OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body:
IRIS Advisory Committee
			Attending:
			Committee Members:
			  Julie Burish, Alexa Butzbaugh, Martha Chambers, Dean Choate, John Donnelly, Mitch Hagopian, Angie Kieffer, Kathi Miller, Maureen Ryan, Danielle Smith, Sue Urban
			DHS Staff:
			  Amy Chartier, Annie Yoveff, Ann Lamberg, Christine See, Jasmine Bowen, Jie Gu, Kimberly Schindler, Kiva Graves, Margaret Anderson, Samantha Ninnemann, Suzanne Ziehr

Date: March 23, 2021	Time Started: 9:30 am	Time Ended: 12:30 pm	
Location: Zoom Webinar			Presiding Officer: Betsy Genz, Director, Bureau of Adult Programs and Policy

Minutes

Committee Members Absent
- Rosie Bartel, Fil Clissa, Amy Weiss

Meeting Call to Order
- Motion to approve January minutes by Martha Chambers. Motion seconded by Kathi Miller. Minutes were unanimously approved.

Department Updates, presented by Betsy Genz and Amy Chartier
- Home and Community Based Services (HCBS)
  - Statewide Transition Plan (STP)
    - Plan will be posted for public comment in next few months
    - Link will be sent to committee members once available
- Appendix K
  - This provides flexibility during COVID-19 pandemic
  - Expired at end of February 2021, Department of Health Services (DHS) submitted request for extension and we are waiting for approval to extend
    - Extension would go for six months after public health emergency ends
  - *Committee Suggestion*
    - Would like to provide feedback on Remote Services/Supports policy
- Electronic Visit Verification (EVV)
  - Published 2021-05 in ForwardHealth
    - This relates to EVV procedure for live-in workers and was effective March 1, 2021
  - Newsletter published
  - IRIS EVV webpages have been updated
  - Additional webpage resources have been added
  - Podcasts were released
  - Hard launch paper has been drafted

- Monthly Rate of Services (MROS)
    - Bureau of Rate Setting (BRS) has received cost projections from IRIS Consultant Agencies (ICAs) and Fiscal Employment Agencies (FEAs)
    - Quarter 1 (Q1) financials will be submitted in Mid-May and BRS will determine if changes need to be made to rates
        - This would be an amendment to the current Provider Agreement
    - *Committee Suggestion*
        - Make sure there are not going to be cuts to front facing services
        - The IAC should be involved in decisions about changing the rates
        - Make sure there is no negative impact on IRIS participants
        - Would like to hear from contractors what is being implemented, based on the rate changes
- Monthly Budget Statement
    - Close to completion, had delays due to COVID-19 and EVV
    - Hope to release in July 2021

Ombudsman Update presented by Kathi Miller
- No particular trends since last meeting
- Ombuds are completing outreach to Aging and Disability Research Centers (ADRCs), ICAs and FEAs each week to educate them on who Ombuds are and what they do

FEA Scorecard Survey Questions presented by Jasmine Bowen
- Went through PowerPoint presentation
- Reviewed proposed FEA survey questions
- Document will be sent to group with the proposed questions after today's meeting
- Comments box will be added with the survey
- Name of FEA will be on the survey but the survey will be anonymous
- *Committee Suggestions*
    - How well do you understand your monthly statement from the FEA should be added
    - Would like a running list of what may be included in the future
    - Application for hiring a worker and the ease of completing it
    - Switch order of services and communication, it would make more sense for the participant to discuss services before communication
    - Comment box should be after each question instead of just at the end

COVID-19 presented by Kiva Graves
- Wisconsin is a national leader in vaccine administration (from New York Times)
    - Goal to have 80% of population to complete series
    - 22% of population has received their 1st dose
    - 12.9% have the vaccine series completed
    - Over 700,000 vaccines have gone to those 65 and older
    - 42.5% of those over 65 have completed the series
    - Due to rapid vaccination pace in Wisconsin, we are starting next group sooner than announced, they will be started on March 22nd
- COVID is still spreading and more contagious strains are in Wisconsin
    - Need to continue public health practices: masks, physical distancing, keeping social circles small
    - Guidance for those vaccinated is on DHS website
    - Board for People with Developmental Disabilities (BPDD), Living Well, and DHS have worked together to put informational flyers together
- Call center operational for those needing assistance to schedule vaccine appointments
- Equity grants are out through Division of Public Health

Policy Updates presented by Amy Chartier
- Service Definition Manual
    - In process of completing revisions on Service Definition Manual, then will be reviewed by Bureau and Deputy Directors
    - Still updating service codes due to changes with the waiver renewal and removal of duplicates or codes no longer needed
- Policy and Work Instructions
    - Currently updating items that were impacted by waiver renewal changes
    - Once completed and reviewed, it will be shared with the IRIS Advisory Committee (IAC)
        - Some sections may be sent out to committee for review between meetings
    - ***Committee Suggestions:***
        - Would like to be involved earlier on to give participant perspective responses during creation rather than after all management at DHS has reviewed
            - Happy to meet off month in a non-public meeting
        - Breaking down to smaller groups for specific items would be helpful instead of full committee
    - DHS will look at who responded to request for participation on workgroups and will resend invitation to those that didn't respond and those that are new to the IAC.

Geographic Service Regions (GSRs) presented by Betsy Genz and Kimberly Schindler
- This is charge of the Long Term Care Advisory Council (LTCAC), because of its importance, DHS is extending the feedback loop to other stakeholders
- DHS will be meeting with the Managed Care Organizations (MCOs) and IRIS Consultant Agencies (ICAs) in coming months
- Went through PowerPoint
- Presenting new option today
    - The model presented is a hybrid of previous options
- In some GSRs the ICAs may need to expand to cover the entire GSR
    - There isn't a timeline for this to be in effect, DHS will work with ICAs to make is successful
    - There is interest from Leadership to have both programs the same GSRs
        - Having the same GSRs with both programs helps with enrollment counseling
- ***Committee Suggestions***
    - Concern about moving Dane County into a larger service region, will it force the one ICA that is only in Dane County out or to expand its capacity
    - An expansion may mean the ICA is not be able to maintain quality
    - Need to look at what makes life easier for the IRIS participants
    - Would like to know what other conversations DHS is having with the ICAs/FEAs
    - Concern that if counties are combined that there will be an increase in knowledge needed
    - Are there quality assurance measures in place to preserve both choice and quality

Public Comment
- Cheryl Burg
    - Lives in Watertown. Have a 28 years old daughter with developmental disabilities. On September 10th, 6 months after moving in, notification was received that Bethesda was to close down in Watertown because the State did not reimburse enough. Daughter was the only IRIS participant living in their homes
    - Brought daughter back home until she can find a comparable home
    - Issues with IRIS:
        - Bethesda had trouble completing forms
        - Participant and family had trouble finding homes, need better way to match

- - - Not sure how to connect with others that are dealing with issues.
- Ramsey Lee
  - Thank you for helping me
  - Agree with what you said about IRIS
  - Governor's budget, increases to FC need to apply to IRIS too
  - This is very important and very hard to find workers, when they can go to McDonald's and make more
  - Thank you for all you do and for your help
  - I would like to be more involved in this and maybe if I have the opportunity to do so
- Emily Jamar
  - IRIS participant
  - Bring up concerns about COVID and IRIS Consultant (IC) visits
  - During pandemic, participants are forced to have an IC come visit in home for 15 minutes, otherwise the participants have to call the IC each week, like some form of parole
  - This is unnecessary to do virtually or in person
  - Not sure why DHS requires IC to see participant in person, as that is no different than a Zoom call
  - I am high risk, and no history of hospital visits
- Bob and Heidi Sheire
  - Cannot see care team, only when they come in to sign a form
  - We are on Inclusa
  - Other than scorecard or website, there is no one a participant can contact to see how the organization will meet their needs
  - Have more data driven information to improve scorecards
  - Scorecards are currently not valuable

Prepared by: Suzanne Ziehr on 03/23/2021.
These minutes are in draft form. They will be presented for approval by the governmental body on: 07/27/2021

2021 IRIS Advisory Committee Membership

Advocates:
- Fil Clissa
  Term Ends 12/31/2021
- Mitch Hagopian
  Term Ends 12/31/2022
- Maureen Ryan
  Term Ends 12/31/2023
- Kathi Miller
  Term Ends 12/31/2023

Consumers:
- Dean Choate
  Term Ends 12/31/2021
- Julie Burish
  Term Ends 12/31/2021
- Martha Chambers
  Term Ends 12/31/2022
- John Donnelly
  Term Ends 12/31/2022
- Rosie Bartel
  Term Ends 12/31/2023
- Vacant
- Vacant

Providers:
- Angie Kiefer
  Term Ends 12/31/2023
- Amy Weiss and Linda Bova
  Term Ends 12/31/2023
- Vacant
- Vacant

Contractors:
*(Representation rotates from each agency)***:**
- ICA
- FEA
- SDPC

[Chapter Title]

A. [Chapter Section]

Introduction: introduces concepts, policies, procedures, etc. contained in the chapter section.)

1. [Policy/Concept Section]

a. Description

Description: of the concept and policies, anticipate that this will be a combination of existing policy and business rules.

[Sub-section title]

Sub-section: further describing concepts and related policies found in existing policy and business rules. Breaking into easily digestible sub-sections with more specific descriptions. Could also use bullets, tables, etc. here.

[Sub-section title]

Sub-section: further describing concepts and related policies found in existing policy and business rules. Breaking into easily digestible sub-sections with more specific descriptions. Could also use bullets, tables, etc. here.

b. Procedures (Introduces related procedures.)

[Title of Procedures]

Step	Responsible Partner(s)	Detail
1	[Fill in responsible partners. One per line]	[Provide text describing what is done at this step. Can include bullet points if desired]
2	[Fill in responsible partners. One per line]	[Provide text describing what is done at this step. Can include bullet points if desired]
3	[Fill in responsible partners. One per line]	[Provide text describing what is done at this step. Can include bullet points if desired]
4	[Fill in responsible partners. One per line]	[Provide text describing what is done at this step. Can include bullet points if desired]

[Title of Procedures]

Step	Responsible Partner(s)	Detail
1	[Fill in responsible partners. One per line]	[Provide text describing what is done at this step. Can include bullet points if desired]
2	[Fill in responsible partners. One per line]	[Provide text describing what is done at this step. Can include bullet points if desired]
3	[Fill in responsible partners. One per line]	[Provide text describing what is done at this step. Can include bullet points if desired]
4	[Fill in responsible partners. One per line]	[Provide text describing what is done at this step. Can include bullet points if desired]

Commented [MDJ1]:
Procedures: Anticipate that this will be an integration of WISITS step-by-step, existing instructions (SharePoint), forms, and Work Instructions.

2. Resources

Resources: information referenced in the policy and procedures would be listed here, such as forms, publications, websites, etc.

6.7   Fiscal Employer Agent Services and Fiscal Employer Agents (FEA)

To assist with exercising budget authority and employer authority (when applicable), IRIS participants are required to receive Fiscal Employer Agent Services from Fiscal Employer Agents (FEA). Fiscal Employer Agent services include financial management services. For more details on financial management services, see the IRIS Service Definition Manual.

6.71   FEA Providers Initial Selection and Enrollment

IRIS participants choose an FEA during enrollment counseling at the Aging and Disability Resources Center (ADRC) or with the Tribal Aging and Disability Resource Specialist (ADRS). Once a selection is made, the ADRC/Tribal ADRS refers the participant to their chosen ICA, which also includes the participant's FEA selection. The ICA then establishes the participant's FEA selection using the case management system. Once a participant has been referred for enrollment, their initial FEA selection is finalized and their choice of FEA can only be altered through the transfer process after enrollment is established.

Step #	Responsible Partner(s)	Detail
Step 1	ADRC/ Tribal ADRS	The ADRC/Tribal ADRS provide enrollment counseling to the participant. After the participant selects their ICA and FEA, the ADRC/Tribal ADRS sends the IRIS Authorization form (F-00075) to the participant's selected ICA.
Step 2	ICA	Within three business days of receiving the referral, the ICA uploads the documentation received to the participant's case in WISITS.
Step 3	ICA	The ICA identifies the selected FEA of the new enrollment, utilizing the participant's case in WISITS.
Step 4	FEA	The FEA pulls daily reports from WISITS to verify any new enrollees, as descried in Step 3.
Step 5	FEA	The FEA then verifies document uploads and begins processing participant information to prepare for enrollment.

6.72   Transferring FEA Providers

IRIS participants may transfer FEA providers. As transfers are initiated and referred by the local ADRC/Tribal ADRS, individuals who wish to transfer should contact their local ADRC/Tribal ADRS. The ADRC/Tribal ADRS provides information on the FEA options available. Once a selection is made, the ADRC/Tribal ADRS refers the participant to their chosen ICA, which also includes the participant's FEA selection. The ICA then establishes the participant's FEA selection using the case management system.

- Once enrolled, participants may transfer to another FEA with the assistance of their local ADRC/Tribal ADRS, in accordance with criteria detailed below.
- FEA transfers are conducted according to a pre-established calendar, known as the IRIS FEA Transfer Calendar (P-02239). The transfer effective dates are informed by Internal Revenue Service tax quarters and PHW payroll cycles.
- FEA transfer requests may only proceed if none of the following circumstances are present:
  - The participant does not yet have an activated IRIS plan.
  - The participant is behind on their Medicaid cost share obligation (a participant with a repayment plan is not considered current).
  - The participant is in the process of disenrolling from IRIS for any reason.
  - The participant seeks to transfer to a FEA that has a direct or indirect financial or fiduciary relationship with the participant's current ICA.
  - The participant has already transferred FEAs in the last four quarters identified on the transfer calendar (a new transfer request cannot be initiated until the transfer request deadline of the third quarter has passed).

- FEA transfers may also only proceed when steps 1-5, as indicated below, have been completed prior to the deadline dates outlined in the transfer calendar. Please note that if an ICA receives a transfer request from the ADRC/Tribal ADRS on the deadline date, the ICA still has three business days, as indicated below, to complete this request.
- FEA transfers that are not submitted by the detailed deadlines and requirements specified (including any submitted with inaccurate or unsigned documentation), will not be processed and will be denied.
- When a transfer is scheduled, the FEAs involved will collaborate to ensure a smooth transition, including resolving outstanding invoices, Medicaid payment suspension orders, closing out all tax and payroll related accounts, and completing any remaining timesheets, payment adjustments, etc.

Transferring Fiscal Employer Agent

Step #	Responsible Partner(s)	Detail
Step 1	Participant	Request to change FEAs with their local ADRC/Tribal ADRS, or to their IC who will refer them to their ADRC/Tribal ADRS.
Step 2	ADRC/ Tribal ADRS	The ADRC/Tribal ADRS provides enrollment counseling to the participant. The transfer calendar is also reviewed with the participant.
Step 3	ADRC/ Tribal ADRS	The ADRC/Tribal ADRS complete the FEA Transfer request (F-02764) with the participant. They will select the transfer effective date according to the FEA transfer calendar. Once the request is complete, they will send a copy of the request form to the participant and their ICA.
Step 4	ICA	Within three business days of receiving the request, the ICA uploads the document into the participant's case in WISITS. The ICA then sends a work request to a DHS administrator to review the transfer.
Step 5	ICA	Within five business days of uploading the request to WISITS, verify that the transfer can proceed using the criteria listed on the FEA Transfer Checklist (F-01293D) complete and upload the form to WISITS.
Step 5A	ICA	If the ICA determines that the participant is not eligible to transfer, send a Transfer Denial Letter (F-01293B) to the participant indicating that the transfer will not proceed.
Step 6	ICA	Document the FEA transfer request and approval/denial status in the participant's WISITS record with a case note. If it is approved, the ICA then issues a FEA transfer work request to both the receiving FEA and the sending FEA alerting them to the transfer request and the transfer effective date.
Step 7	DHS	Once the ICA has uploaded all documentation and assigned a DHS administrator to the transfer, DHS will update WISITS to reflect the new FEA with an effective date consistent with the FEA Transfer Checklist and issue a work request to the ICA informing them that the transfer is complete. DHS will also send a list of all scheduled transfers to each ICA for confirmation.
Step 8	MMIS	MMIS will send an automated confirmation notice to inform the participant of their official FEA transfer effective date.
Step 9	ICA	End all current service authorizations effective the day prior to the transfer effective date and create service authorizations with a beginning date that matches the transfer effective date within five business days of the transfer effective date. Note that this occurs only after the FEA has been transferred in WISITS.
Step 10	Sending FEA	Within 10 business days of the ICA Work Request, create a FEA transfer information packet that includes, but is not limited to: | Form Number	Form/Document Name
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Form I-9	Employment Eligibility Verification and related documentation
Form SS-4	Employer Federal Employer Identification Number (FEIN) application
Form W-4	IRS Employees Withholding Allowance Certificate
Form W-9	IRS Request for Taxpayer Identification Number and Certification
F-82064	DHS Background Check Disclosure (BID)
F-01246	DHS Background Check Disclosure Form Addendum
F-01201	IRIS PHW Employee Set-Up	

Step #	Responsible Partner(s)	Detail	
		F-01201C	IRIS Participant Employer/Participant Hired Worker Agreement
		F-01312	IRIS Provider Application(s)
		F-00180	DHS Medicaid Provider Agreement and Acknowledgement of Participation (used for waiver service provider agencies)
		F-00180C	DHS Medicaid Provider Agreement and Acknowledgement of Participation
		F-00036 and IRIS form 2848	Power of Attorney for Finance and Property; and Declaration of a Representative or Power of Attorney
		F-01201A	Worker Relationship
		F-82009	Confidential Information Release Authorization
			Copies of guardianship papers
			Information on live in caregiver difficulty of care
			Unemployment Insurance (UI) account number or a notation if exempt
			Most recent PHW background check result
			Orders for garnishment, collection or OIG payment suspension
			A list of all vendors, PHWs and contact information serving the participant
			State Unemployment Insurance (SUI) experience rate information and indication if the employer met the quarterly wage threshold
			Year–to-date wages and wages for each quarter that the provider had wages paid on behalf of the employer
			PHW direct deposit or pay card status information that could be helpful to the receiving FEA
			Any additional pertinent information the sending FEA would like to share with the receiving FEA
Step 11	Receiving FEA	Upload the transfer packet into WISITS (except for any PHW background checks which are sent directly and securely to the receiving FEA). Contact the sending FEA to inform them that the transfer packet has been uploaded.	
Step 12	Receiving FEA	Send a letter to all providers listed on the participant's plan to inform them of the change in FEA and transfer effective date. Ensure all necessary FEA-specific information is issued to the appropriate providers, including EVV-related trainings and processes. Compare the service providers noted in the transfer information packet from the sending FEA and make any updates needed to match the current approved plan, as noted in WISITS.	
Step 13	Receiving FEA	Establish all payroll, tax, Social Security, workers compensation, unemployment insurance, and other related accounts. This includes using the correct account number(s) and any other information from the sending FEA.	
Step 14	Receiving FEA	File a new Internal Revenue Employer/Payer Appointment of Agent (Form 2678) revoking the sending FEA and establishing the receiving FEA as agent effective on the date of the transfer (may not be earlier).	
Step 15	Receiving FEA	Send the participant a welcome packet that includes a letter acknowledging the change request. Once sent, the receiving FEA closes the work request.	
Step 16	Sending FEA	Create and send a budget report to the participant and to the receiving FEA that displays the participant's current budget status.	
Step 17	Sending FEA	Close out all payroll, tax, Federal Insurance Contributions Act (FICA), Workers Compensation (WC), and UI and other related accounts and revoke Internal Revenue Form 8821 (if present).	

X.   Remote Services

Remote service provision is the synchronous delivery of any allowable waiver service, using audiovisual communication technology, which permits two-way, real-time, interactive communication between a participant at an originating site and a provider located at a separate site.

Remote service provision is intended to increase participant access to services and providers that they would not otherwise have the opportunity to utilize if only accessible via in-person modality.

A participant may elect to utilize any waiver service determined allowable in the remote service modality, as long as the criteria to authorize the remote service can be met.

X.X   Remote Services: Authorization Process

Remote service provision is available to participants, for allowable service categories, as long as they fulfill the authorization criteria. The criteria to authorize remote service modality on a participant's plan is detailed below:

1) *Functional Equivalence:* The remote service needs to meet functional equivalence, which is evaluated by the IRIS participant and their service provider. The participant will determine if the service will be functionally equivalent to meet their needs.
   a) Functional equivalence exists when there is no reduction in quality, safety, or effectiveness of the service, as compared to the in-person service, because it is delivered by using audiovisual telecommunication technology.
      i) If a service cannot be provided fully through remote modality (e.g. if there is any necessary personal care or direct support that would typically be covered by the service and/or service provider while in-person), then the remote service cannot be considered functionally equivalent.
2) *Service Plan, Identified Needs, and Individual Budget:* The participant maintains the responsibility to ensure the service fits within their budget, does not duplicate other services on their plan, and meets their needs. The participant informs the IRIS Consultant of their determination and the Consultant documents this is the participant's case notes and service plan.
3) *Participant and Provider Acknowledgement:* The participant and provider need to have a written service provider acknowledgment documented, detailing that the provider agrees they can sufficiently provide the service with the same quality, effectiveness, and safety as the in-person equivalent. The participant's signature is required and signifies their acknowledgement and agreement to receive the service remotely from the signed provider.

The IRIS Consultant should ensure all related documentation is obtained and uploaded to WISITS prior to the authorization of the service. If the authorization criteria are met, the IRIS Consultant should update the service plan in WISITS, specifying the remote service provision.

If the service authorization criteria are not met or the remote service ceases to meet the participant's needs, the IRIS Consultant will notify the participant of the determination regarding the remote service modality. (See Individual Service and Support Plan Development section for additional details regarding plan and authorization development.)

X.X   Remote Services: Allowable Services and Expenses

Allowable service categories include:

- Assistive Technology
- Consultative Clinical and Therapeutic Services for Caregivers
- Consumer Education and Training
- Counseling and Therapeutic Services
- Daily Living Skills Training
- Day Services*
- Housing Counseling
- Individual Directed Goods and Services
- Interpreter Services
- Personal Emergency Response Services (PERS)
- Prevocational Services
- Respite
- Support Broker Services
- Supported Employment- Individual
- Supported Employment- Group
- Supportive Home Care
- Training Services for Unpaid Caregivers
- Vocational and Futures Planning Services (VFPS)

*Day Services is intended to occur at a non-residential, community setting. This service must have an originating site that does not occur in a residential setting, including the participant's private residence or any other living arrangement.

Excluded remote service expenses are indicated below:

- Waiver costs for the acquisition, installation, maintenance, or provision of telecommunication devices or connectivity to enable the participant to access the service remotely;
- Waiver costs for remote services used solely for the convenience of the provider when an in-person modality is more appropriate and/or preferred by the participant;
- Waiver costs for remote services provided through audio-only telecommunication, except portions of services already provided through audio-only means (e.g. information and assistance provided by IRIS Consultant Services through audio-only); and
- Waiver costs for remote services that have been identified as inappropriate or insufficient for the participant's service plan and/or their health and safety.