OPEN MEETING MINUTES

Name of Governmental Body: IRIS Advisory Committee

Attending:
Committee Members:
Monica Bear, Sinclair Brewer, Julie Burish, Martha Chambers, Dean Choate, Fil Clissa, John Donnelly, Mitch Hagopian, Maureen Ryan, Jill Walter, Sue Urban

DHS Staff:
Amy Chartier, Leon Creary, Sam Ninnemann, Kyle Novak, Christine See, Karina Virrueta-Running, Suzanne Ziehr

Date: 03/24/2020
Time Started: 10:00 a.m.
Time Ended: 11:30 pm
Location: Skype Conference Call
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)
  o Site visits have been paused
  o Requested a one-year extension of the due date for implementation at federal level
  o Current due date is March 17, 2022
• Electronic Visit Verification (EVV)
  o Federal work is on-going
  o 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
  o 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 todays 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>
  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

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
## Existing Telehealth Policy

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

<table>
<thead>
<tr>
<th><strong>Policy Restrictions</strong></th>
<th><strong>Originating Sites</strong></th>
<th><strong>Allowable Providers</strong></th>
<th><strong>Reimbursable Services</strong></th>
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</thead>
<tbody>
<tr>
<td>• <strong>Face-To-Face Restrictions</strong>: Services eligible for Medicaid reimbursement are subject to the same restrictions as face to-face contacts.</td>
<td><strong>DHS only reimburses</strong> telehealth encounters when the member is at <strong>certain originating sites</strong>.</td>
<td><strong>DHS only reimburses</strong> certain <strong>WI Medicaid-enrolled</strong> providers for telehealth encounters, including:</td>
<td><strong>DHS reimburses for certain services if delivered via telehealth</strong>, including:</td>
</tr>
<tr>
<td>• <strong>No Asynchronous Coverage</strong>: Services must be via real-time audiovisual to receive coverage; there is no coverage for store-and-forward (asynchronous) delivery.</td>
<td>• Hospitals, including the emergency department</td>
<td>• Audiologists</td>
<td>• Office or other outpatient services and consultations</td>
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<td></td>
<td>• Office/clinic</td>
<td>• Nurse midwives</td>
<td>• Initial inpatient consultations</td>
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<td></td>
<td>• Skilled nursing facility</td>
<td>• Nurse practitioners</td>
<td>• Outpatient mental health services</td>
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<td>• Ph.D. psychologists</td>
<td>• ESRD-related services</td>
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<td>• Physician assistants</td>
<td>• Outpatient substance abuse services</td>
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<td>• Physicians</td>
<td>• Audiology services</td>
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<td>• Professionals providing services in mental health or substance abuse programs certified by the Division of Quality Assurance</td>
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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.**

<table>
<thead>
<tr>
<th>Interactive Services</th>
<th>Remote Patient Monitoring</th>
<th>Asynchronous Services</th>
<th>Provider to Provider Consults</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Telehealth in which a patient’s medical data is transmitted to a provider for monitoring and response if necessary.</td>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>
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.