

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: IRIS Adviosry Committee		Attending: <b>Committee Members:</b> Monica Bear, Sinclair Brewer, Julie Burish, Martha Chambers, Dean Choate, Fil Clissa, John Donnelly, Mitch Hagopian, Maureen Ryan, Jill Walter, Sue Urban
Date: 03/24/2020	Time Started: 10:00 a.m.	Time Ended: 11:30 pm
Location: Skype Conference Call		<b>DHS Staff:</b> Amy Chartier, Leon Creary, Sam Ninnemann, Kyle Novak, Christine See, Karina Virrueta-Running, Suzanne Ziehr
		Presiding Officer: Betsy Genz, Director, Bureau of Adult Programs and Policy

**Minutes**

**Meeting called to order**

- Motion to approve minutes by Martha Chambers, seconded by Maureen Ryan

**Department Updates, presented by Betsy Genz, and Amy Chartier**

- Currently, the Bureau of Adult Programs and Policy and the Bureau of Adult Quality and Oversight have allocated most resources to the COVID-19 response; therefore, much of our other work is being postponed at this time
- Home and Community Based Settings (HCBS)
  - Site visits have been paused
  - Requested a one-year extension of the due date for implementation at federal level
  - Current due date is March 17, 2022
- Electronic Visit Verification (EVV)
  - Federal work is on-going
  - Internal work is paused for a couple weeks; this has not delayed the implementation date yet
    - There is a chance it will be delayed if the federal government provides delay in implementation
    - EVV delay is included in House bill to delay until after the end of the emergency period
- May meeting location and time
  - Still working to determine when and where the meeting will be
    - If in person, it will be in Madison

**Public Comment**

- Public comment was received via email and read by Betsy Genz to the committee
- From: Anne Rabin  
Sent: Tuesday, March 24, 2020 8:23 AM  
To: DHS IRIS <DHSIRIS@dhs.wisconsin.gov>  
Subject: IRIS Advisory Question

1. Where is DHS in expanding the definition of retention payments to apply for this pandemic? If the IRIS participant is in quarantine then cares cannot be provided by non-family employees. As caregivers become ill, they can't work with the participant. We have to cover both the participant and providers contracted to provide care.

2. Is IRIS addressing relaxing restrictions on the use of overtime as the care giver pool contracts?

Anne Rabin  
Guardian of IRIS participant

- **From:** Ruth Adix  
**Sent:** Tuesday, March 24, 2020 9:47 AM  
**To:** DHS IRIS <DHSIRIS@dhs.wisconsin.gov>  
**Subject:** IRIS Advisory Committee meeting questions

I am writing to submit 2 questions (with questions of clarity) to today's meeting of the IRIS Advisory Committee:

- 1) Will 'retention' pay for direct workers be made available during this time of concerns regarding the spread of Covid 19 to vulnerable populations and worker safety? What is the process for making this decision and possible time line?
- 2) Will the Wisconsin IRIS program look the same in the new waivers going forward to CMS? If not, what are the changes?

Submitted by: Ruth Adix

- **From:** Nancy Dexter - Schabow  
**Sent:** Monday, March 23, 2020 6:23 PM  
**To:** DHS IRIS <[DHSIRIS@dhs.wisconsin.gov](mailto:DHSIRIS@dhs.wisconsin.gov)>  
**Subject:** Telehealth approval needed for music therapy sessions

Dear Members of the IRIS Advisory Committee,  
Many of the IRIS clients that my agency serves have become completely isolated and unable to access music therapy services, or any other IRIS funded services, including respite care. I have trialed 3 sessions via a HIPAA compliant telehealth web based platform to see if this would be a viable option for delivery of music therapy services. While not all clients would be able to engage in music therapy successfully through this format, the vast majority of our clients would be able to benefit from telehealth sessions. Through these sessions, clients are able to engage in music therapy experiences by singing, improvising, dancing, creating with 'found sounds', making choices, writing lyrics, and in other ways we have yet to discover. This therapeutic interaction will assist clients in meeting outcomes related to expression of self/emotions, regulation of emotions, collaboration with their therapist (and family members), exercising and developing meaningful coping skills, working through anxiety, and engagement in something MEANINGFUL in their lives during this period of isolation and restrictions. My understanding is that there may need to be approval from CMS for Medicaid Waiver programs, and that this possibility is being discussed at the federal level. However, Medicaid Waiver funded music therapy services delivered via telehealth are already approved in Colorado, North Dakota and Indiana. We are experiencing extraordinary times, which call for progressive, outside the box thinking to address the needs of our most vulnerable citizens. I urge you to do whatever is possible to expedite

this decision, so that we can begin reconnecting and providing services for those IRIS folks who are isolated and at increased risk for behavioral and mental health issues.

Thank you for your consideration.

-- Nancy A. Dexter-Schabow, MMT, MT-BC, WMTR  
Music Therapist, Own & Director

### **Waiver Update, presented by Kyle Novak, Leon Creary, and Karina Virrueta-Running**

- Secretary briefing on the IRIS waiver has been postponed
- Work on the waiver renewal is ongoing; working on appendices I (financial accountability) and J (cost neutrality)
- Waiver renewal is on track for submittal to Joint Finance on April 15, 2020
- Public Comment is still on track for June 2020
- DHS cannot receive comments outside the of public comment period
  - Because of this the IRIS Advisory Committee cannot review before the general public
- IRIS Waiver renewal is on track to be submitted to CMS on September 2, 2020

### **Background Check Policy Update, presented by Amy Chartier**

- Leadership is reviewing the policy
- DRW submitted a letter of support; other advocacy groups can submit a letter to Betsy in support of the change
- The IAC could draft a letter instead of individuals sending letters

### **COVID-19 Update, presented by Betsy Genz, Kyle Novak, and Karina Virrueta-Running**

- Reallocated resources to help with the emergency and to address health and safety
- Having calls with ICAs, FEAs, and the SDPC agency to learn about challenges and what support is needed
  - Making decisions as quickly as possible in response to requests for flexibility
  - Face-to-face contact is now moving to methods that work best such as video conferencing, phone calls, etc.
  - Long-Term Care Functional Screen visits do not have to be face-to-face; may be pushing these out
- Call with ICAs
  - DHS has the expectation that ICs make weekly contacts with all participants
- Updating group of stakeholders twice a week including the Board on Aging and Disability Rights Wisconsin
- Met with MCOs, ICAs, FEAs, SDPC, and stakeholders
  - Will be holding community conversations; state divided into four (4) quadrants
    - DHS is facilitating the conversations; MCOs, ICAs, FEAs, and SDPC are taking the lead
    - Goal is to find ways to provide needed assistance
- The 1135 Waiver asks for broad flexibilities
  - The Division of Medicaid Services (DMS) will collaborate with other Medicaid programs in the state before submitting
- Appendix K
  - DHS will be submitting an Appendix K specific to the IRIS waiver
  - There is not a specific timeline for completion; DMS is trying to draft it as quickly as possible
- Both the Appendix K and the 1135 Waiver are currently in draft mode
  - Items going into the documents are broad and many are already in effect
- The State will not be required to implement all of the flexibilities requested in the 1135 Waiver or Appendix K

- Currently planning to extend Medicaid eligibility renewals due in March, April, and May
- Putting out a number of updates
  - Medicaid personal care flexibilities for providers
  - Three (3) alerts will come out on Telehealth
    - The first (already out) allows services to be conducted in a person's home
    - The second addresses behavioral health and targeted case management
    - The third will provide for services outside of physician clinics
  - Relaxing of Albuterol requirements
  - Webinars on Telehealth will be scheduled after the third update is published
- The State is looking to utilize the non-emergency Medicaid transportation (NEMT) vendor resources for other things, such as extending rides to caregivers that need to get to work.
- Telehealth should be allowable where it makes sense. These services should be equivalent to services provided face-to-face.
  - The Office of Civil Rights issued guidance on HIPAA
    - Zoom and Skype are not HIPAA compliant unless the entity has a business associate agreement (BAA) with Zoom or Skype
    - Facebook Live, TikTok, and SnapChat will not be allowable
- Evaluating retainer payments and hazard pay
- Both 1135 and Appendix K will need to go through Joint Finance
- SDPC update
  - Understand there is a concern that there is a shortage of personal protective equipment (PPE)
    - There are gloves and incontinence products for those that need them
    - The issue is not everyone who is requesting the supplies really needs them
  - Communicating that PPE is being prioritized and to use reusable rubber gloves for cleaning
  - Masks should only be for people that are sick
  - Hotline has been established to answer questions
- PPE
  - The Division of Public Health (DPH) is active and understands the PPE issues
  - DPH did get a shipment from the federal reserves
  - An email was sent out last week to facilities and to others that have been requesting PPE
  - The State will review and prioritize the requests
  - The supply is not sufficient for the needs
  - Looking into having people sew face masks
- Ventilator issues are similar to PPE; there just are not a lot of units available
  - Some companies are hoping to switch to making ventilators.
  - DPH has exact number of ventilators in Wisconsin and the number of available hospital beds
  - DPH is working to identify beds that can be used when the need arises
- Flexibility issues
  - Evaluating lifting the forty (40) hour rule and overtime restrictions
  - Evaluating allowing the Fiscal Employer Agents (FEAs) to pay by timecard instead of the authorization
- Retention payments
  - Workers are eligible for unemployment, depending on their relationship to the IRIS participant.
    - Payment of state and federal unemployment tax is determined through the relationship form completed during the onboarding process
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- If committee members know of providers that are temporarily pausing services and not relocating staff, let DHS know.

## **Adjourn**

- Proposed topic for next committee meeting
  - Background check
  - Waiver renewal
  - Updates on 1135 Waiver and Appendix K

Prepared by: Suzanne Ziehr on 03/24/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 05/19/2020

# Telehealth Expansion IRIS Advisory Committee 06/02/20



Kyle Novak  
Program & Policy Analyst  
RaeAnn Fahey  
Community Innovation Specialist

# Existing Telehealth Policy

Current policy is dictated by ForwardHealth Topic 510 & 2013 WI Act 130, WI Statute 49.45

## Policy Restrictions

- **Face-To-Face Restrictions:** Services eligible for Medicaid reimbursement are subject to the **same restrictions** as face to-face contacts.
- **No Asynchronous Coverage:** Services must be via real-time audiovisual to receive coverage; there is **no coverage for store-and-forward (asynchronous)** delivery.

## Originating Sites

DHS **only reimburses** telehealth encounters when the member is at **certain originating sites**.

- Hospitals, including the emergency department
- Office/clinic
- Skilled nursing facility

## Allowable Providers

DHS only reimburses certain **WI Medicaid-enrolled** providers for telehealth encounters, including:

- Audiologists
- Nurse midwives
- Nurse practitioners
- Ph.D. psychologists
- Physician assistants
- Physicians
- Professionals providing services in mental health or substance abuse programs certified by the Division of Quality Assurance

## Reimbursable Services

DHS reimburses for **certain services if delivered via telehealth**, including:

- Office or other outpatient services and consultations
- Initial inpatient consultations
- Outpatient mental health services
- ESRD-related services
- Outpatient substance abuse services
- Audiology services

# Statutory Definition Changes

Act 56 broadens the definition of telehealth in statute to include additional delivery modalities

## **Telehealth**

A practice of health care delivery, diagnosis, consultation, treatment, or transfer of medically relevant data by means of audio, video, or data communications that are used either during a patient visit or a consultation or are used to transfer medically relevant data about a patient.

Does **not include** communications delivered solely by audio-only telephone, facsimile machine, or electronic mail **unless the department specifies otherwise by rule.**

## **Interactive Services**

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Telehealth delivered using multimedia communication technology that permits two-way, real-time, interactive communications between a certified provider of Medicaid at a distant site and the Medicaid member or the member's provider.

## **Remote Patient Monitoring**

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Telehealth in which a patient's medical data is transmitted to a provider for monitoring and response if necessary.

## **Asynchronous Services**

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Telehealth that is used to transmit medical data about a patient to a provider when the transmission is not a two-way, real-time, interactive communication.

## **Provider to Provider Consults**

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A consultation relating to a Medicaid member conducted through interactive (synchronous) telehealth between the member's Medicaid-certified treating provider and another Medicaid-certified provider.



# Face-To-Face Equivalency

Face-to-Face equivalence is a requirement of any telehealth service provided to a recipient. It exists when the service is delivered from outside of the physical presence of the participant. This could be achieved through the use of audio or video telecommunication technology, but only if there is no reduction in quality, safety, or effectiveness.

# IRIS HCBS Waiver Services

## Telehealth Expansion Discussion

- Adult Day Care
- Assistive Technology
- Consultative/Clinical/  
Therapeutic Services for  
Caregivers
- Consumer Education and  
Training
- Counseling and Therapeutic  
Services
- Daily Living Skills Training
- Day Services
- Environmental Accessibility  
Adaptations/Home  
Modifications

# Telehealth Expansion, Discussion cont.

- Housing Counseling
- Individual Directed Goods and Services
- Interpreter Services
- Nursing Services
- Personal Emergency Response Services (PERS)
- Prevocational Services
- Relocation – Community Transition Service
- Residential Care: 1-2 AFH, 3-4 AFH, RCAC
- Respite
- Self-Directed Personal Care

# Telehealth Expansion Discussion, cont.

- Skilled Nursing Services
- Specialized Medical Equipment and Supplies
- Support Broker
- Supported Employment – Individual and Group
- Supportive Home Care
- Training Services for Unpaid Caregivers
- Vehicle Modifications
- Vocational Futures Planning

# IRIS HCBS Waiver Services

## Telehealth Expansion Discussion

- Community Involvement Support
  - Live-In Caregiver
  - Home-Delivered Meals
  - Community Transportation
- Excluded services include funding services or services that would not be applicable to be delivered from a different location