

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: IRIS Advisory Committee			Attending: Committee Members: Monica Bear, Julie Burish, Martha Chambers, Dean Choate, Fil Clissa, John Donnelly, Mitch Hagopian, Se Rothe, Kathi Miller, Maureen Ryan, Kim Rux, Sue Urban DHS Staff: Amy Chartier, Leon Creary, Jessica Ford- Kelly, Sheldon Kroning, Ann Lamberg, Kyle Novak, Dana Raue, Christine See, Karina Virrueta-Running, Suzanne Ziehr
Date: July 22, 2020	Time Started: 9:00 am	Time Ended: 12:30 pm	
Location: Zoom Conference Call			Presiding Officer: Betsy Genz, Director, Bureau of Adult Programs and Policy

Minutes

Meeting Call to Order

- Introductions of committee members and DHS staff on the call were completed
- Approval of minutes
 - Discussed follow-up items from June 2, 2020 meeting:
 - Question on Survey results, DHS is preparing info about individual agencies and will share the information when it is available
 - Mitch Hagopian moved to approve minutes, Maureen Ryan seconded the motion, the July meeting minutes were unanimously approved

Department Updates, presented by Betsy Genz and Amy Chartier

- IRIS Waiver
 - DHS is going through received public comment and cannot tell how much, if any, of the waiver will change because of it
 - On track for submission of the Waiver to CMS in September 2020
 - Committee Suggestion:
 - Separate out public comments from full waiver for committee to see
- 1135 Waiver and Appendix K
 - The Federal Department of Health and Human Services (HHS) extended the public health emergency for another 90 days, going through October
 - This allows DHS to extend the flexibility put out in the FAQs, such as verbal signatures on plans
 - FAQs are on the ForwardHealth COVID-19 webpage:
https://www.forwardhealth.wi.gov/WIportal/content/html/news/iris_resources.html.spage
- Committee Membership
 - DHS is hoping to have new faces for the September 2020 meeting
 - A couple of provider organizations will hopefully have approval from the Medicaid Director to be added to the committee.
 - We are still looking for representation of minority participants and participant hired workers to participate on the committee

- Monthly Budget Statement
 - Continuing to work with Tyler technologies (formerly Micropact)
 - Timeline has been bumped out due to enrollment streamlining and Electronic Visit Verification (EVV) projects
 - Will have another update at September meeting on the monthly budget statement
- Electronic Visit Verification (EVV)
 - Public forum tomorrow (July 29, 2020), via Zoom
 - DHS has Issued policy and training was in the ForwardHealth update last Wednesday
 - Wisconsin EVV call center will become operational next week
 - EVV Implementation is scheduled for November 2, 2020
- Telehealth update
 - Working on allowing virtual and remote supports after the public health emergency has been lifted
 - Will provide information to committee on what Telehealth will look like going forward
- Division of Medicaid Services (DMS) Reorganization
 - Restructure plan was approved in June 2020 by the Secretary's Office (SO) and the Department of Administration (DOA)
 - Restructure is based on key principles
 - Alignment around care model
 - Holistic approach
 - Person centered care
 - Simple, intuitive, and culturally competent programs
 - This also allows us to resize bureaus appropriately
 - Basic org chart of new structure will be provided at September 2020 meeting, if available
 - At September meeting will have leadership from Bureau of Quality Oversight present to introduce themselves
 - The Bureau of Programs and Policy (BPP), headed by Betsy Genz, will focus on policy, waiver renewals and budget amendments
 - The Bureau of Quality Oversight (BQO), headed by Kiva Graves, will focus on contractor compliance with contract requirements as well as member and participant issues

IRIS Resources, presented by Leon Creary, Karina Virrueta-Running, and Kyle Novak

- Went through PowerPoint
- **Committee Suggestions:**
 - Weakness in CLTS manual is that it is difficult to find citations in manual, suggestion to not mimic that manual with the IRIS resource documents
 - How the current IRIS work instructions and policy manual are set up makes it easy to locate information

372 Report, presented by Sheldon Kroning

- Report findings are from 2019 data
- Moving forward there will be changes in record review with MetaStar
 - Changes to enrollment pieces that will happen in new record review
 - Change from 1 year to 6 months of enrollment before a participant's record can be part of record review
- Appendix A
 - Under 86% on FARA process
 - DHS has determined these cases take longer than thirty (30) days to process
 - Moved this to 60 days in new waiver to allow sufficient time to close
- Appendix B
 - DHS scored fairly high in this are

- Appendix C
 - Item 3 is more about a documentation than training
 - Anticipate seeing an increase in this area going forward
 - This will not be affected by COVID-19 waiving of signature requirements
- Appendix D
 - Item 1 is an area DHS struggles in
 - Current support is geared toward housing and participant goals/outcomes and the support participants need to achieve it but does not focus on health and safety items in the functional screen
 - DHS is creating a Participant Needs Assessment in WISITS, this will mirror the functional screen and ensure that needs identified in the LTC Functional Screen are being met
 - Changing in WISITS staffing pushed implementation on this back. Do not have an implementation date yet.
 - Current support plan does not allow the IRIS Consultant (IC) to document these needs or note when they are being met
 - The IC would complete this as an additional task in WISITS; it would become another piece of the ISSP, not a separate document.
 - DHS will send out the current record review that identifies a list of areas assessed as part of this process
 - For Item 8, DHS discovered that most of the Fiscal Employer Agents (FEAs) were providing this report accurately and timely
 - Currently have data in WISITS and are working on how IRIS Consultant Agencies (ICAs) can pull a report
 - Item 9 relates to the participant education document, going forward this will be a single page, which will assist with increasing compliance
- Appendix G
 - Item 4 previously took a sample from each ICA and then took a sample of those that used restrictive measures (RM). DHS has determined this is not a good way to review
 - Implementing a DHS oversight of RM applications, this will allow us to better track RMs in IRIS programs
 - Next time we pull sample will pull everyone in IRIS that uses a RM from the restrictive measures data base rather pulling a sample
 - DHS to provide number of those reviewed vs. number complied

Public Comment

- Anne Rabin
 - Reiterate something no surprised – drum in the of worker shortage. Problem for many of us that are hiring our support workers that are also working in high risk settings as other jobs. We've had to ask some of them not to come in until there is a vaccine. This exacerbates worker shortage. It is impossible for them to social distance or wear mask when working with son. Ask IRIS to help people with how to hire workers. What incentives can be put in place such as hazard pay? I am 60% short I am providing natural supports for 40-60 hours/week

COVID-19 Roundtable

- DMS is working with the Department of Public Health (DPH) to get more information on Personal Protective Equipment (PPE) shortage concerns. DHS will share information as it becomes available.
- Face-to-face visits for IRIS participants resumed on June 15th
- Per SDPC, many IRIS participants are still receiving telehealth visits, some participants at higher risk are receiving who are not receiving in person visits are receiving calls every 2 weeks.

- First Person Care Consultants (ICA) is has also restarted in home visits based on participant comfort level. There have been a few cases with participants and workers testing positive.
- DHS has asked the contractor agencies SDPC, ICAs, FEAs to collaborate on a plan for face-to-face visits. Managed Care Organizations were asked to do the same. It was important that plans were consistent across waivers. DHS reviewed all plans together. Based on these, Quarterly face-to-face visits have resumed for IRIS participants. If participants are in a setting that is high risk, ICAs have the ability to complete the visits remotely.
- A section in WISISTS has been added to document COVID-19 exceptions to visits
 - COVID-19 numbers based on program will be posted on DHS website. It does not related to program staff, only to program participants. A link will be sent out when the information is posted
 - Some participants have issues with finding masks that work for them. Trying to address needs person by person
 - **Committee Suggestions:**
 - Have a video that shows how to use some of the PPE and where to access them
 - SDPC to work with Betsy Genz and Amy Chartier about suggestions on what else can help
 - DHS is looking at the lack of technology that some participants have. If it can be tied back to a need, the technology is an allowable expense, internet services is not an allowable expense.
 - Participants not using their full budget during the pandemic will not be involuntarily removed from the program.
- **Committee Suggestions**
 - Non-Emergency Medical Transportation (NEMT) providers are not required to wear masks and this is a problem. Suggestion: DHS should compel NEMT providers to require their drivers to wear masks. The excuse about needing additional funding to cover cost of facemasks is not an excuse.
 - DHS will find out if there was a directive requiring providers to require masks
- Additional comments from Kathi Miller that were not able to be shared during the meeting due to time:
 - I wanted to report, I've have been hearing from PPTs, that they are relieved to have follow-through, when they call in for assistance
 - Stated that it is tiring to be constantly referred to a different number or person and left feeling exhausted from many calls
 - Email helps for those who have access
 - During this unusual time, which can be isolating – the personal touch of a warm transfer has been very appreciated
 - I find it extremely helpful to have those “go to” individuals to assist with concerns that arise.
 - The Board on Aging and Long Term Care would report that participants have shared with us that most are receiving prompt follow up from their IC's when the participant calls for assistance
 - That said, some note that it is frustrating to be repeatedly referred to a different number or person. Some report feeling exhausted from the many calls and attempts to reach resources. Others state that they are reaching out via email, noting they feel better knowing they have a documentation trail that shows how often they attempt to reach assistance
 - During this period of COVID restrictions on in-person contact, participants state they do feel isolated, and when they can get a warm referral or transfer it is greatly appreciated

Adjourn

- Meeting was adjourned unanimously

Prepared by: Suzanne Ziehr on 07/28/2020.

These minutes are in final form. They were presented for approval by the governmental body on: 09/22/2020