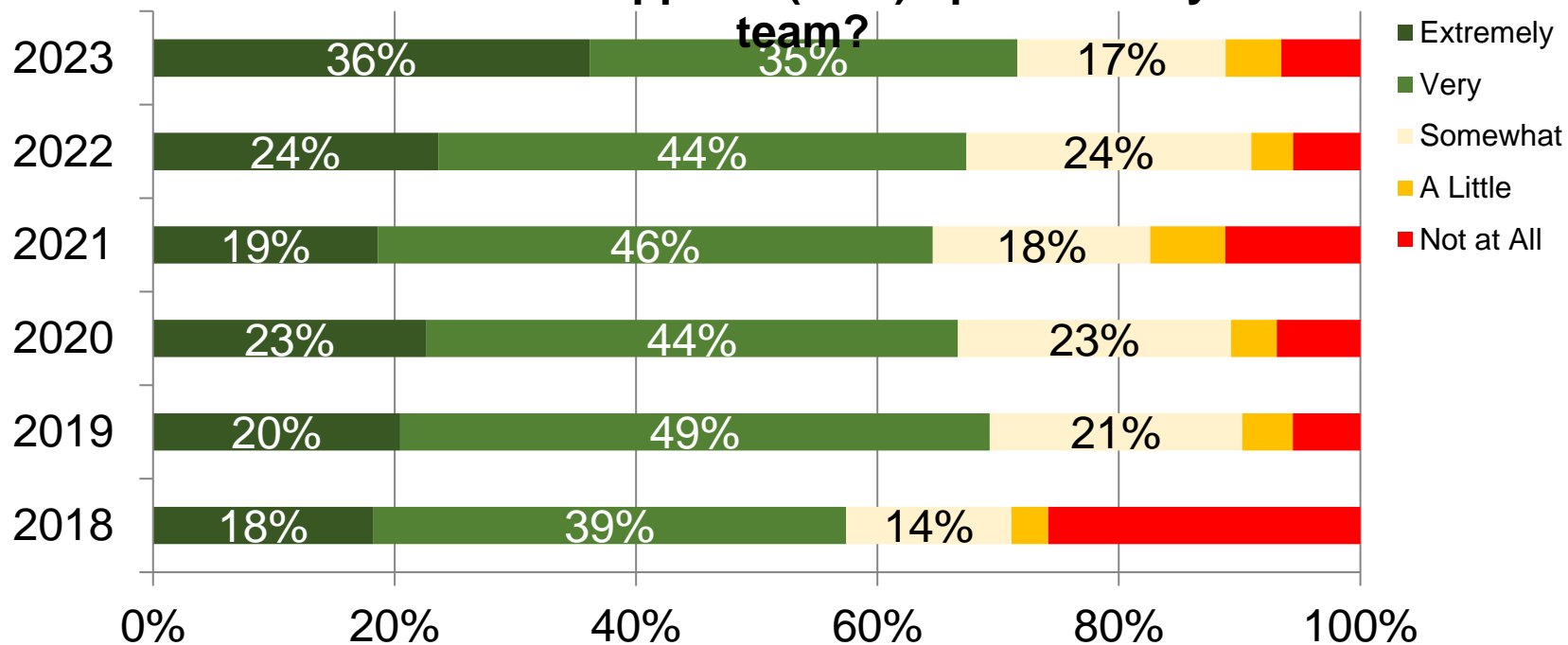
When you speak with your care team, how well do they listen to you?



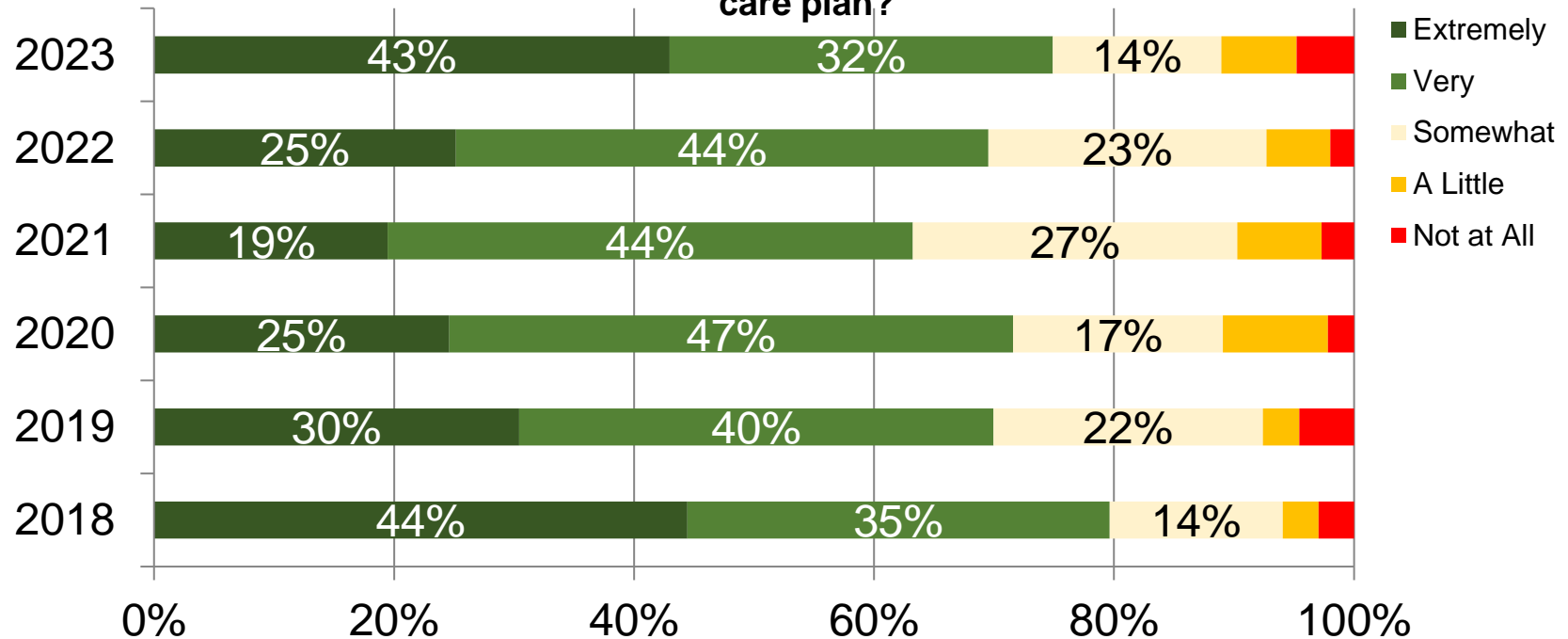
How kindly does your care team treat you?



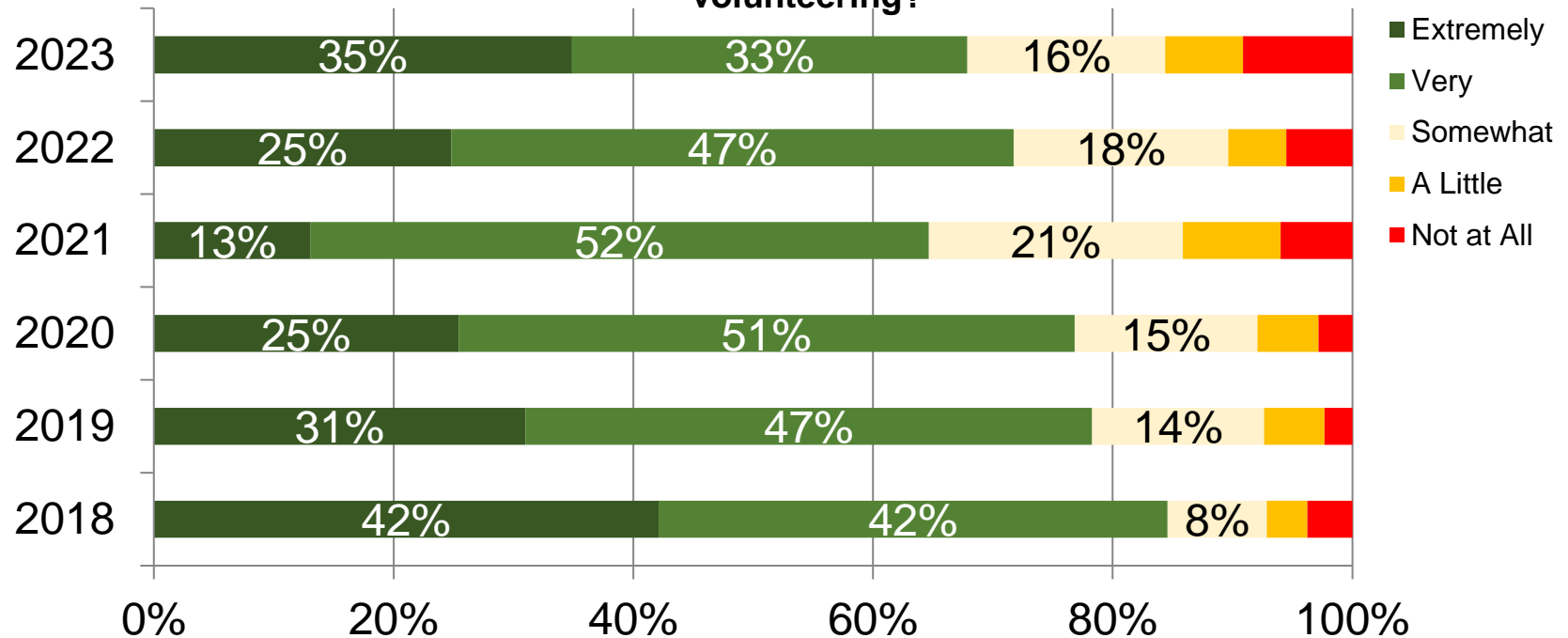
How satisfied are you with getting clear explanations about the self-directed supports (SDS) option from your care team?



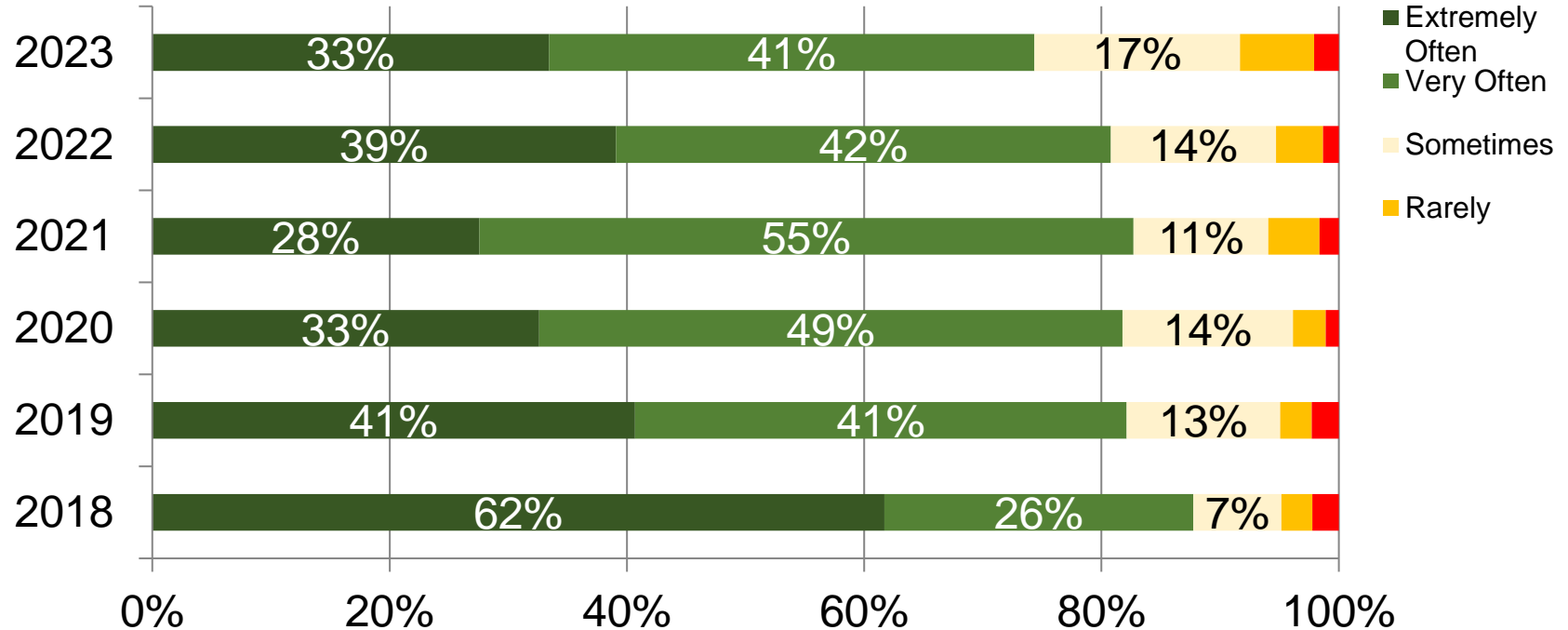
To make sure you are the focus of your care plan, how much does your care team involve you in the planning, development, and communication of your care plan?



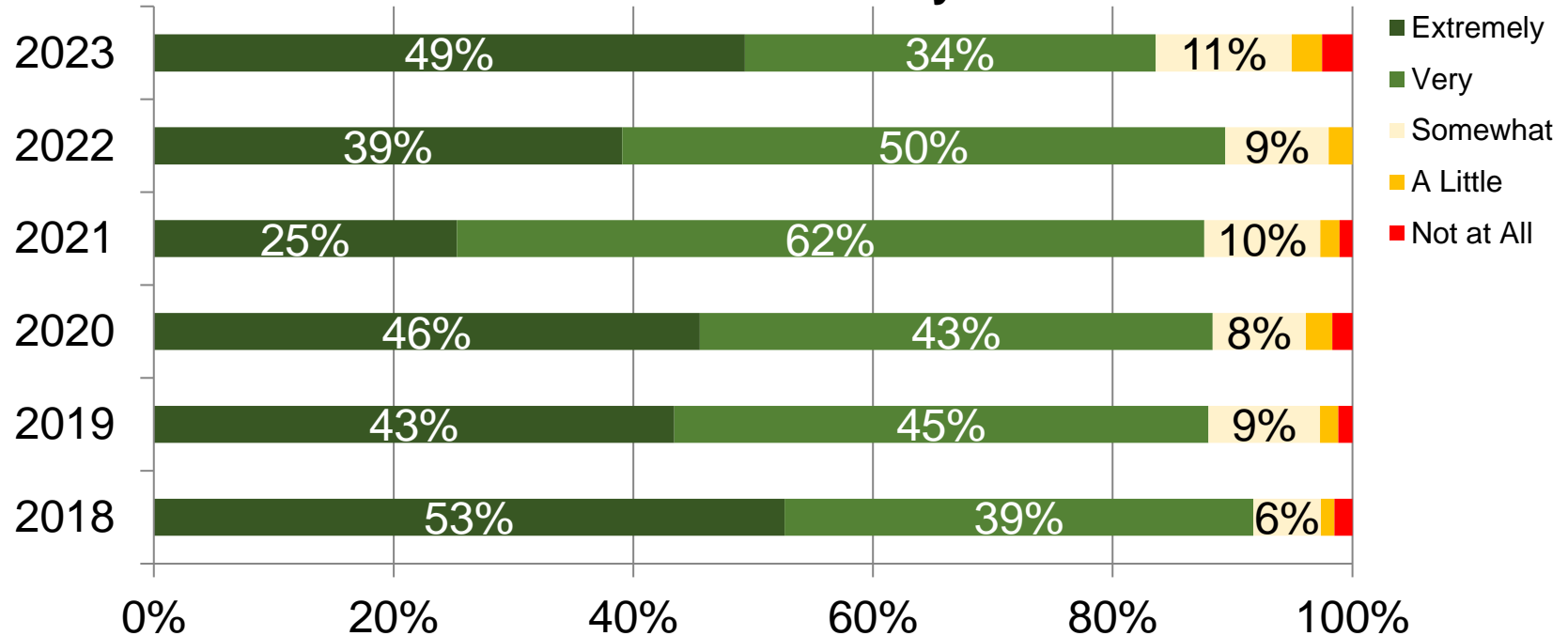
How well does your care plan support the activities that you want to do in your community, such as visiting with family and friends, working, and volunteering?



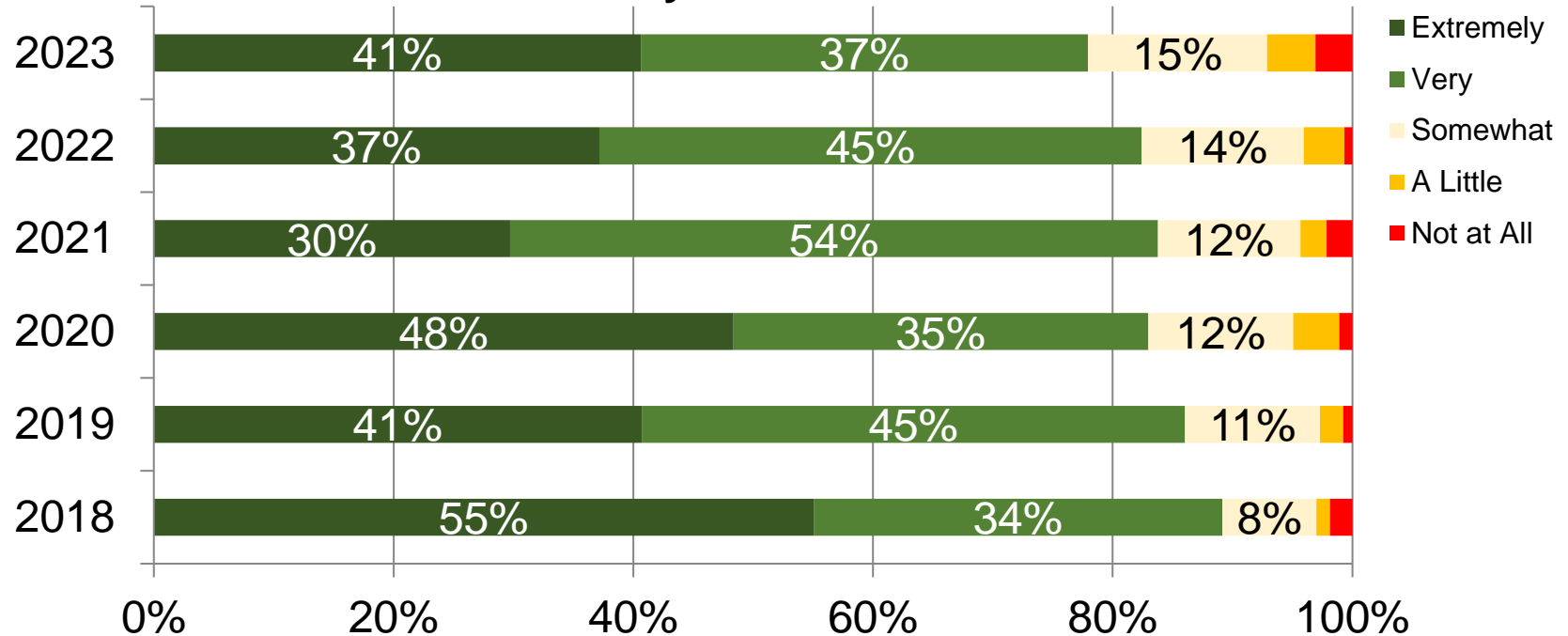
How often does your care plan include the things that are important to you?



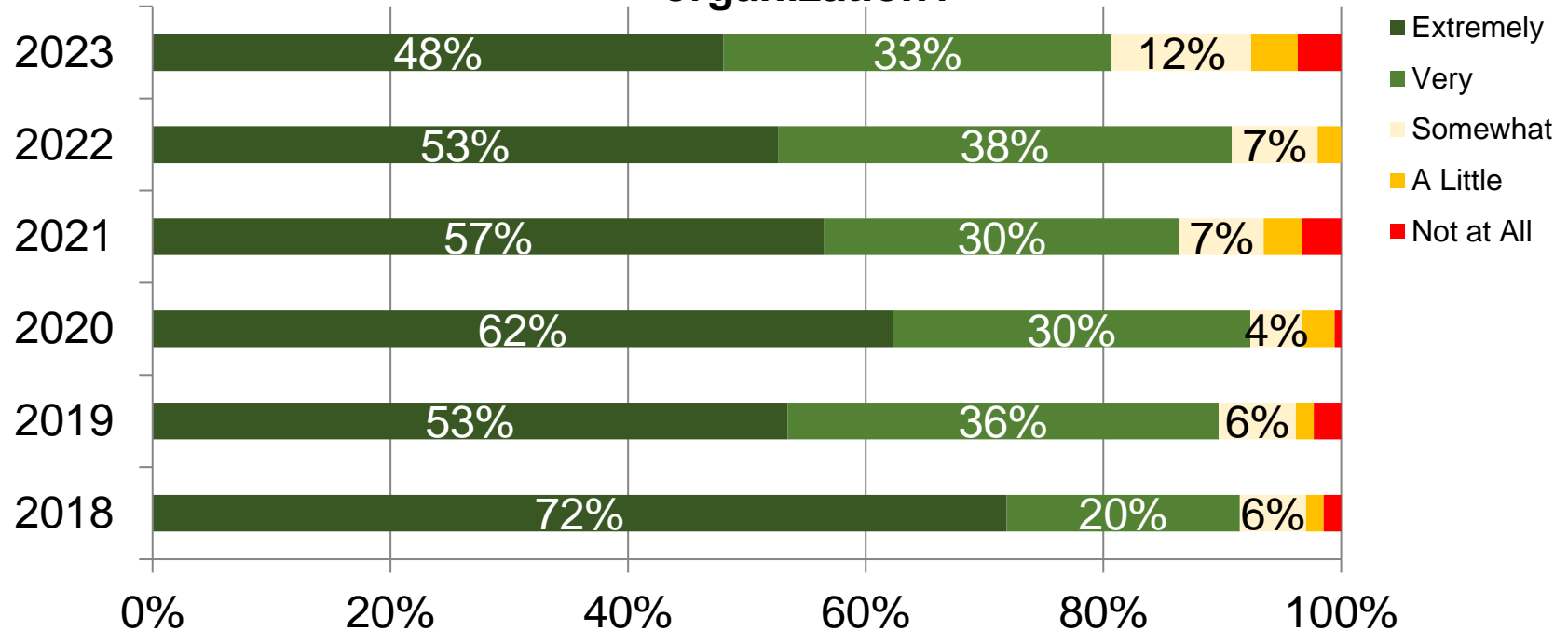
How kindly do the people who provide you with supports and services treat you?



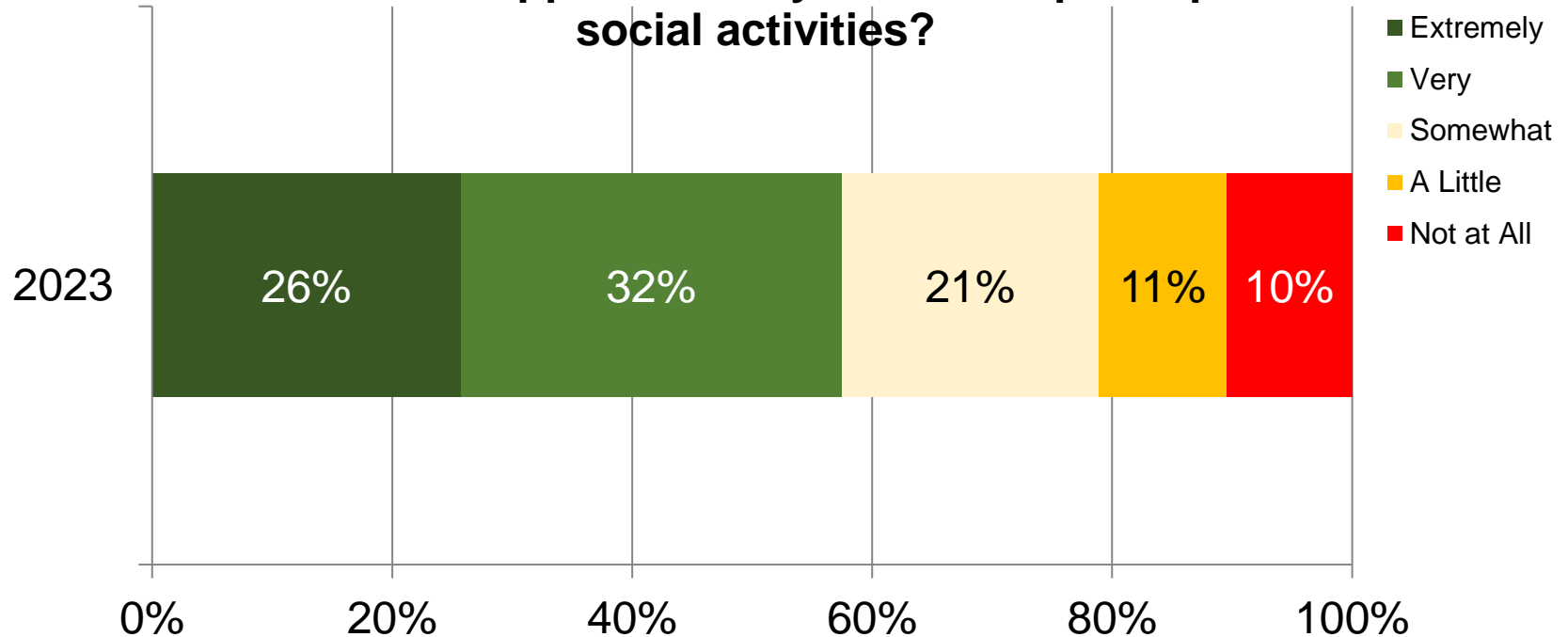
How well do the supports and services you receive meet your needs?



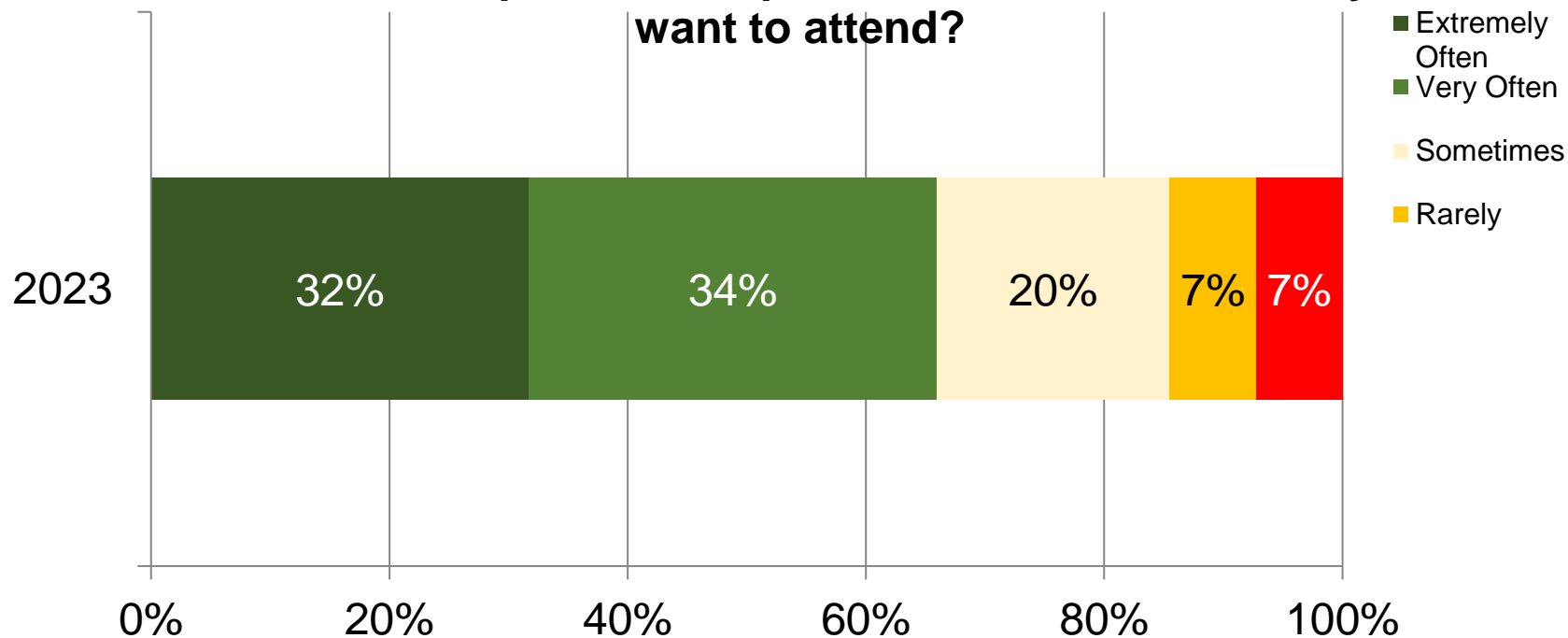
Overall, how satisfied are you with your managed care organization?



Thinking about a usual month, how satisfied are you with the number of opportunities you have to participate in social activities?



Thinking about a usual month, how often do you have access to transportation to places and social activities you want to attend?



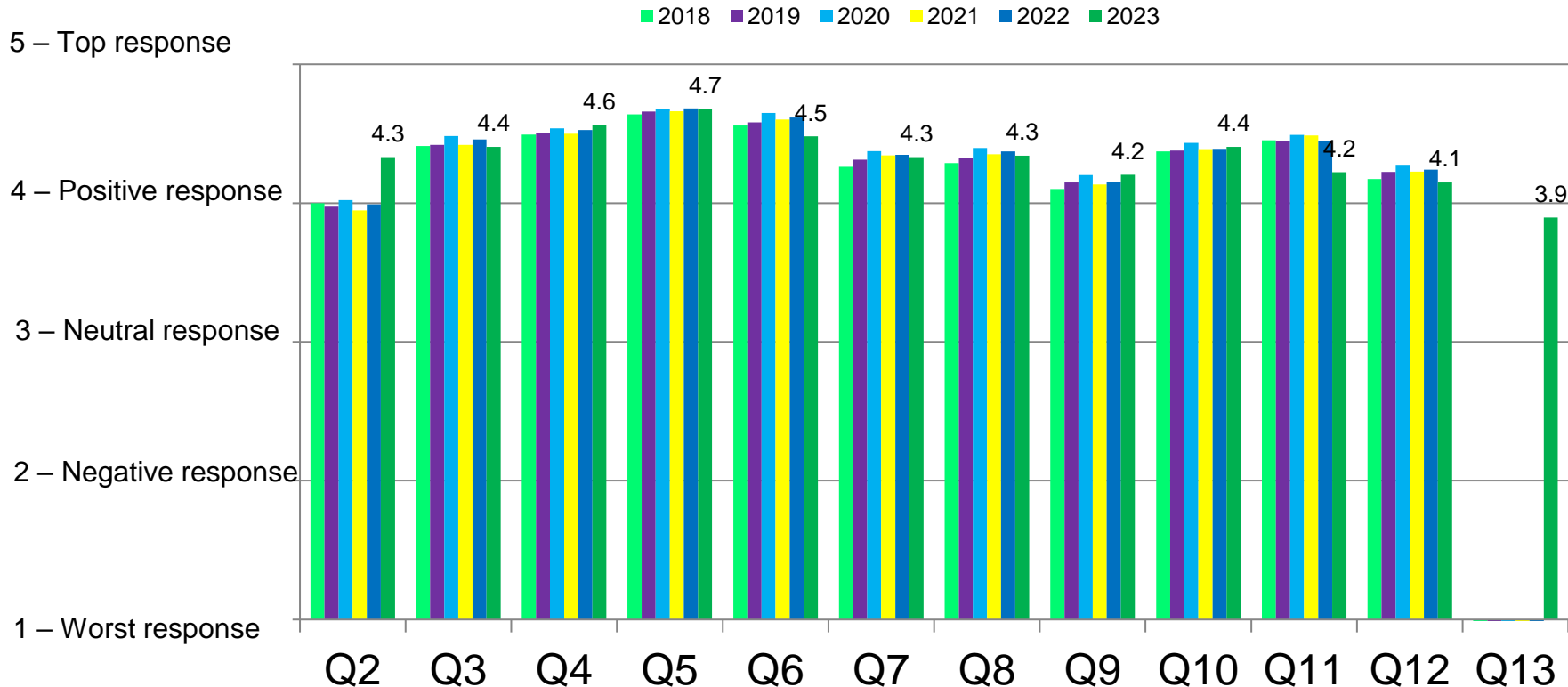
2023 IRIS Consultant Agency Participant Satisfaction Survey Analysis

IRIS ICA Insights

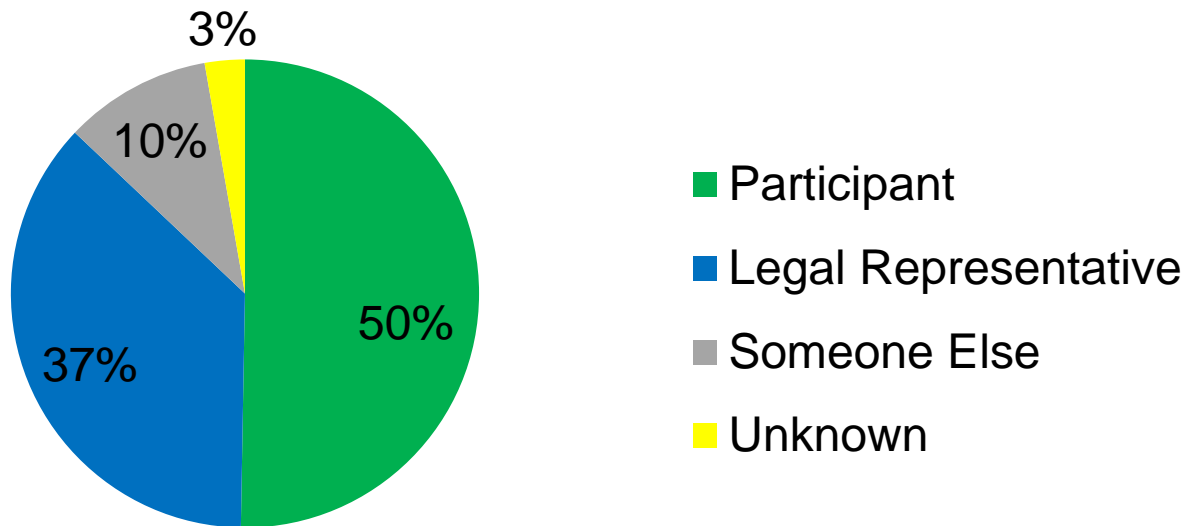
- We updated the survey questions including the addition of a new community related question
- The change to Question 2 on the survey resulted in significant improvement in satisfied responses
- Slight increase in satisfaction for Q4, Q9, and Q10 compared to 2022
- Slight decrease in satisfaction to Q3, Q6, Q11, and Q12
- Response Rate across ICA is 32%

Survey Question Response – IRIS Consultant Agencies

*Q13 added for IRIS – ICA in 2023

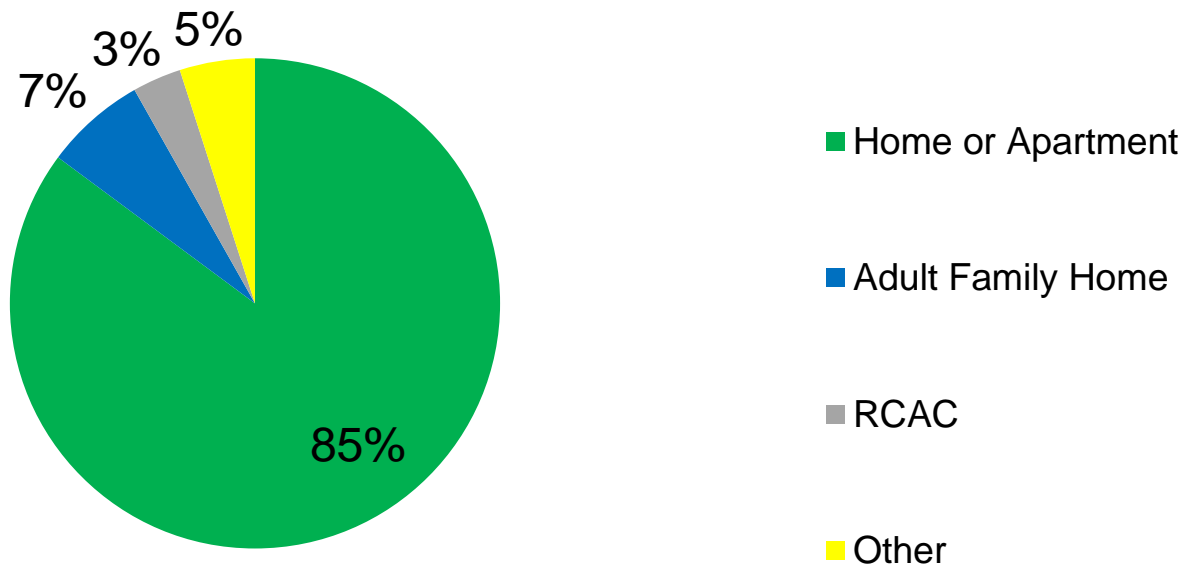


Who Answered Survey – IRIS Consulting Agencies



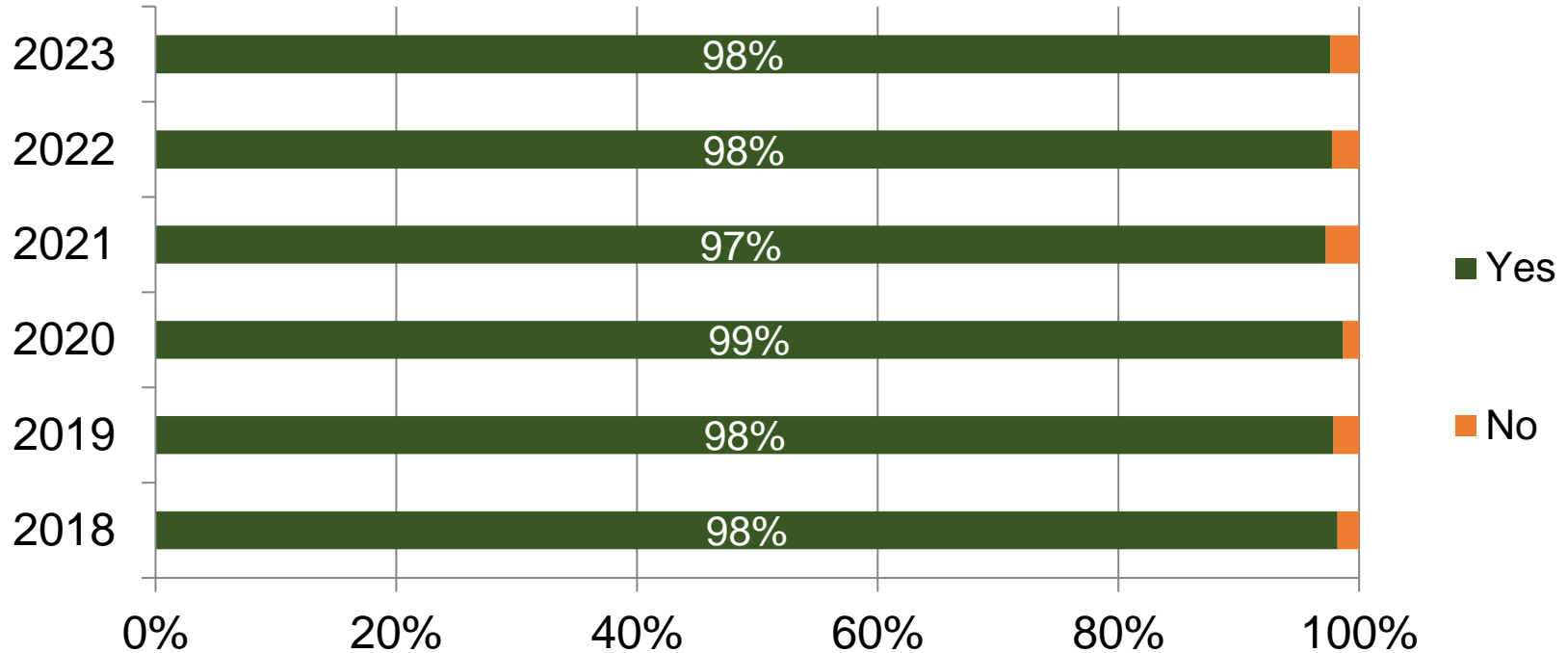
Sample Size = 3,037

Member Living Situation – IRIS Consulting Agencies

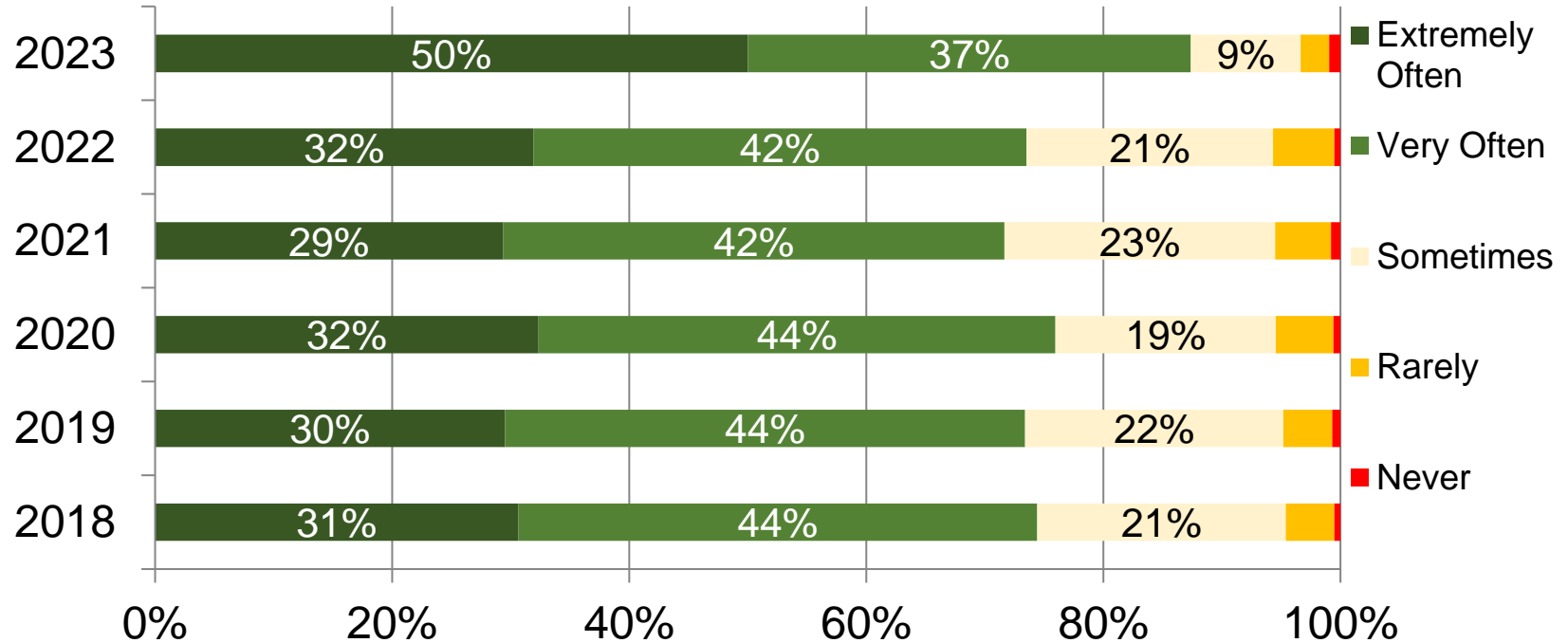


Sample Size = 3,037

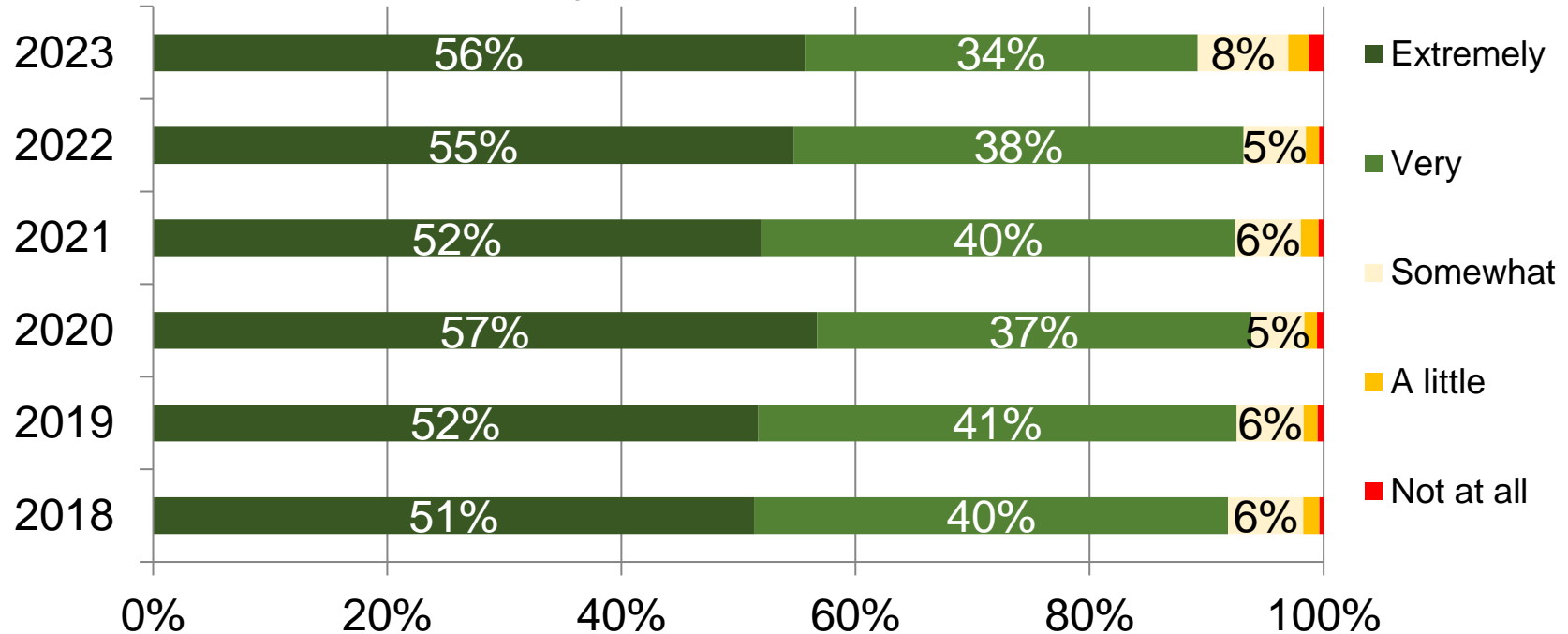
Can you contact your IRIS Consultant when you need to?



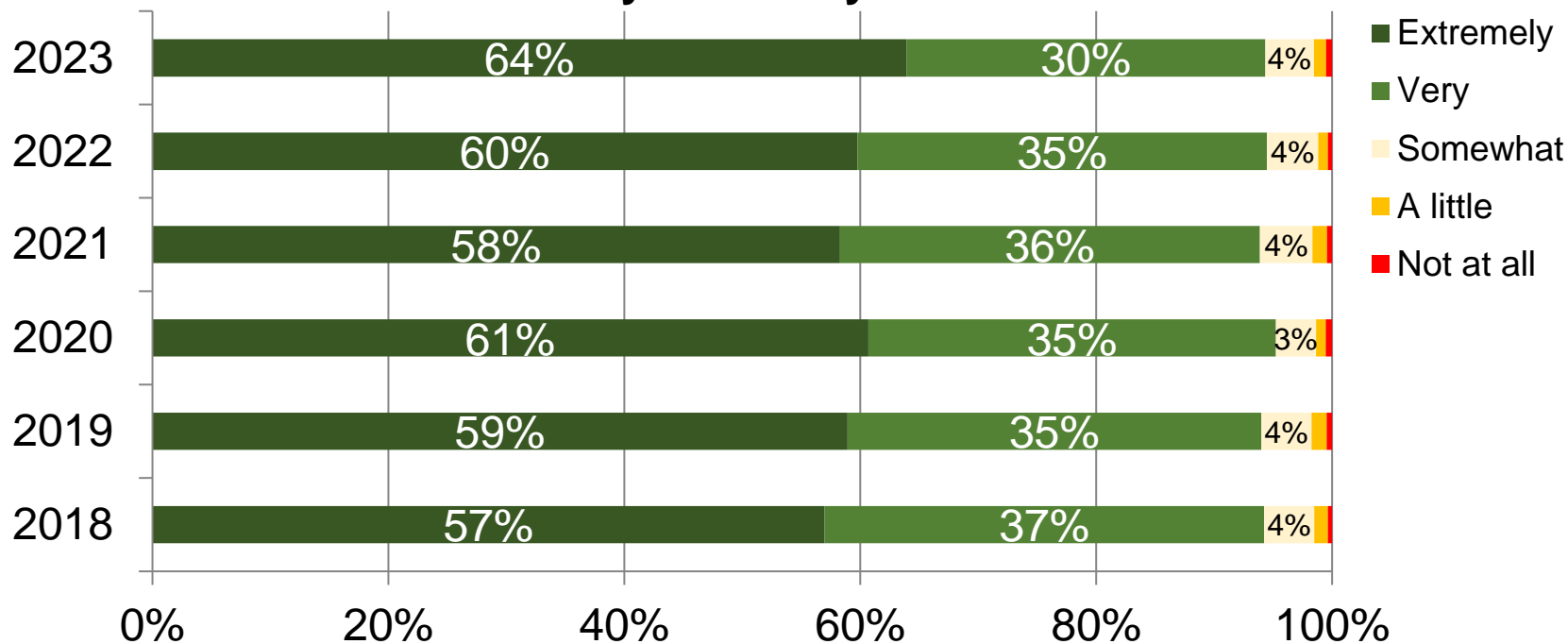
When asking for help, how often do you get the help you need from your IRIS consultant?



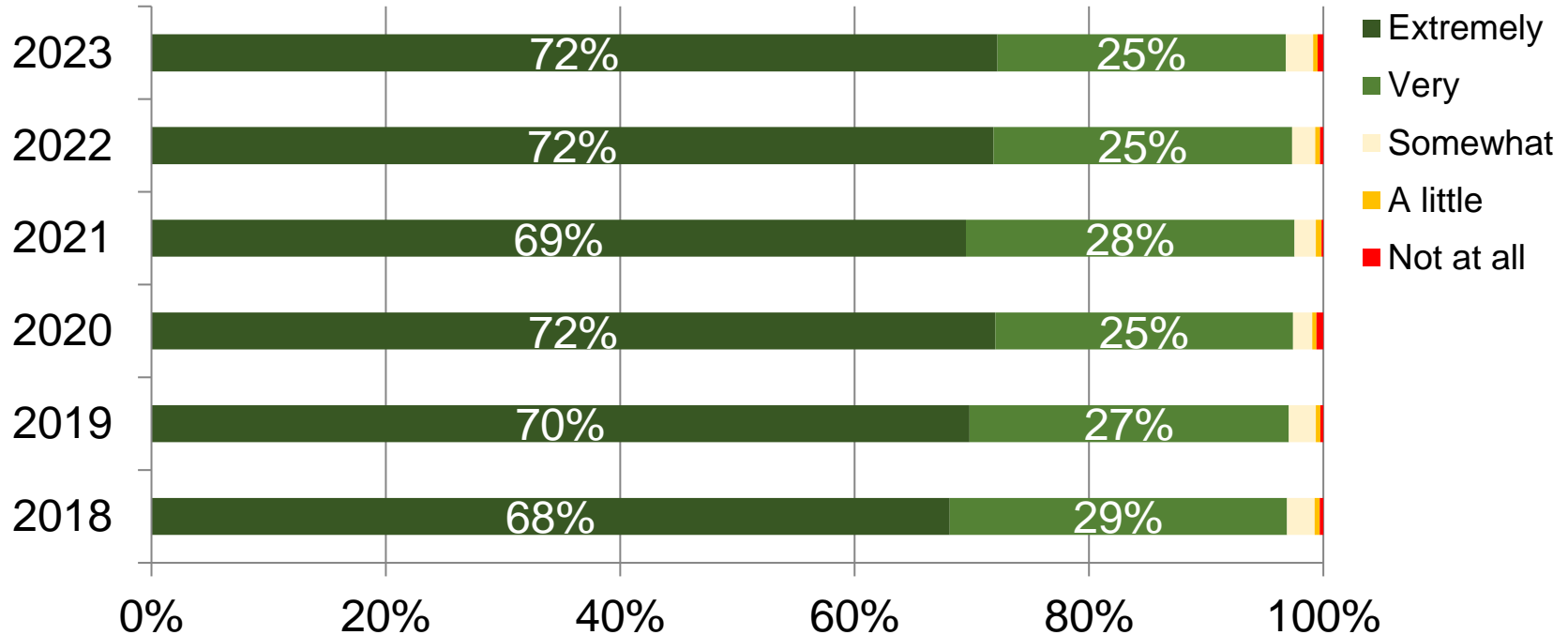
How satisfied are you with getting clear explanations from your IRIS consultant?



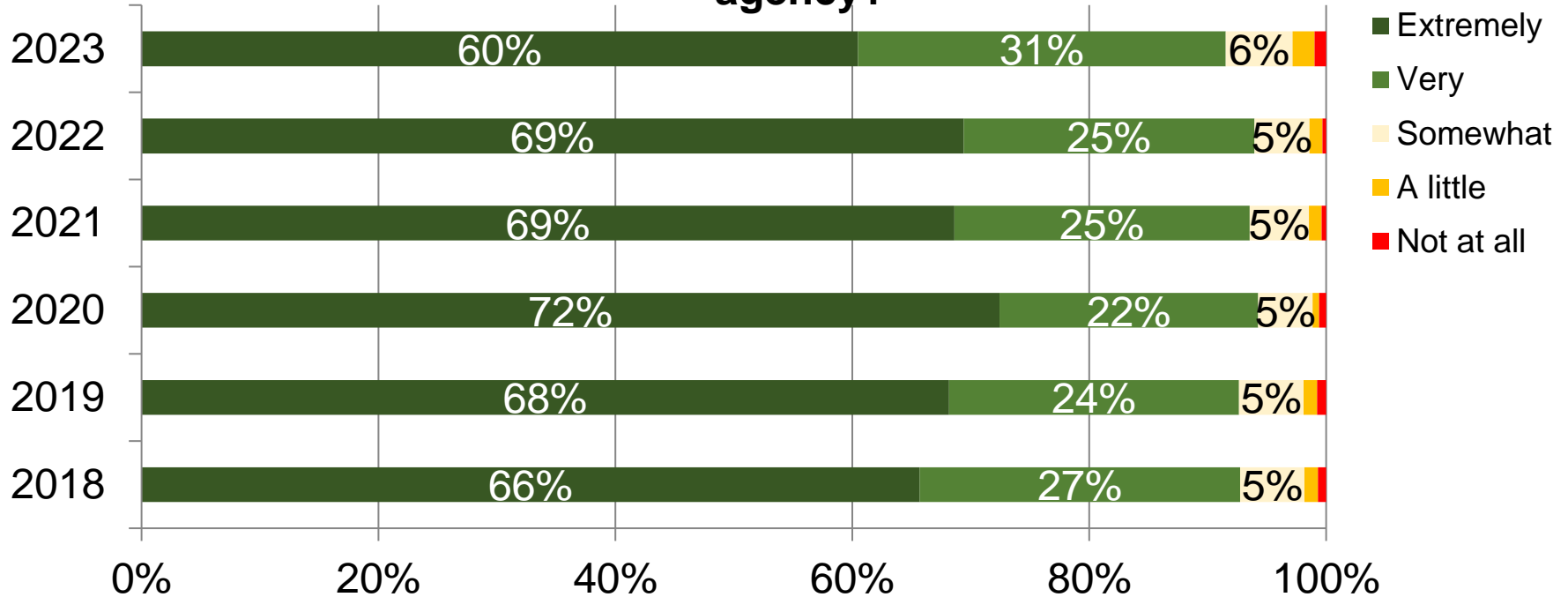
When you speak with your IRIS consultant, how well do they listen to you?



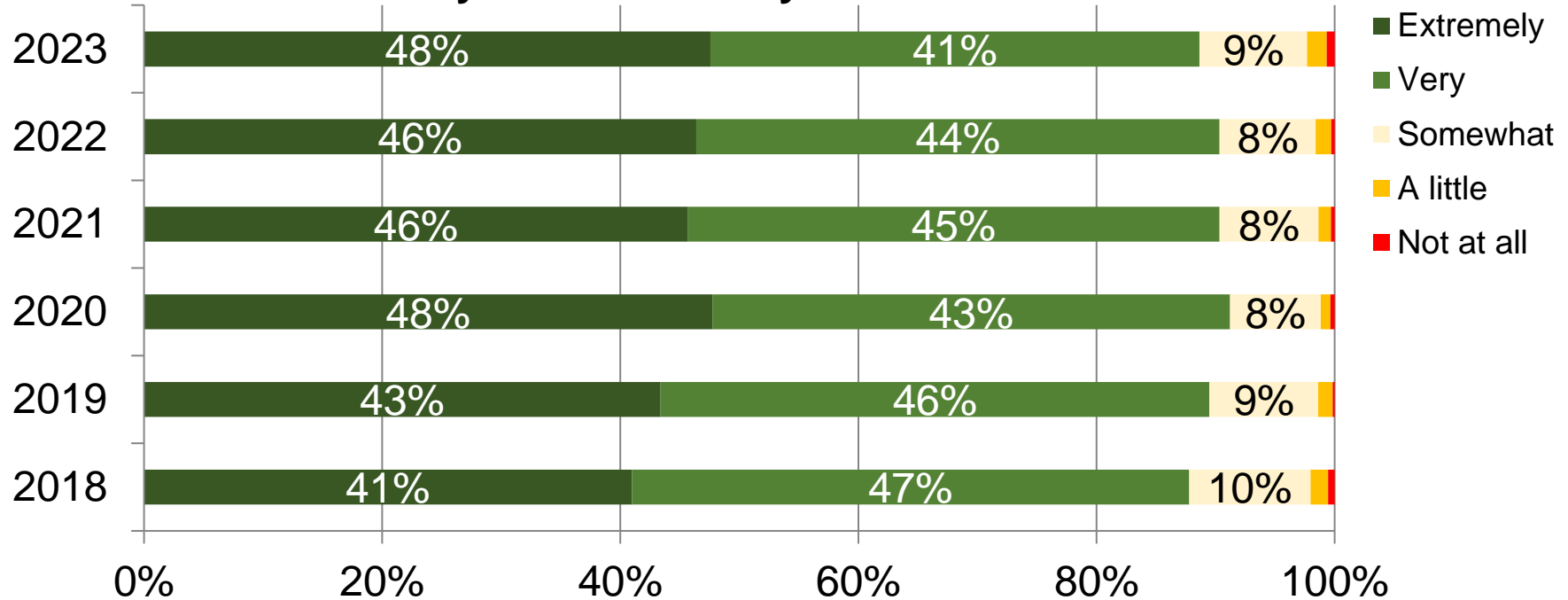
How kindly does your IRIS consultant treat you?



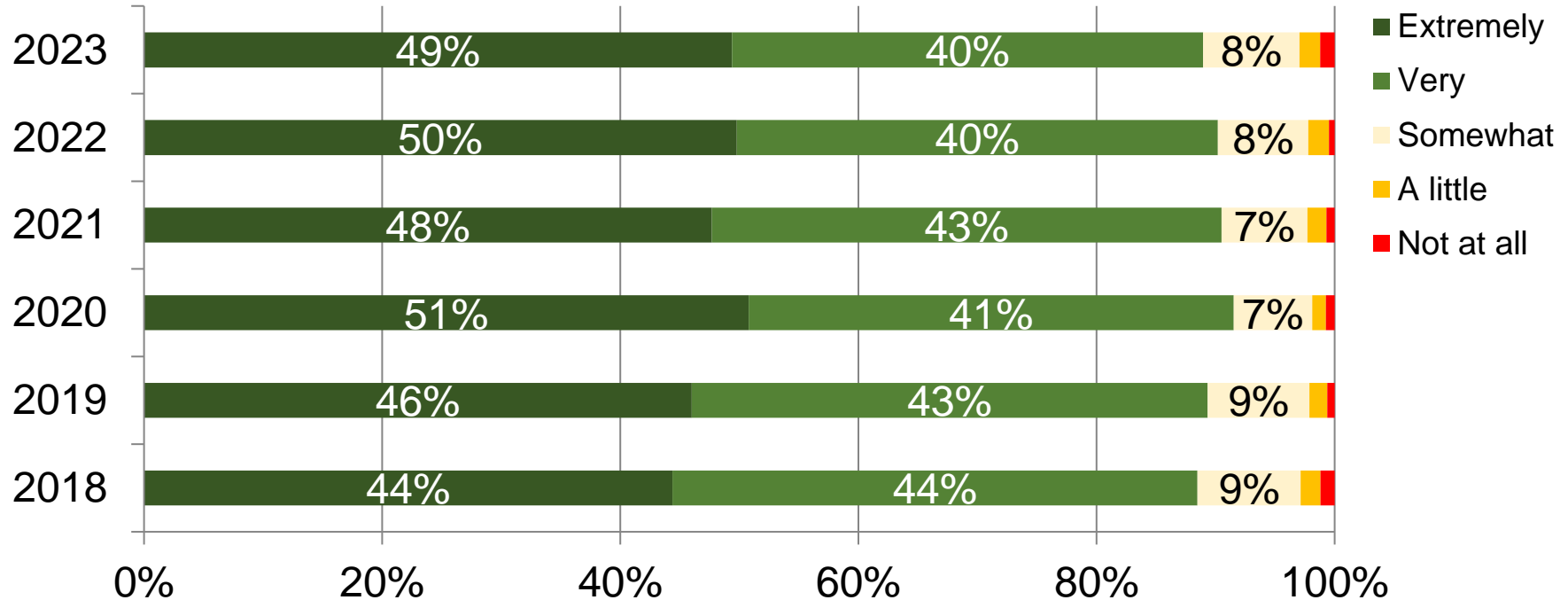
Overall, how satisfied are you with your IRIS consultant agency?



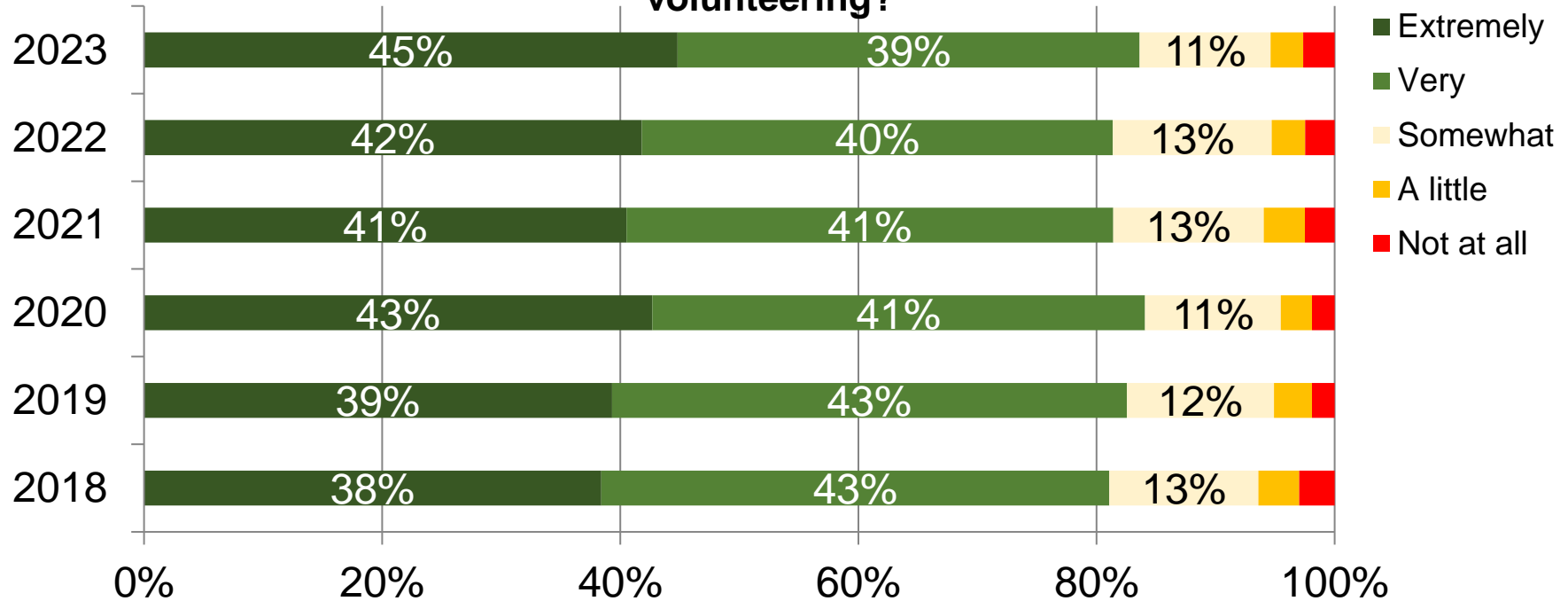
Overall how well do the supports and services you receive in your ISSP meet your needs?



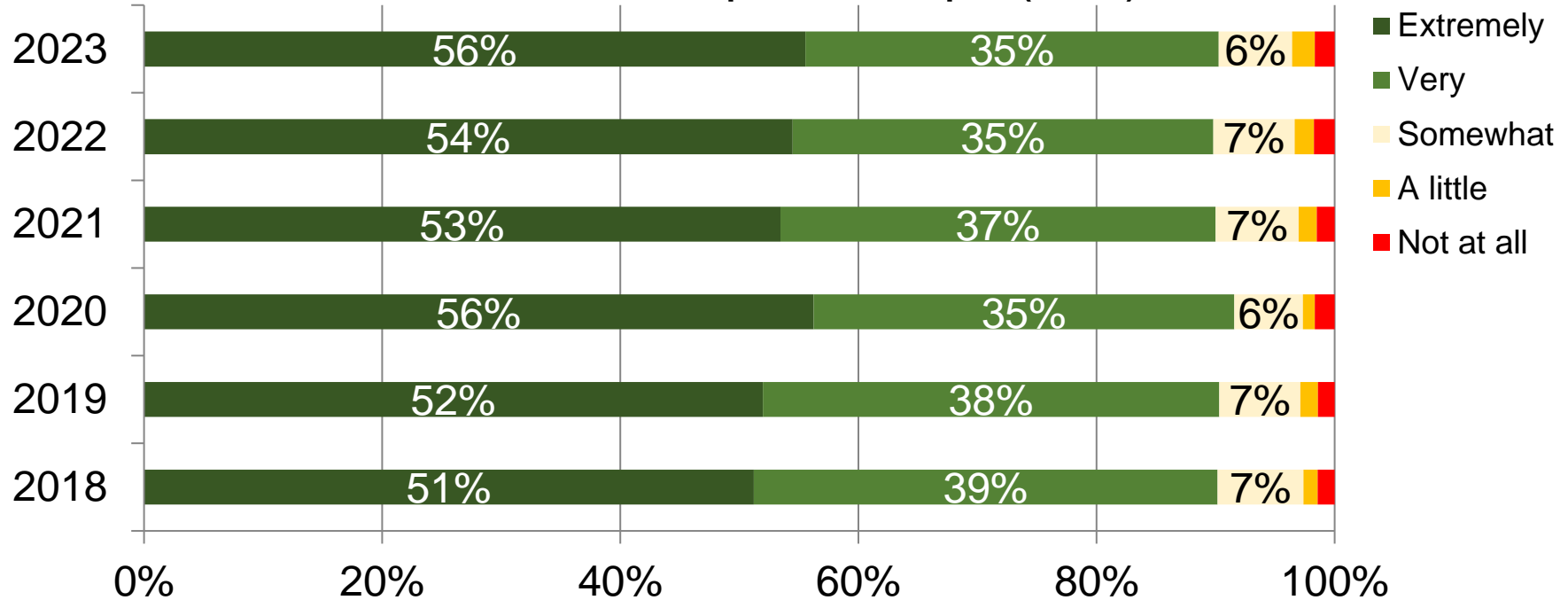
How satisfied are you with getting clear explanations from your IRIS consultant agency to develop your ISSP?



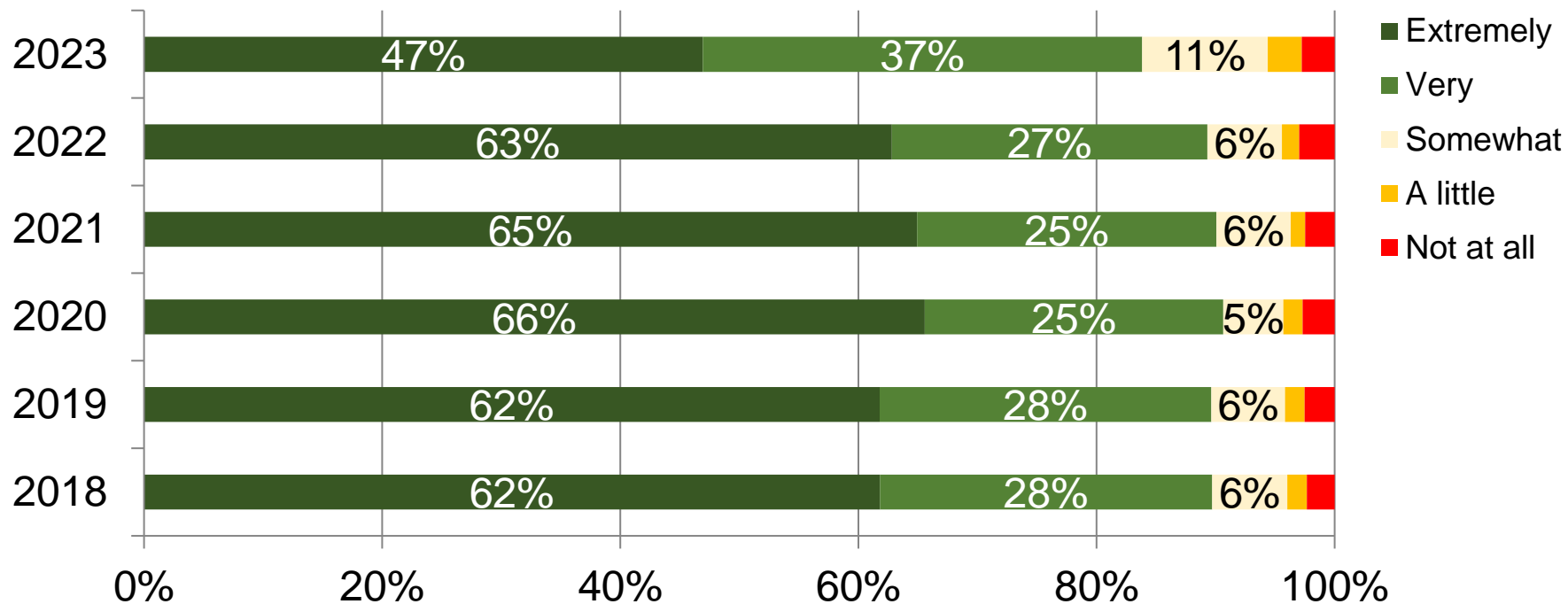
How well does your ISSP support the activities you want to do in your community, such as visiting with family and friends, working, and volunteering?



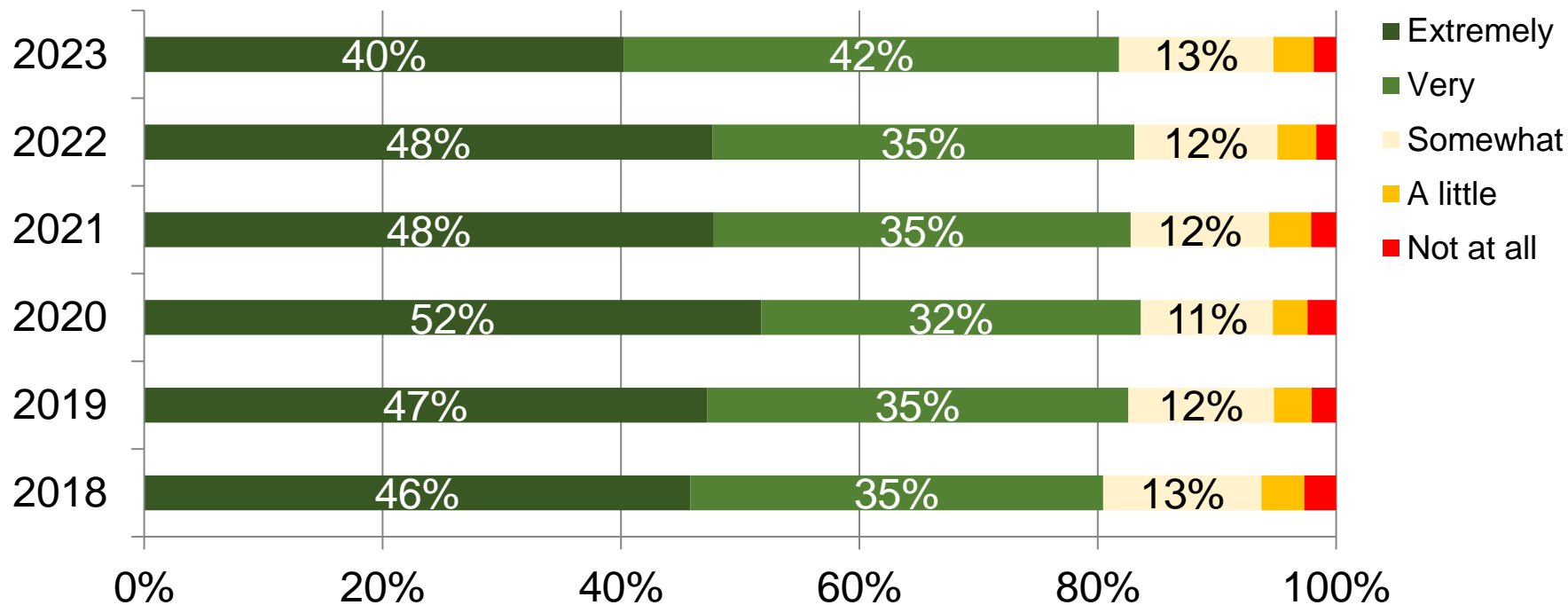
How well does your ISSP support your needs related to living in a place of your choice? This may include a private apartment or house, adult family home (AFH), or residential care apartment complex (RCAC).



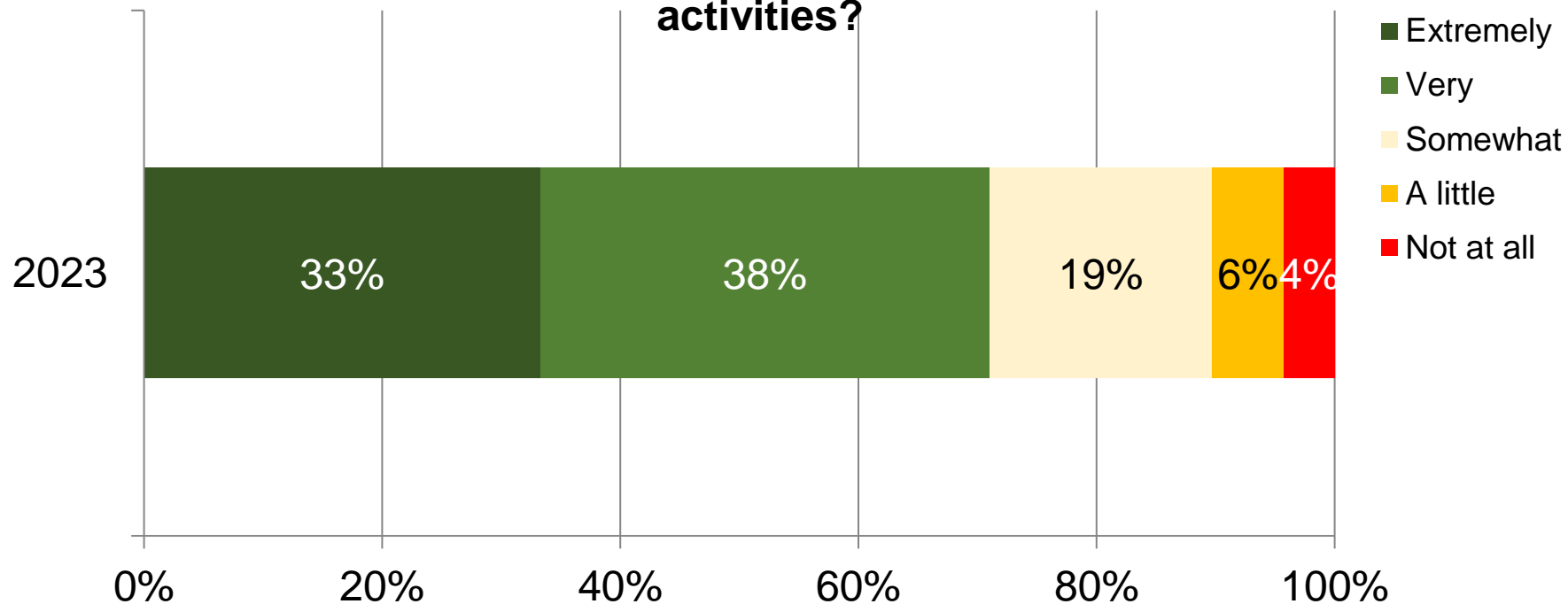
How satisfied are you with the process of recruiting, hiring, training, and supervising your workers?



How satisfied are you with how your budget is made to purchase allowable services to meet your needs?



Thinking about a usual month, how satisfied are you with the number of opportunities you have to participate in social activities?

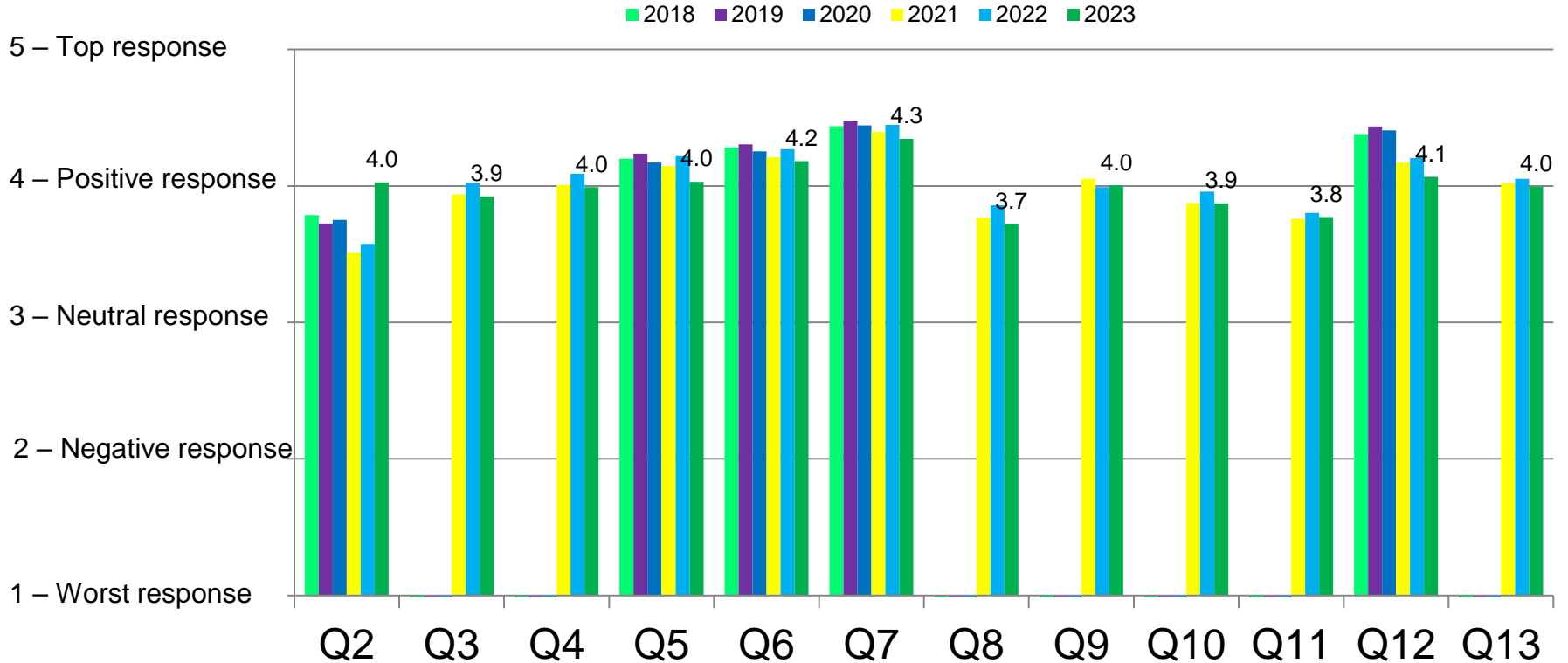


2023 IRIS Fiscal Employment Agent Participant Satisfaction Survey Analysis

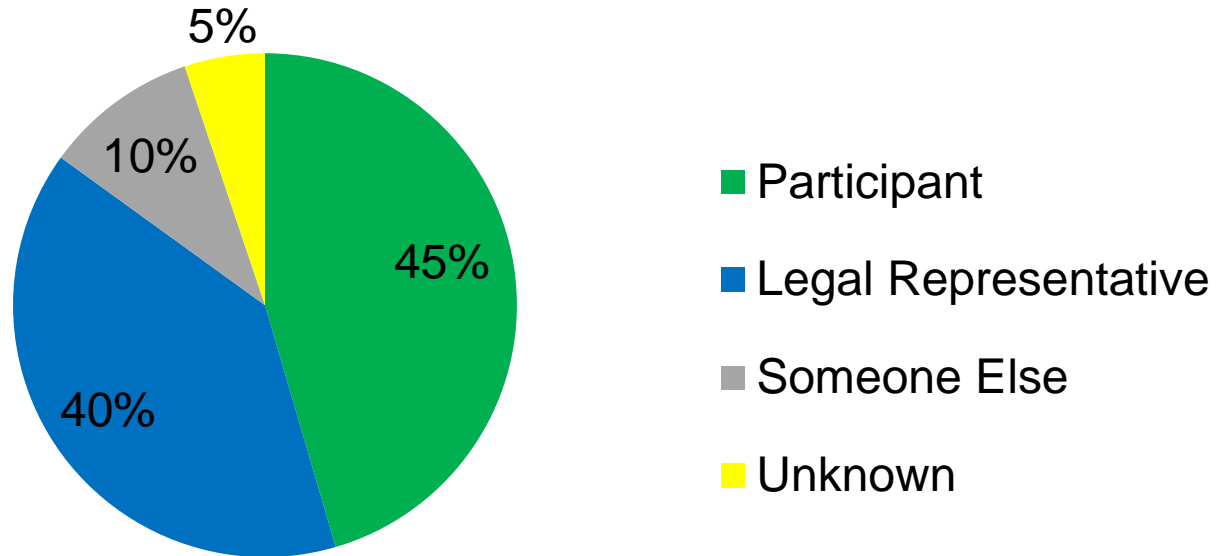
IRIS FEA Insights

- We updated the survey questions including the addition of a new community related question
- The change to Question 2 on the survey resulted in significant improvement in satisfied responses
- Slight decrease in satisfaction in general compared to 2022
- Response rate across FEA is 33%

Survey Question Response – IRIS Fiscal Employment Agents

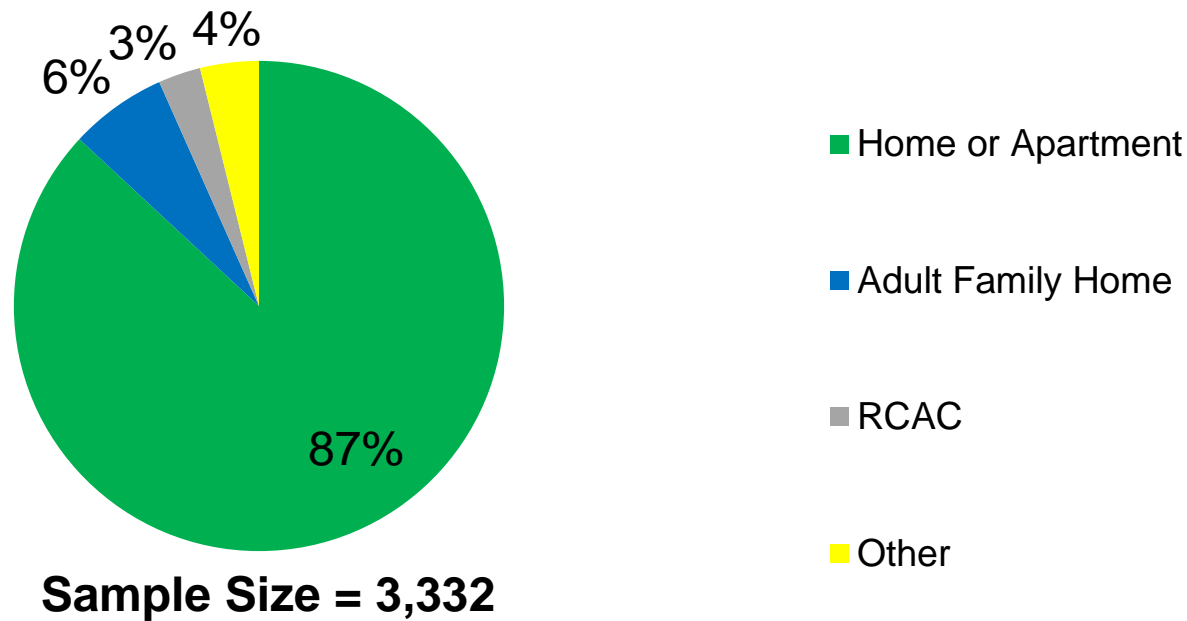


Who Answered Survey – IRIS Fiscal Employer Agents

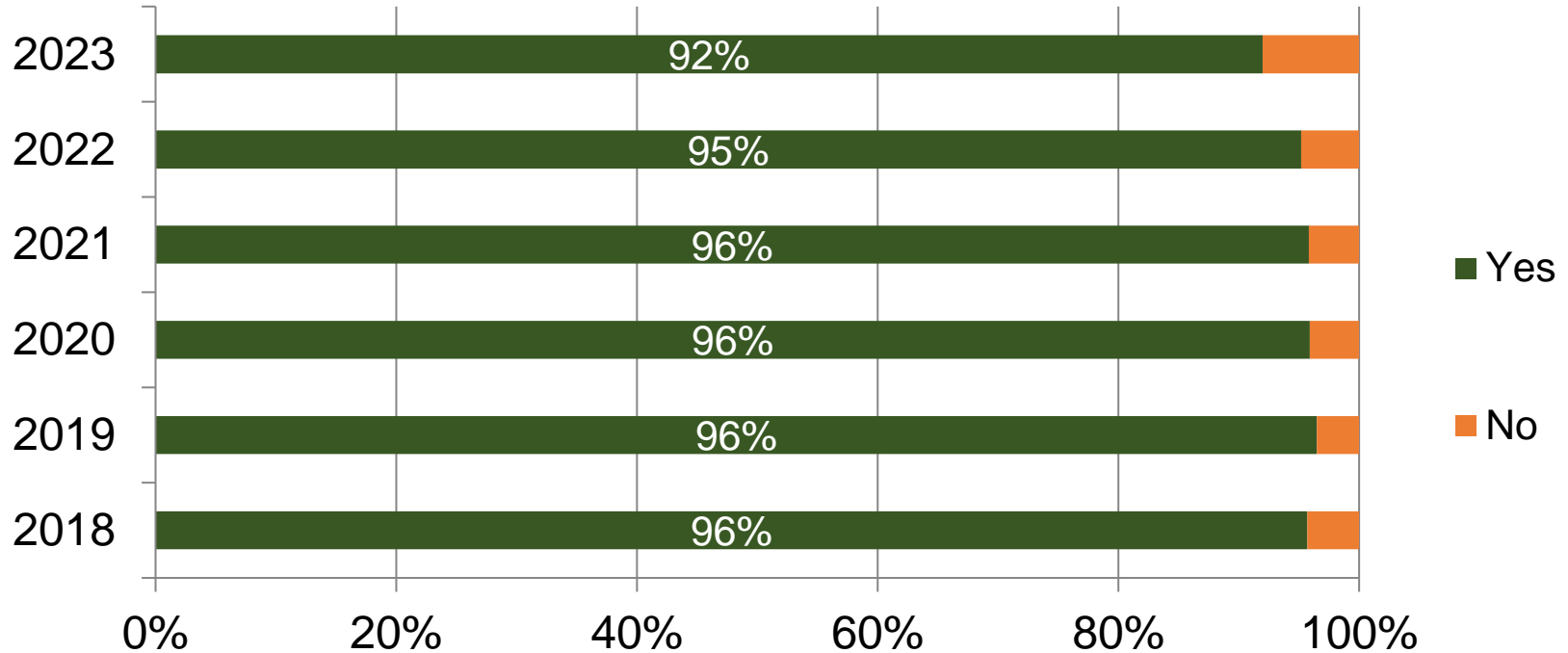


Sample Size = 3,332

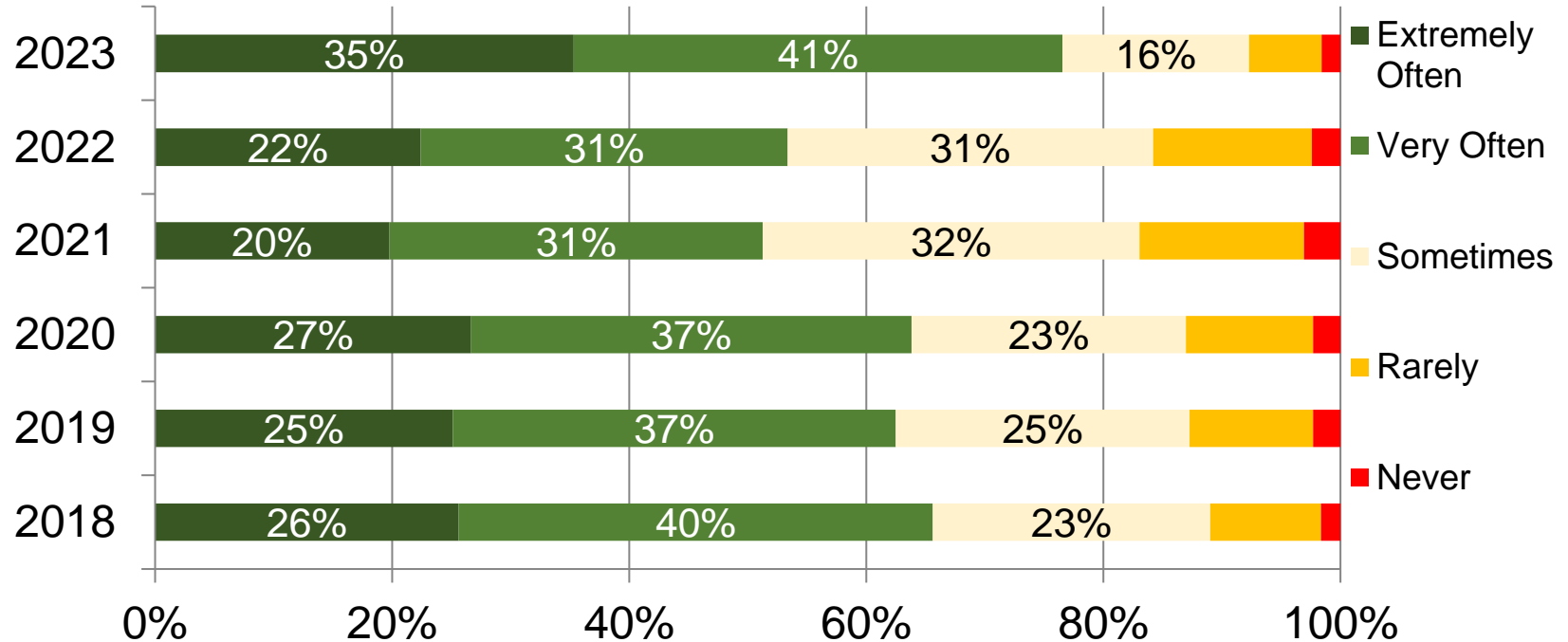
Member Living Situation – IRIS Fiscal Employer Agents



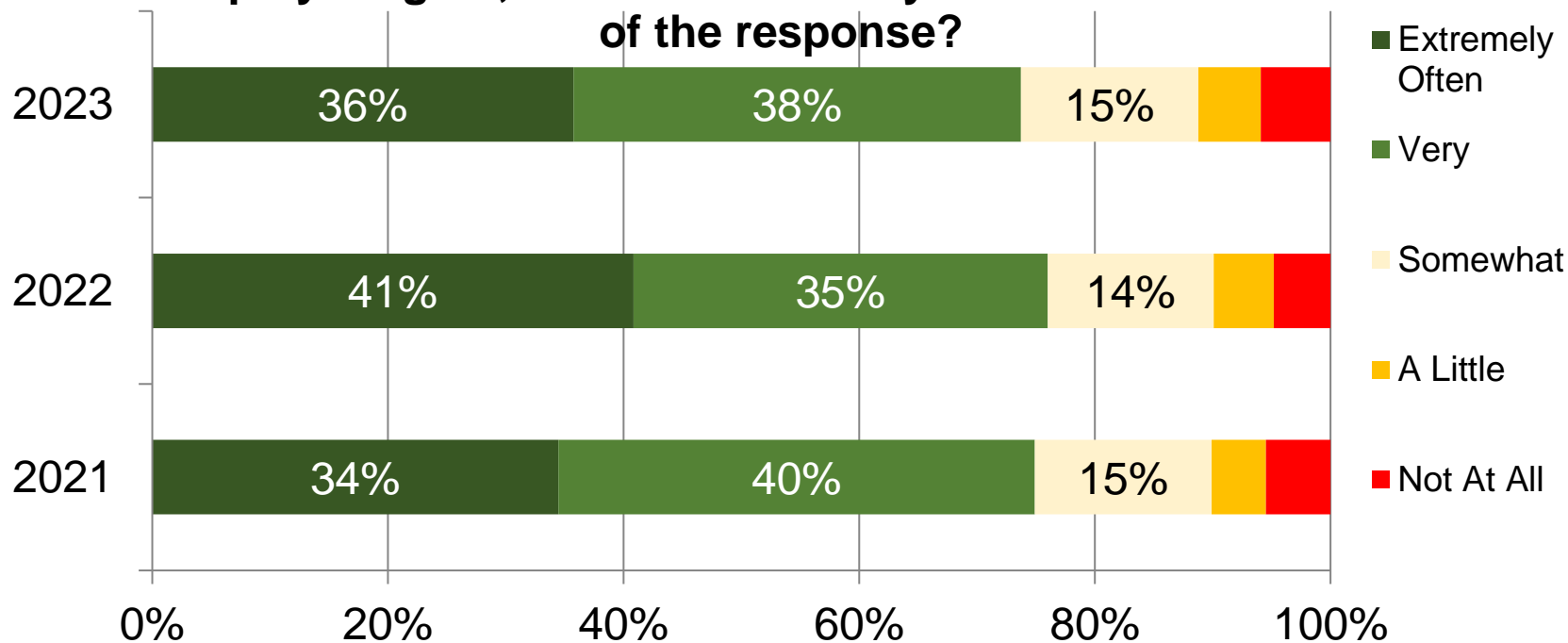
Can you contact your fiscal employer agent when you need to?



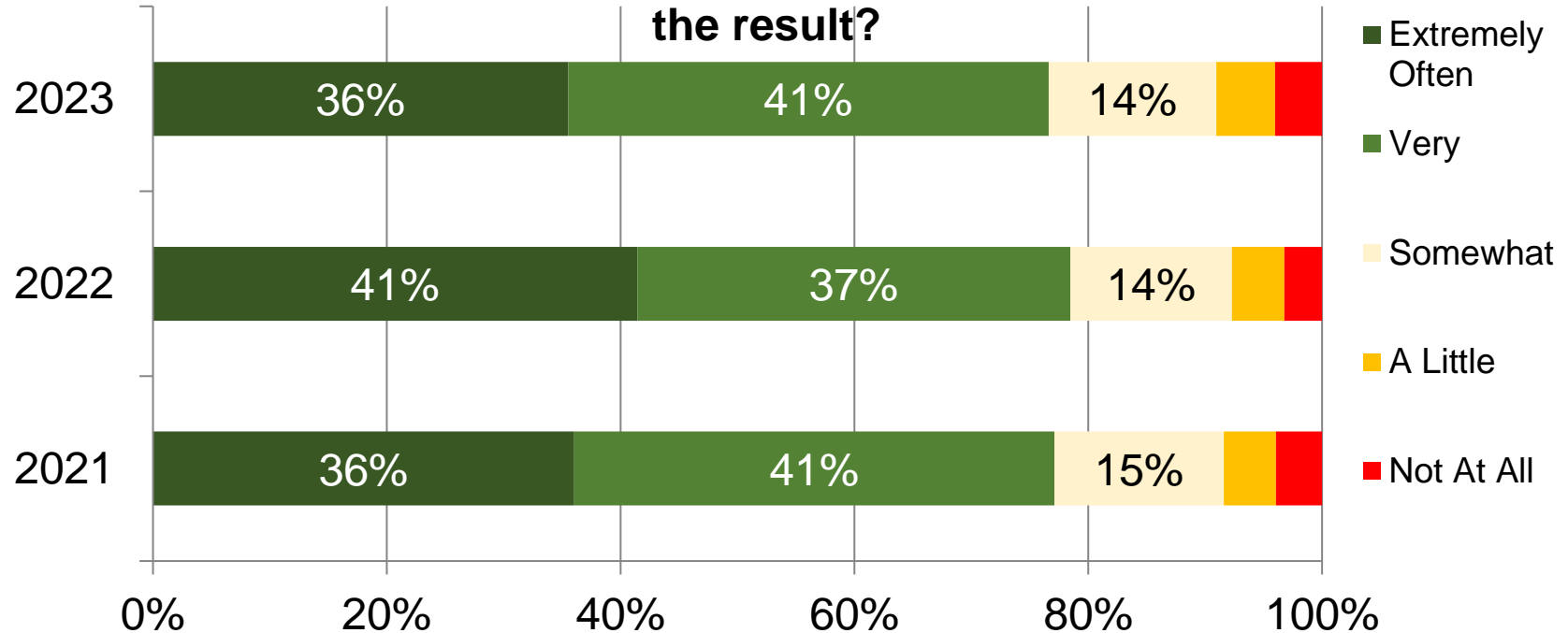
When asking for help, how often do you get the help you need from your fiscal employer agent?



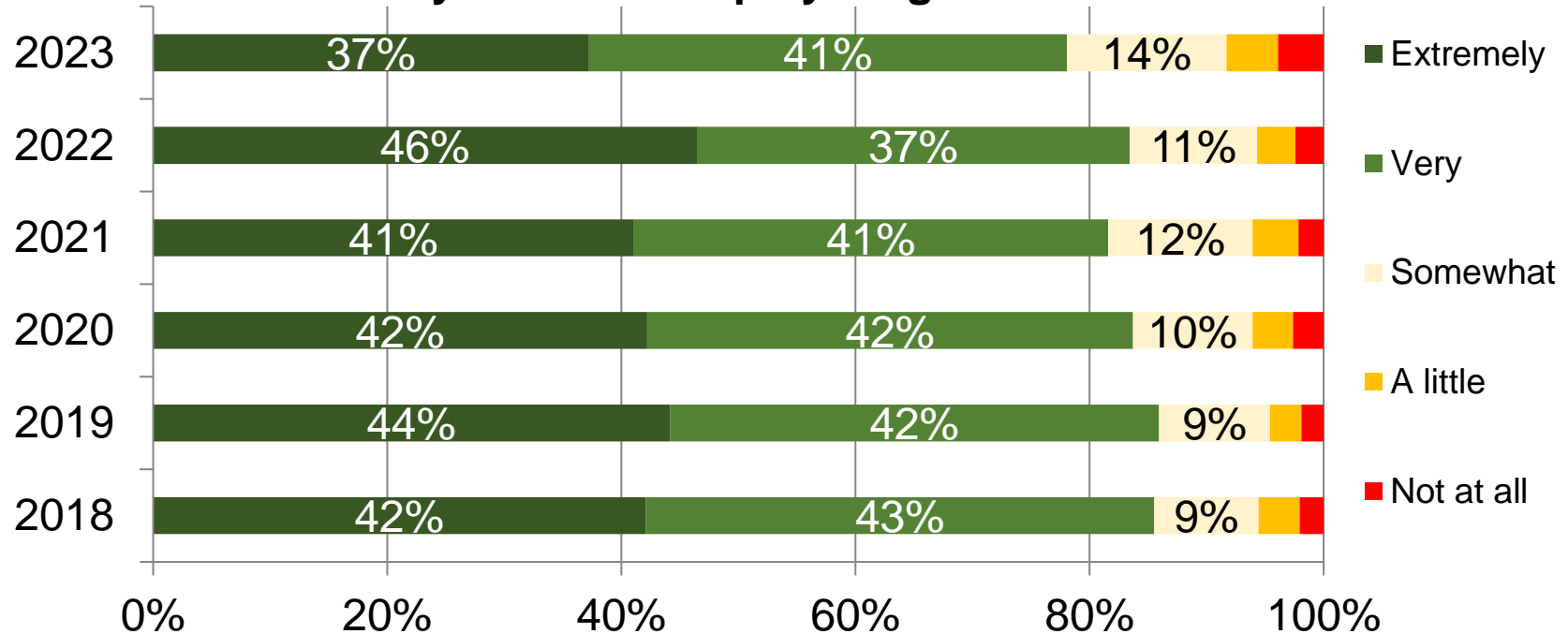
When you email, call, or leave a voicemail for your fiscal employer agent, how satisfied are you with the timeliness of the response?



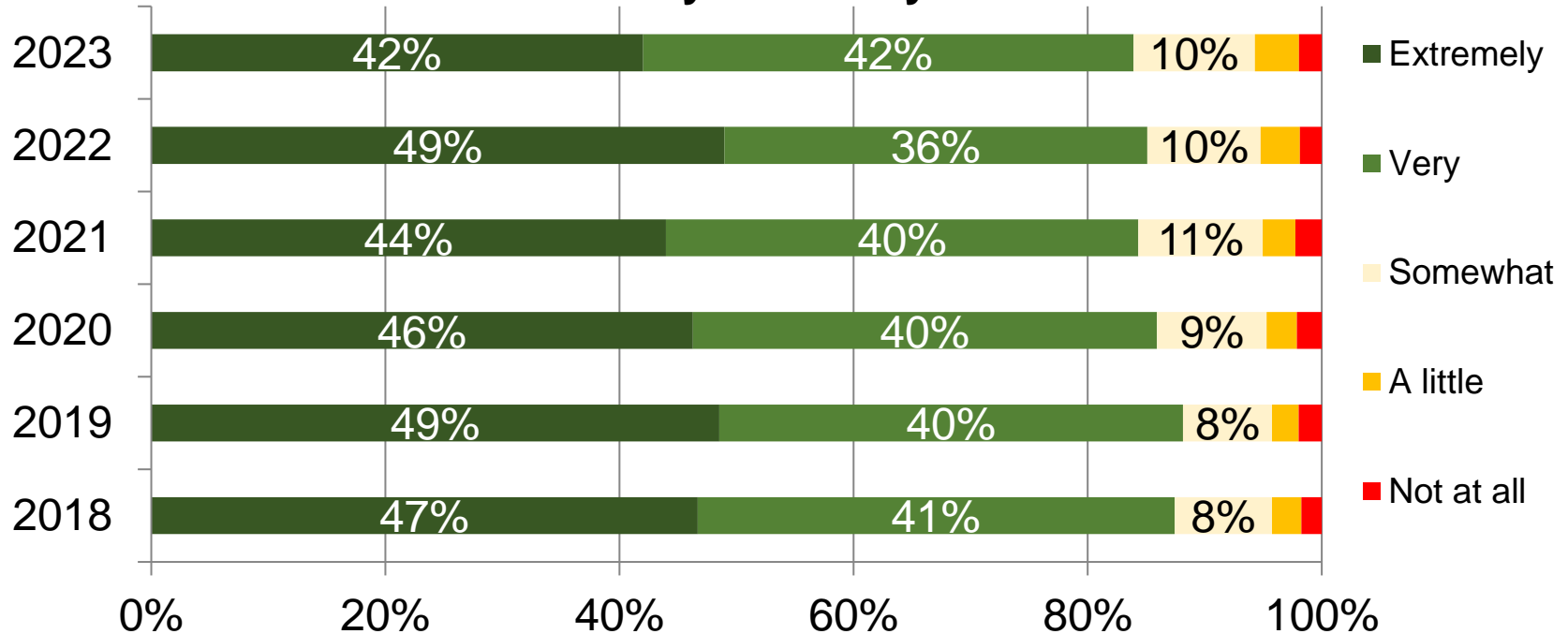
When you email, call, or leave a voicemail for your fiscal employer agent with a concern, how satisfied are you with the result?



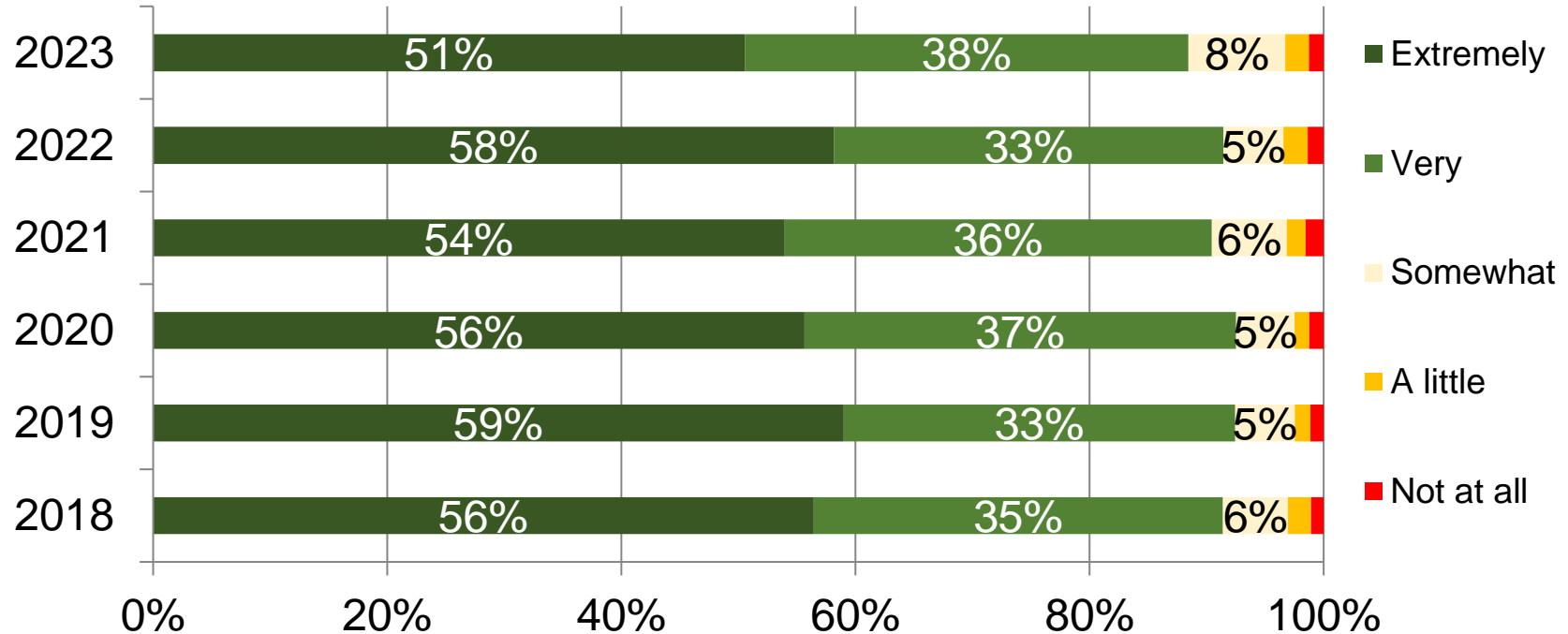
How satisfied are you with getting clear explanations from your fiscal employer agent?



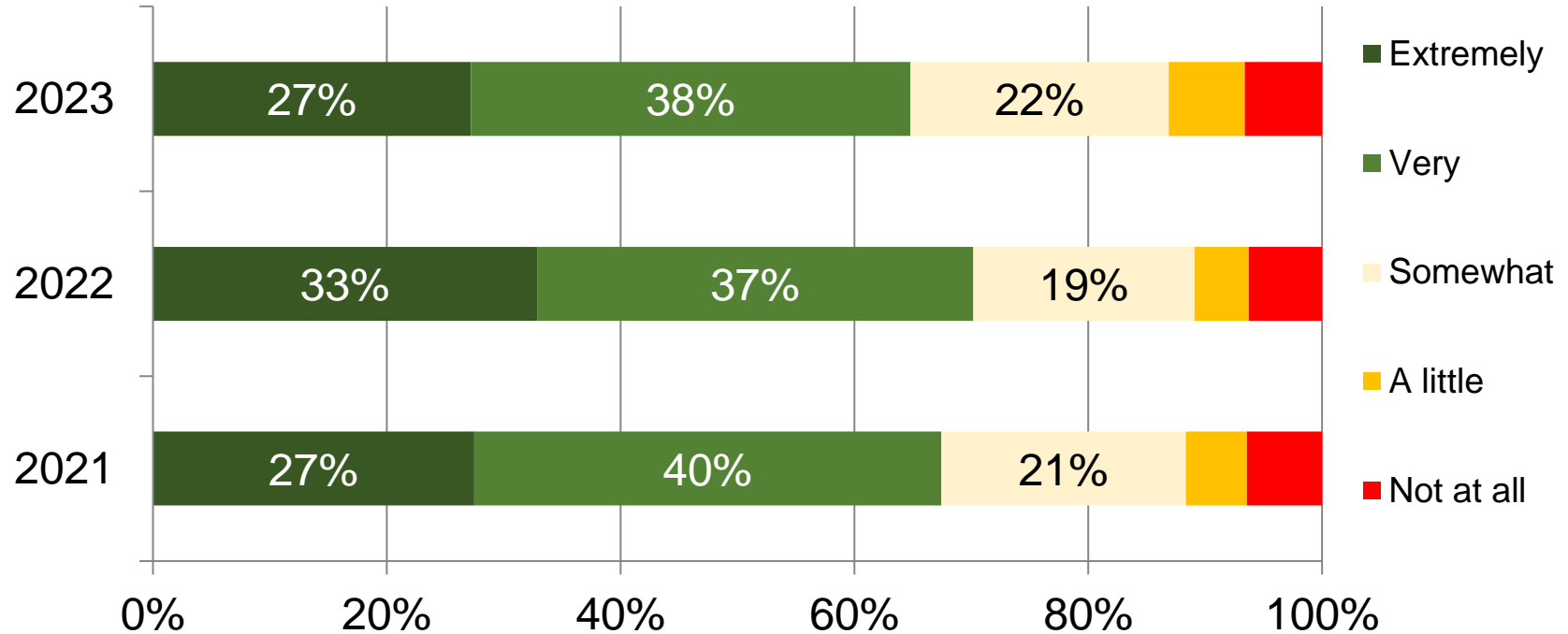
When you speak with your fiscal employer agent, how well do they listen to you?



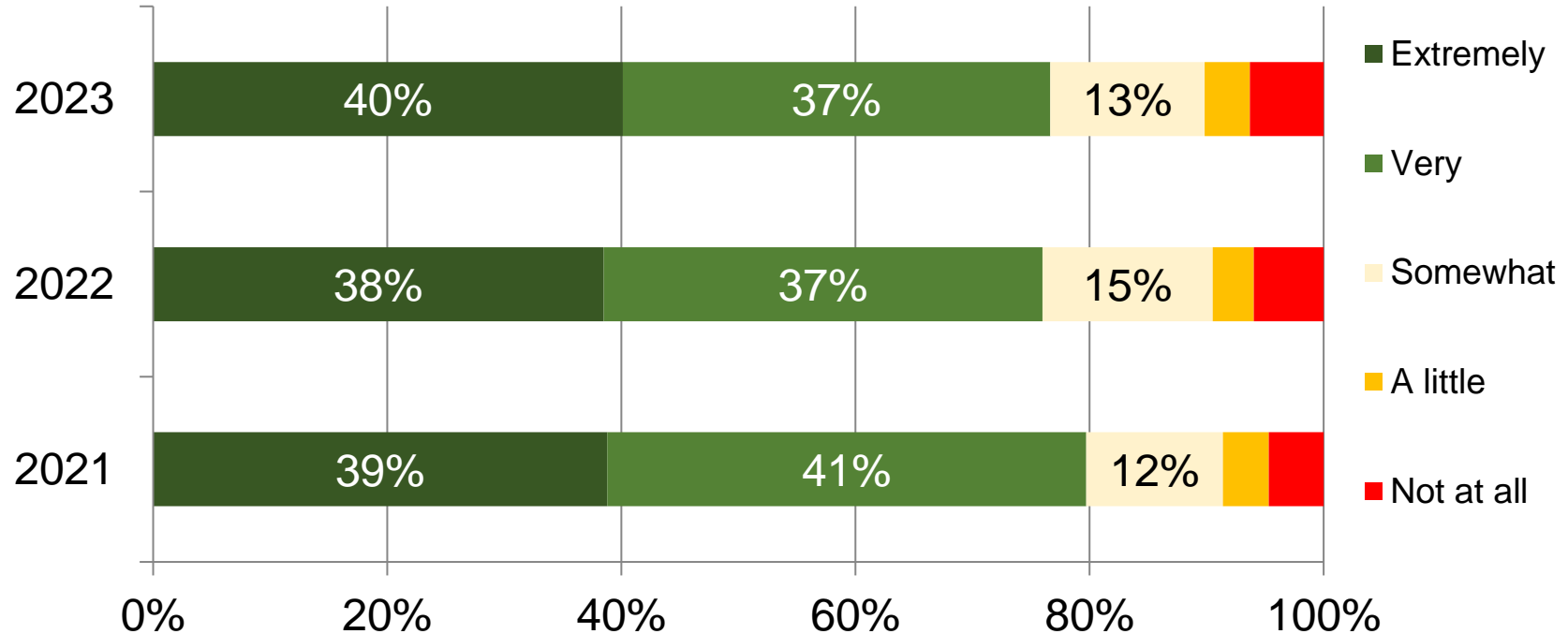
How kindly does your fiscal employer agent treat you?



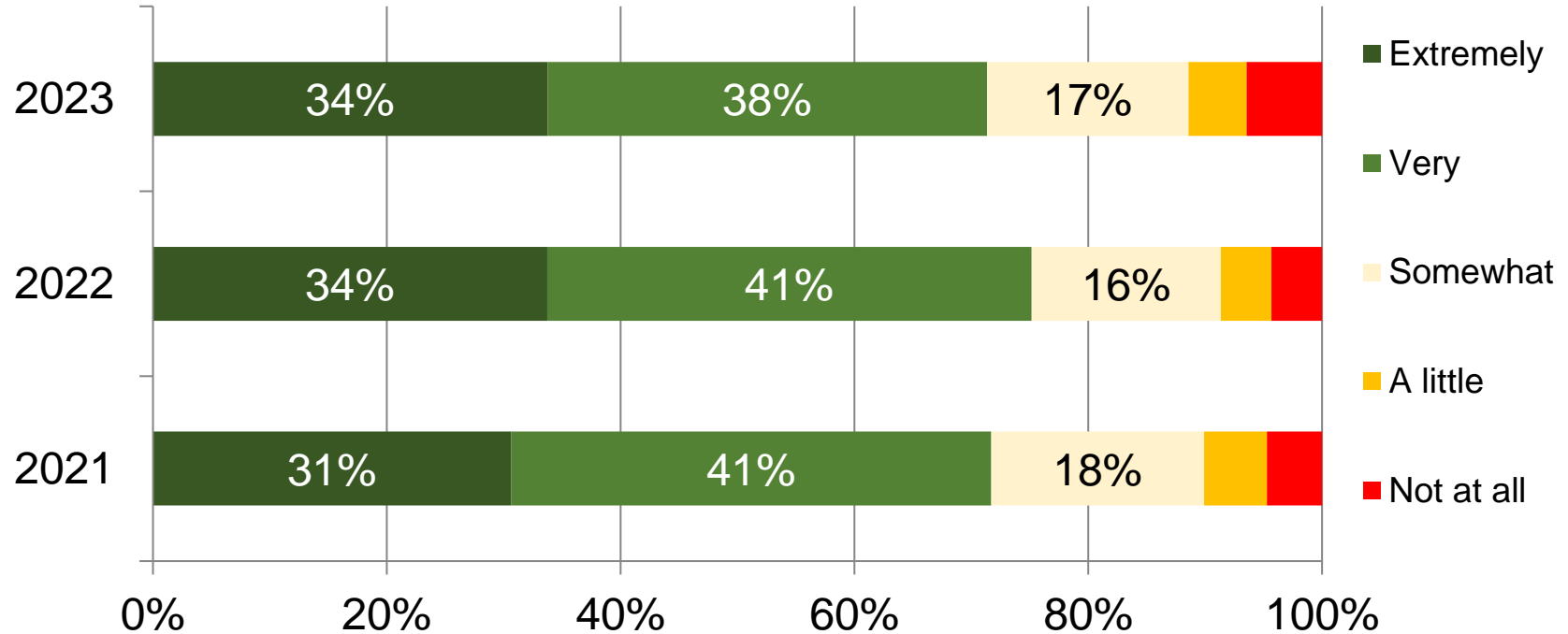
**How easy is it for you to find the forms or information you need
on your fiscal employer agent's website?**



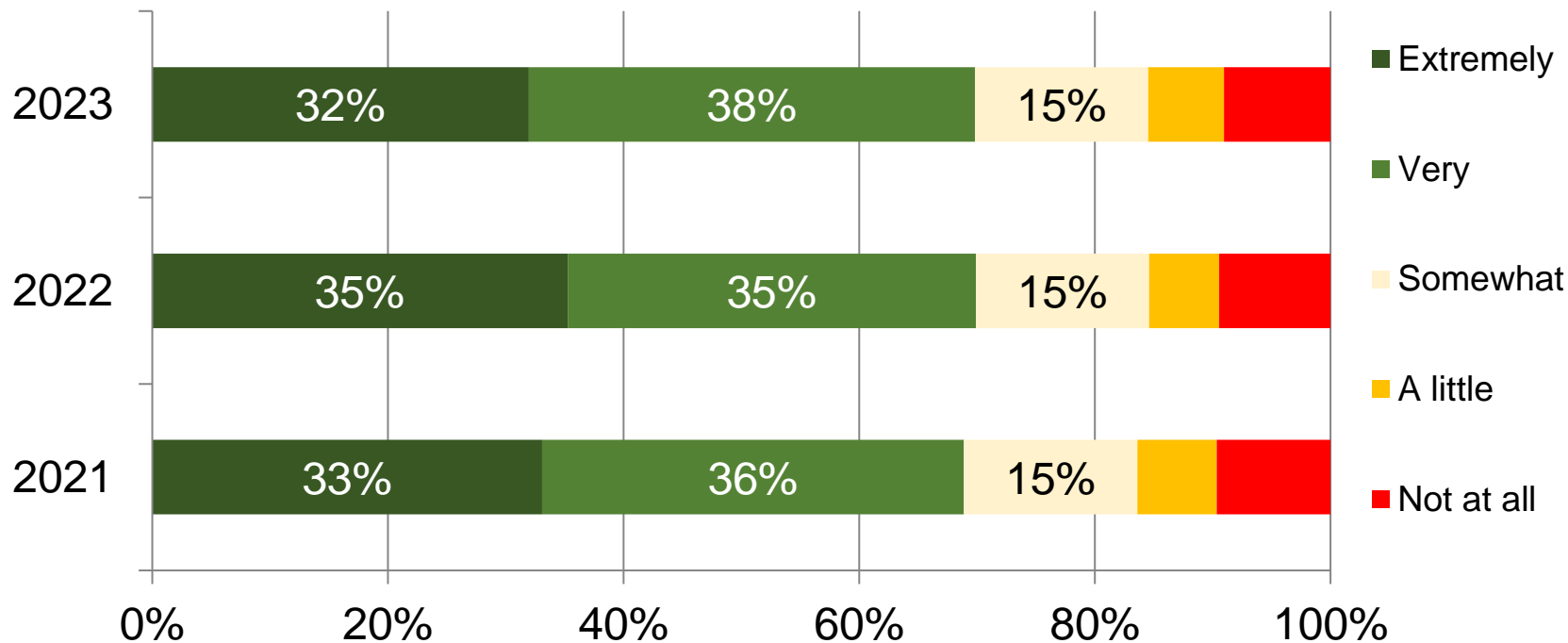
If you hired a worker within the last year, how satisfied were you with the timeliness for hiring them?



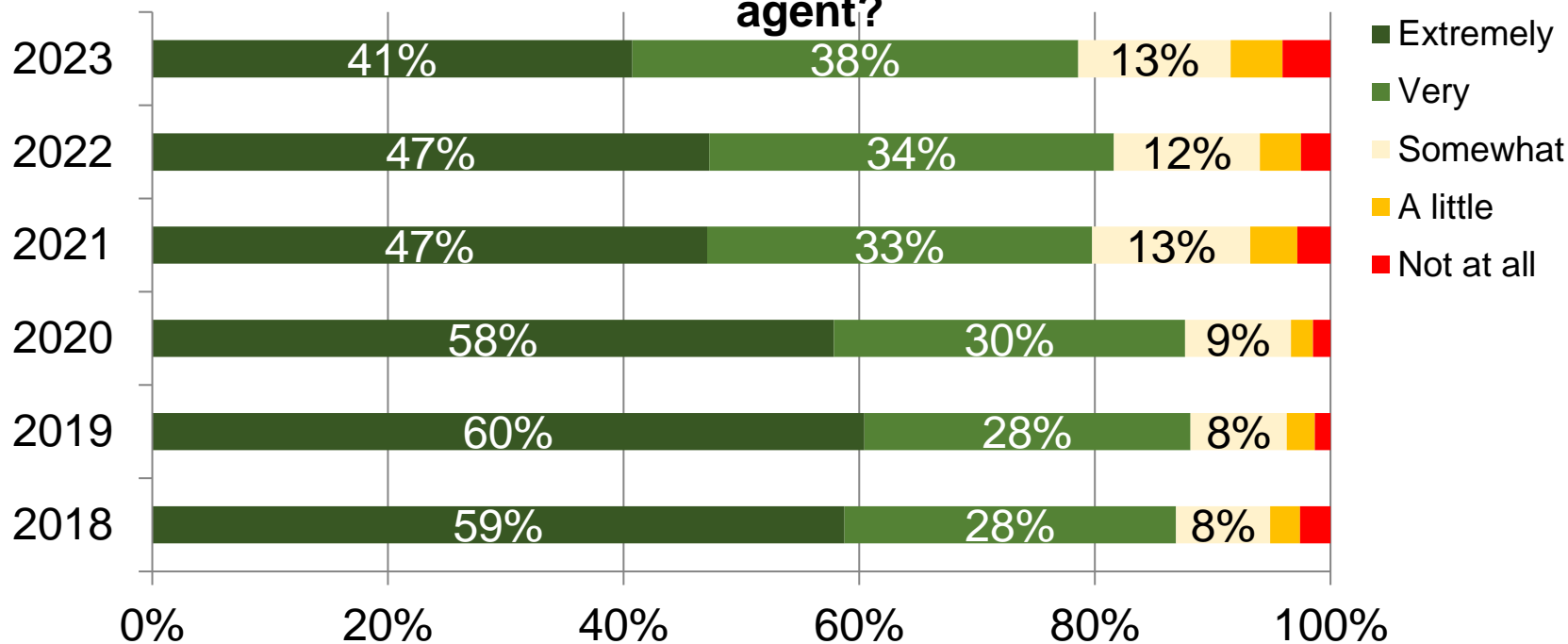
How satisfied are you with the fiscal employer agent timesheet and payroll processing?



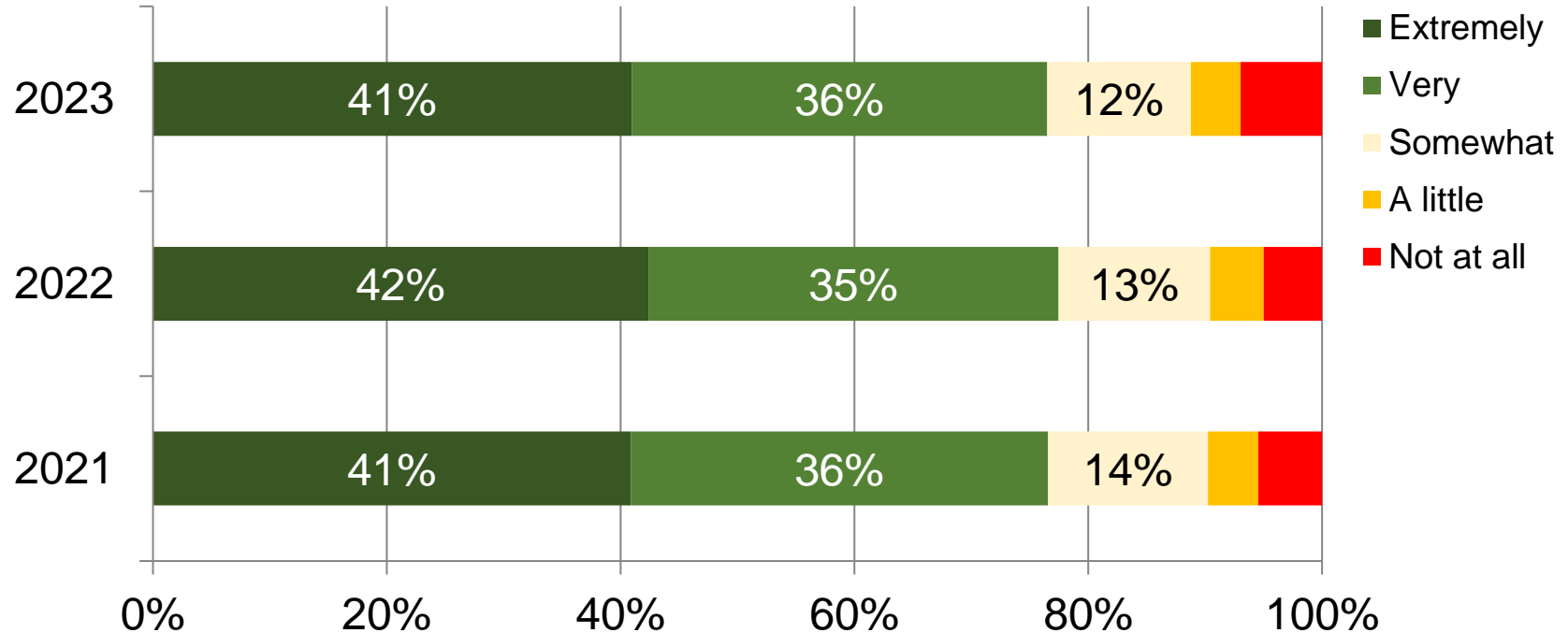
How well does your fiscal employer agent communicate if there is a problem with submitted timesheets?



Overall, how satisfied are you with your fiscal employer agent?



How likely are you to recommend your fiscal employer agent to someone you know?





WISCONSIN DEPARTMENT
of HEALTH SERVICES

RaeAnn Fahey
Manager - Program
Participation Oversight
Section
Bureau of Quality &
Oversight (BQO)

Provider Management Overview

IRIS Advisory Committee

May 28, 2024

Presentation Objectives

- What is the Provider Management System?
- Why develop a new solution?
- Who is impacted?
- When? - Timeline
- Future Process
- Resources



What is Provider Management?



A centralized technology system which all providers (HCBS and fee for service) will use to submit all information necessary to become certified with Wisconsin Medicaid.



The system is operated by Wisconsin Medicaid and accessible to providers online via the ForwardHealth Portal.

Why Develop a New Solution?

DHS is developing a new LTC waiver service provider management solution to both ensure compliance with federal requirements and to actualize the opportunities a new solution presents.

Compliance



CMS Managed Care Rule

The CMS Managed Care Rule established new regulatory requirements for oversight of Medicaid Managed Care programs, with specific focus on provider network adequacy



21st Century Cures Act

The 21st Century Cures Act (Federal Law) requires states to enroll all Medicaid providers, even those providing services through a managed care contract



Affordable Care Act

The ACA (Federal Law) established new requirements for Program Integrity within the Medicaid Program

Opportunity



Centralization and Automation

The solution aims to automate and centralize provider enrollment activities and information



Standardization of Provider Vetting

All providers will go through standard vetting activities applicable for their type, specialty, and service combination



Improve data management and reporting

Centralizing and standardizing provider enrollment data provides cleaner data for analysis and reporting purposes



Efficiency Gains

The new solution is intended to reduce burden on providers and MCOs while allowing DHS access to provider demographic information critical for timely and accurate program evaluation and reporting

Benefits of Provider Management

DHS

- Improved LTC provider data
- Compliance with federal law

IRIS, Family Care, Family Care Partnership, and PACE Providers

- Less repetition of providing information
- Reduced risk of errors - the system guides through the process

MCOs

- Reduced provider credentialing activities
- Access to one resource for all Medicaid certified providers for contracting

IRIS FEAs

- Reduced provider credentialing activities
- Access to one resource for all Medicaid certified providers for onboarding

Participants/Members

- Searchable online directory of certified waiver services providers



Who does this impact?

PROGRAMS IMPACTED

- IRIS (Include, Respect, I Self-Direct)
- Family Care
- Family Care Partnership
- Program of All Inclusive Care for the Elderly (PACE)

PROVIDERS IMPACTED - ALL

- Organizations/Agencies
- Sole Proprietors
- Individual Providers
- Tribal Providers
- Family Care FEAs
- Individual Self-Directed Support Workers (SDS)*
- Participant Hired Workers (PHWs)*

OTHERS IMPACTED

- Managed Care Organizations (MCOs)
- Fiscal Employer Agents (FEAs)
- IRIS Consultant Agencies (ICAs)



***This does
NOT impact
providers
under the
Children's
Programs***

*While individual PHWs and individual SDS workers will receive Wisconsin Medicaid IDs, they will not self-enroll through ForwardHealth.

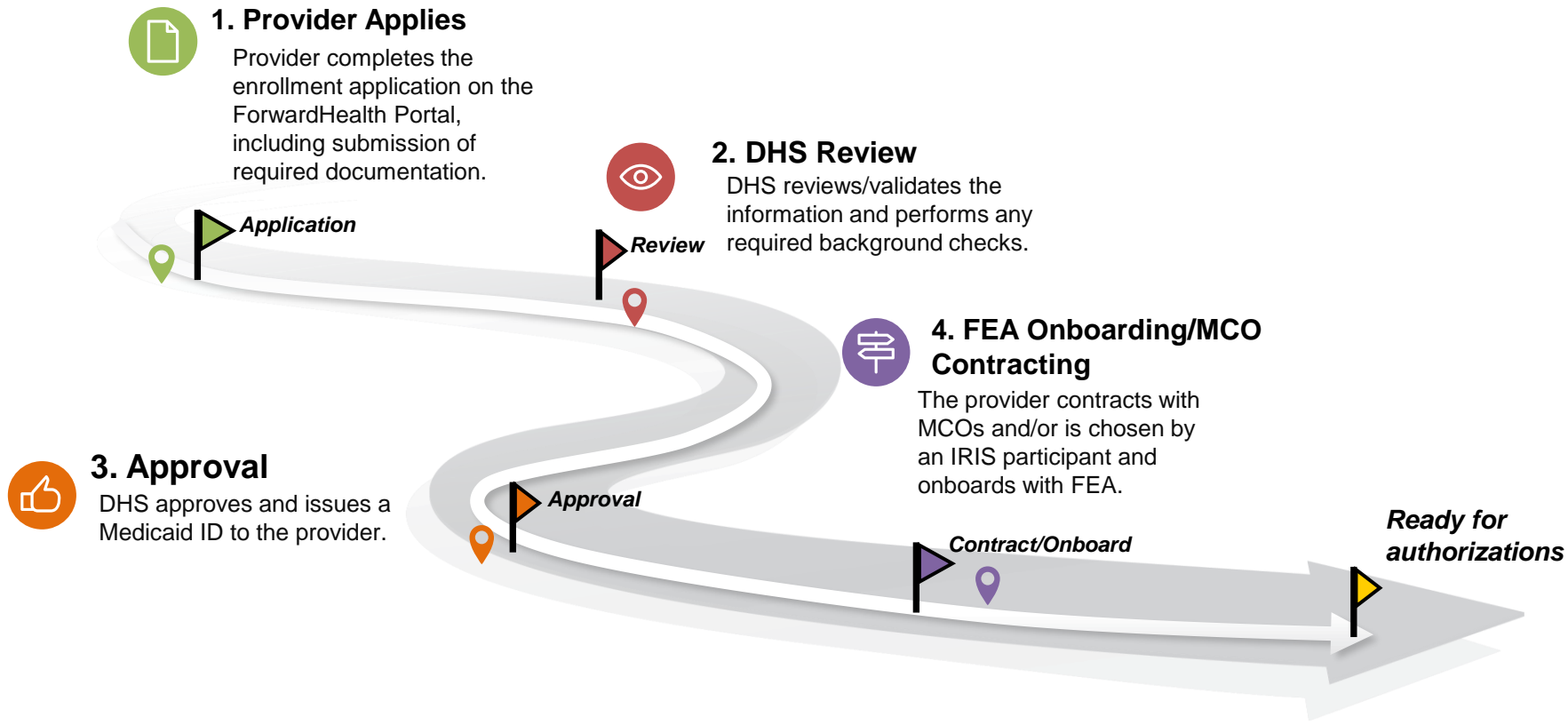
HCBS Providers ForwardHealth Enrollment Timeline



Feb. 2024 – Aug. 2024	Aug. 2024	Sep. 2024	Sep. 2024 – Sep. 2025	Oct. 2025 – Dec. 2025	Jan 1, 2026
Communication <ul style="list-style-type: none">ForwardHealth webpageEmail blastsPartners' newslettersTownhalls	Training <p>Virtual training sessions scheduled through March 2025</p>	Go Live <p>ForwardHealth to begin accepting LTC waiver provider applications</p>	Roll Out Period <p>Providers complete applications</p>	Catch-Up <p>Ensure providers who need additional assistance are enrolled</p>	Enrollment Deadline <p>Providers must be enrolled with Medicaid through ForwardHealth to be authorized and paid for services</p>

Future Enrollment Process

Below is a high-level view of the future enrollment process for organizations/agencies, sole proprietors, Tribal providers, and individuals who are **not self-directed service or participant hired workers**.



Resources



ForwardHealth webpage

Question & Answer document

Informational video

Townhalls

Email communication

Live virtual training sessions

Recorded training videos

User guides

Adult LTC Updates

ForwardHealth Online Handbook

To Stay Informed

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Subscriptions

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Want to get the latest information from ForwardHealth? You can register now by entering your e-mail address below.

Once you register, you will be able to subscribe to one or more of the Available Subscription options listed on the right.

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Confirm E-Mail

☐ Existing Subscribers

Available Subscriptions

☒ BadgerCare Plus and Medicaid

- Family Care
- Family Care Partnership
- IRIS
- PACE

☒ WCDP-Adult Cystic Fibrosis

☒ WCDP-Chronic Renal Disease

☒ WCDP-Hemophilia Home Care

- Wisconsin AIDS Drug Assistance Program
- Wisconsin Well Woman Program
- Trading Partners
- Pharmacy PA Advisory Committee
- Adult LTC Waiver Provider

ForwardHealth Project Page

[Link to ForwardHealth](#)



Welcome » February 2, 2014

New Provider Enrollment System for Adult Long-term Care

The Wisconsin Department of Health Services (DHS) is creating a centralized provider enrollment system for adult long-term care (LTC) waiver service providers. This centralized technology system will allow providers to submit all information necessary to become a certified Medicaid provider through the ForwardHealth Portal.

This new provider enrollment system will:

- Comply with federal requirements.
- Standardize, streamline, and automate the Medicaid enrollment process for adult LTC waiver service providers.

Most adult LTC waiver service providers, including organizations/agencies, sole proprietors, and individuals, who are **not** self-directed service or participant-hired workers, will use the new provider enrollment system in the future. Individual self-directed service and participant-hired workers will continue to enroll using current processes.

DHS will notify providers of any deadlines in advance and will share more information about the timeline as it becomes available.

Impacted Programs

- [Family Care](#)
- [Family Care Partnership](#)
- [Program of All-Inclusive Care for the Elderly \(PACE\)](#)
- [IRIS \(Include, Respect, I Self-Direct\)](#)

Impacted Providers and Entities

Home Page

- [E-Mail Subscription Sign-up](#)
- [Adult LTC Provider Q&A](#)
- [Adult Long-term Care Updates](#)
- [Become a Provider](#)
- [Information for Specific Provider](#)
- [Types](#)
- [Training Schedule](#)

Send questions to:

LTCProviderEnrollment@wisconsin.gov

Thank you!