OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: IRIS Adviosry Committee			Attending: **Committee Members:**
Date: July 22, 2020	Time Started: 9:00 am	Time Ended: 12:30 pm	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
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
  - Committ*ee 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
- Telehelath 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 plants 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 draft form. They will be presented for approval by the governmental body on: 09/22/2020

IRIS Advisory Committee Meeting Guidelines

The primary goal of the IRIS (Include, Respect, I Self-Direct) Advisory Committee is to have effective and productive meetings regarding program operations, policies and procedures in order to provide recommendations to the Department of Health Services (DHS). Contribution to the discussion by every member is expected. This will provide a broad perspective so that the IRIS Advisory Committee's recommendations reflect the full membership. This is beneficial to the mission of the DHS and the purpose of the IRIS Advisory Committee.

These meeting guidelines and rules have been established to ensure productive meetings. Committee members and staff are expected to follow these rules. The DHS facilitator will directly address members who are not following the rules. Egregious or continued abuse of the rules could result in dismissal from the committee meeting or committee membership. It is recognized that being a member of the IRIS Advisory Committee is a time commitment and these rules should ensure the very best use of committee members' time.

1. **Establish a firm schedule**. Be seated and ready for the start of the meeting at least 5 minutes prior to the scheduled start time.
2. **Commit to the meeting.** No multi-tasking, limit (phone, tablet, laptop) usage unless the device is necessary for the meeting or is an essential communication aid for the member.
3. **Be prepared**. Review meeting minutes and other material prior to the meeting. Materials distributed to members must be relevant to the agenda and these will be distributed by DHS. Members are welcome to share general information on non-agenda items.
4. **Focus on presenting positive ideas, suggestions and comments**. Come to the table with proposed solutions to identified concerns. Keep your perspective to the larger population of the people impacted, not to your individual agendas or needs. Have an approach to contribute to the conversation without using "but".
5. **Listen actively to others**. Listen to understand what is being said. Focus on the speaker.
6. **Avoid one-on-one side meetings or conversations**. Essential discussion is meant for everyone. Save these conversations for off-line discussion during breaks or after the meeting is adjourned.
7. **Manage your own input – no long speeches**. Be clear in thought when you have opportunity to give your opinion. Be concise and to the point.
8. **Do not interrupt other participants**. Be respectful to others, as you would expect the same for yourself. Raise your hand or get the attention of the facilitator if you would like to contribute to the conversation.
9. **Be willing to reach consensus**. Keep an open mind that there probably is an acceptable recommendation that everyone can support, even if some degree of compromise is required.

10. **Clarify action items**. Agree to action items, if any, at the conclusion of the meeting. Assign a <u>single owner</u> to each action. Agree on a <u>due date</u> for the action item.

11. **Once consensus has been reached or recommendation made, support group recommendations and actions**. Do not leave the meeting after recommendations have been made and talk about how your idea was the better one. Treat discussions as consensus, even if you do not agree 100%, ensuring that the images of the IRIS Advisory Committee, DHS, and the IRIS program remain positive to the community.

12. **Draft Items**. The meeting notes will reflect which items discussed are draft items and which are recommendations or finalized items.

In Person Survey (IPS) - includes people with intellectual and developmental disability (IDD)
Aging and Disability Survey (AD) - includes people with physical disabilities and older adults (age 65+)

NATIONAL CORE INDICATORS™

Wisconsin Highlights 2018-19

NCI-AD
NATIONAL CORE INDICATORS-
Aging and Disabilities

This summary highlights results that changed from 2017-18 to 2019 and notable areas of interest for NCI IPS and NCI-AD surveys. The full survey results for 2018-19 are available online. For IPS, the national report is released first and can be found at https://www.nationalcoreindicators.org/survey-reports/. For AD, the state report is released first and can found at https://nci-ad.org/upload/state-reports/WI_2018-2019_NCI-AD_state_report_FINAL.pdf.

Access to Transportation

Results related to access to transportation worsened in both surveys with a decrease in people "getting to places when they want to do things outside their homes." In 2017-18, each survey had 78% positive responses, which decreased in 2018-19 to 68% for AD and 71% for IPS. Further, IPS results for "having a way to get to places they need to go" decreased from 92% to 87%.

The surveys showed the most common response was "other" when asked about "reasons they don't have transportation." Of the reasons captured in the survey options, barriers related to location were more common (e.g. no rides coming to the person or going where they want to go) than timing issues, (e.g. no rides on the day or at the time needed).

Community Inclusion, Participation, and Leisure

An approximate ten percent decrease was noticed from year to year regarding being "able to go out and do the things they like to do in the community" (74.9% to 66.4%) and being "able to go out and do the things they like to do in the community as often as they want" (75.3% to 64.2%) for people with IDD. NCI-AD results for similar questions dropped including, "people being as active in the community as they'd like (46% to 44%)," and "doing things they enjoy outside their homes as much as they want (65% to 57%)."

The most common barrier to community inclusion in NCI-AD is health limitations, while transportation led in IPS. Both surveys, however, mention these barriers as well as the cost of activities and having limited help with staffing/personal assistance.

Choice and Decision Making

An increase is noticed between years for respondents who "can choose the people they live with" (30.9% to 39.2%) and a slight decrease for respondents who "can decide their daily schedule" (59.7% to 57.8%) for IPS.

AD state averages remained similar for respondents "who can eat their meals when they want to" (73-74%) and "who can get up and go to bed when they want to" (88-89%).

Rights and Respect

For both years of IPS data, at least 97% of respondents report, "having a place to be alone", 85% report "others letting the person know before entering the bedroom", and (89-92%) can "use the phone and internet whenever they want."

18-19 AD results report a state average of 84% for the "proportion of people whose paid support staff treat them with respect. 17-18 AD data report 88% for the same indicator. In IPS, this indicator was 93% in 2017-18 and decreased to 89% in 2018-19, which was significantly below the NCI IPS national average of 93%.

Self-Directed Supports

For IPS, a slight increase in utilizing self-directed supports from 33% to 36.4% occurred between years. The 2018-19 result is significantly above the national average of 12% and the second-highest percentage of states participating in NCI IPS that year. In addition, people "having enough help deciding how to utilize their budget and supports" fell (94.1% to 85.6%), along with "information about budget/services being easy to understand" (80.6% to 69.6%). An increasing proportion of survey participants self-directing said family members or friends (47% to 56%) or a care manager (9% to 10%) made "decisions about how their budget for services is used"; however, those who said they hire or manage their staff also increased (56% to 62%).

For AD, the percentage of those utilizing self-directed supports is similar at 35-36%. The NCI-AD survey does not ask additional questions about decision-making and help within self-directed supports options.

Work

The IPS Work domain saw an increase in people with a paid job in the community from 16% to 21%; note that Dane County was not included in 2017-18 during its transition, and then was included again in 2018-19. In AD results, only 2% overall had a paying job in each year, although this is higher for people with PD at 3-6% depending for the group and year.

IPS results also showed a decrease in the percent of people who would like a paid job in the community from 42% to 34%. AD results on this question varied by group, with 45-49% of people with physical disability wanting a job if not currently employed.

COVID-19 Impacts on National Core Indicators (NCI) In Person Survey (IPS) and National Core Indicators – Aging & Disabilities (NCI-AD) in 2019-20 and 2020-21

2019-20 Surveys

Data collection was well underway for 2019-20 NCI-AD surveys and had recently begun for IPS when the COVID-19 pandemic hit Wisconsin. Following the declaration of a public health emergency due to the COVID-19 pandemic, DHS directed that in person surveying activities be suspended on March 16th. National organizations overseeing the surveys later directed that in person surveying not resume during the 2019-20 cycle. Through March 16th, the following surveys had been completed:

	NCI-AD			IPS
Program	**Frail Elderly**	**Physical Disability**	**Fee For Service (FFS) Nursing Home**	**Intellectual or Developmental Disability**
Family Care	316	322		107
IRIS	265	270		82
Family Care – Partnership	195	203		43
PACE	48			
FFS Nursing Home			273	
Total	**824**	**795**	**273**	**232**

The total 1,892 NCI-AD surveys represent 84% of that sample goal, but 232 IPS is less than a quarter of the IPS goal. Data quality review and analysis is in progress at the Human Services Research Institute (HSRI) for both surveys, and DHS is working with HSRI and Vital Research to address any follow-up data questions as they arise.

The extent to which this survey data can be used for analysis and reporting varies by survey. NCI-AD data should still allow for most program and target group breakouts, except for PACE, with only slightly greater margins of error than is usually the goal. IPS data will only allow for overall statewide analysis and reporting, and will have a larger margin of error, likely about 7-8% rather than the usual 5% standard. HSRI will allow reporting with a margin of error up to 10% for the 2019-20 pandemic-interrupted survey cycle.

2020-21 Survey Plans

ADvancing States and HSRI will be conducting a pilot of remote surveys for NCI-AD via video conferencing and telephone for 2020-21. No in person surveying will be allowed, and states participating in the pilot will conduct 25-50 surveys per remote mode (video conferencing and telephone). The purpose of this is only to test remote administration of the NCI-AD survey; the data will not be comparable to prior years and is not recommended for use in quality monitoring. Wisconsin plans to conduct 50 pilot surveys via each of the two modes for a total of 100 surveys. This pilot will begin in fall 2020 and conclude by the end of January 2021.

The National Association of State Directors of Developmental Disabilities Services (NASDDDS) and HSRI are allowing states flexibility to determine whether to administer NCI IPS via remote video conferencing, in person surveys, or a combination, depending on the situation in each state. States may start in one mode and switch to the other, or combine both options. With widespread COVID-19 cases in Wisconsin, the current plan is to begin IPS via remote video conferencing in early 2021. It would be possible to amend plans and contracts to conduct in person surveys; however, this would not occur unless and until there is lower COVID-19 case activity. The IPS goal will be 1,015 surveys total, allowing for analysis by program for Family Care, IRIS, and Family Care – Partnership.

Reporting Period July 1,2019- June 30,2020			BOALTC IRIS Ombudsman Program Data-7/01/2019- 6/30/2020		
Number of IRIS cases opened in this reporting period			**Complaint Type Totals:**	**Case**	**W/drew**
New Program Activities*	674		Abuse/Neglect	1	
New this reporting period - opened as case	75		Assistance with grievance procedure	5	
Number of cases continuing from previous	4		Assistance with state fair hearing	13	
Number closed this reporting period	72		Billing Issue	2	
Total	**825**		Choice of Provider	1	
Method of First Contact*			Communication probs. w/ ICA, FEA; unresponsive	5	
Telephone	803		Cost Share	5	
E-mail	11		Discharge planning	2	
Mail/Fax	2		Disenrollment	5	
Face to face (warm referral)	9		Enrollment/Eligibility	13	
Total	**825**		Equipment Request/Denial	6	
			Functional screen dispute	3	
Contact/Referral Source*			Home modification (accessibility)	2	
211 Help Line			IRIS - Budget Amount	3	
ADRC	1		IRIS - Continuity of Providers	5	
Advocacy Group			IRIS - Enrollment	6	
DRW	2		IRIS - FEA issue	15	
DHS	1		IRIS - ICA issue	8	
BOALTC client previously	1		IRIS - transportation	6	
Family Care Program			IRIS - support broker services	6	
Friend/Family Member	9		IRIS - service reduction	3	
Guardian	9		Med Remedials	3	
ICA/FEA	4		Medical treatment	2	
Internet	3		Provider Quality	3	
Ombudsman program	10		Release of Information Issue		
Legal Aid Society/Legal Action			Request for additional services	11	
MCO or CMU			Relocation	1	
Medicaid Recipient Services			Safety	19	
Metastar			Self-directed supports	4	
Physician/Clinic/Other Provider	1		Service delay	3	
Public Defender			Service denial (additional service[s] or hours)	11	
Self	30		Service denial (specific service)	3	
Social Worker - non-FCIOP			Service reduction	4	
State	1		Service termination	2	
Training/outreach by BOALTC	3		Other or SDPC/MAPC issues	7	
Total	**75**		**Total**	**188**	**0**

Result / Outcome for Closed Cases this Period			NOTES		
Full Satisfaction	105				
Partial Satisfaction	6				
Issue Expired client died)	1				
Referral to ADRC	10				
Referral to BOALTC OP	0				
Referred to DRW	0				
Referral to DQA	0				
Referral to IRIS Consultant	0				
Referral to MCO Member Advocate	0				
Not resolved to client's satisfaction	38				
Total	160				
Stage at Closing					
Informal Negotiation	41				
Investigation/Monitoring	14				
IRIS Consultant or Financial Service Agency	2				
State Fair Hearing	6				
Technical Assistance:	12				
Total	75				
Average Days to close a case	59				
Cases only (does not include I&A)					
Number of PPT's in the state 60 & older	7466				

Number of Enrolled IRIS Particpants aged 60+ by County of Responsibilty June 30th 2020

County	Count	County	Count	County	Count
Adams	14	Lincoln	14	Waupaca	33
Ashland	39	Manitowoc	62	Waushara	39
Barron	120	Marathon	114	Winnebago	118
Bayfield	42	Marinette	14	Wood	41
Brown	79	Marquette	7		
Buffalo	28	Menominee	2	**Grand Total**	**7466**
Burnett	9	Milwaukee	4038		
Calumet	29	Monroe	65		
Chippewa	80	Oconto	6		
Clark	49	Oneida	23		
Columbia	27	Outagamie	74		
Crawford	8	Ozaukee	67		
Dane	241	Pepin	22		
Dodge	31	Pierce	25		
Door	13	Polk	26		
Douglas	51	Portage	36		
Dunn	58	Price	14		
Eau Claire	127	Racine	304		
Florence	10	Richland	21		
Fond Du Lac	25	Rock	95		
Forest	2	Rusk	24		
Grant	36	Saint Croix	33		
Green	16	Sauk	35		
Green Lake	10	Sawyer	29		
Iowa	15	Shawano	87		
Iron	17	Sheboygan	47		
Jackson	11	Taylor	6		
Jefferson	49	Trempealeau	19		
Juneau	36	Vernon	28		
Kenosha	246	Vilas	17		
Kewaunee	13	Walworth	58		
La Crosse	70	Washburn	22		
Lafayette	18	Washington	56		
Langlade	11	Waukesha	115		

Reporting Period 7/1/2019 - 6/30/2020			FCIOP IRIS Ombudsman Program Data	
Number of IRIS cases opened in this reporting period			Issue Involved*	Total
New I&A	134		Abuse/Neglect	4
New this reporting period - opened as case	126		Assistance with grievance procedure	0
Number of cases continuing from previous	408		Assistance with state fair hearing	49
Number closed this reporting period	272		Choice of provider	8
			Communication Problems w/ ICA, FEA staff	6
Method of First Contact*			Cost Share	4
Telephone	251		Discharge planning	5
E-mail	8		Disenrollment	27
Mail/Fax	1		Denial of visitors	0
Face to face	0		Enrollment/Eligibility	16
Total	260		Equipment Request/Denial	20
			Fraud investigation	2
Contact/Referral Source*			Home modification	9
ADRC	28		IRIS - Budget amount	25
Administrative Law Judge			IRIS - Quality	21
Advocacy Group	2		Medical treatment	7
BOALTC	2		Mental health care access	0
DHS	16		Provider quality	15
DRW client previously	90		Relocation	17
Elected Official's office	1		Request for additional services	9
Family Care/IRIS program info	2		Safety	10
Friend/Family Member	13		Self-directed supports	4
Guardian	5		Service delay	22
Independent Living Center	1		Service denial (additional services or hours)	7
Internet search	1		Service denial (specific service)	18
IRIS Consultant	31		Service reduction	25
Metastar	13		Service termination	17
MCO or CMU			Transportation	4
Medicaid Recipient Services				
NOA (Notice of Action)	25			
Outreach				
Physician/Clinic/Other Provider	4			
Private Attorney	1			
Self	18			
Social Worker - not FC	3			
Unknown	4			
Total	260		Total Issues	351

Result / Outcome for Closed Cases this Period*		Target Population	Total
Full Satisfaction	99	Developmental Disability < 60 y/o	61
Partial Satisfaction	23	Physical Disability < 60 y/o	144
Issue Expired (Client withdrew, client died)	56	Developmental & Physical Disability < 60 y/o	55
Referral to ADRC	29		
Referral to BOALTC	5	**Stage at Opening***	
Referral to DHS or DQA	9	I&A	56
Referral to DRW P&A Staff	1	Informal Negotiation	0
Referral to GSC	0	Investigation/Monitoring	167
Referral to IRIS staff	11	IRIS Consultant or Financial Service Agency	22
Referral to Metastar	7	State Fair Hearing	40
Referral to private attorney	0	**Total**	**285**
Referral to Other	10		
Case lacks merit	7		
Not resolved to any satisfaction for recipient	25		
Total	**282**		
Stage at Closing*			
I&A	138		
Informal Negotiation	24		
Investigation/Monitoring	66		
IRIS Consultant or Financial Service Agency	14		
State Fair Hearing	23		
Technical Assistance	44		
Total	**309**		

*May select more than one answer for each case

Adams	18	Lincoln	41	Waupaca	78
Ashland	55	Manitowoc	181	Waushara	55
Barron	162	Marathon	196	Winnebago	354
Bayfield	42	Marinette	35	Wood	106
Brown	243	Marquette	19		
Buffalo	32	Menominee	6	**Grand Total**	**13838**
Burnett	26	Milwaukee	4978		
Calumet	88	Monroe	117		
Chippewa	186	Oconto	40		
Clark	61	Oneida	39		
Columbia	91	Outagamie	257		
Crawford	28	Ozaukee	178		
Dane	1148	Pepin	33		
Dodge	164	Pierce	78		
Door	35	Polk	110		
Douglas	101	Portage	50		
Dunn	118	Price	32		
Eau Claire	231	Racine	576		
Florence	4	Richland	45		
Fond Du Lac	92	Rock	226		
Forest	6	Rusk	41		
Grant	83	Saint Croix	104		
Green	39	Sauk	40		
Green Lake	24	Sawyer	39		
Iowa	55	Shawano	186		
Iron	18	Sheboygan	198		
Jackson	28	Taylor	16		
Jefferson	145	Trempealeau	29		
Juneau	65	Vernon	53		
Kenosha	471	Vilas	22		
Kewaunee	17	Walworth	230		
La Crosse	176	Washburn	55		
Lafayette	32	Washington	230		
Langlade	38	Waukesha	643		

Number of Enrolled IRIS Particpants ages < 60 by County of Responsibilty June 30th 2020

IRIS Advisory Committee – 2021 Waiver Renewal & Resources Update

Leon Creary, Kyle Novak,
Karina Virrueta Running, and Lisa Galvan
September 22, 2020

Wisconsin Department of Health Services
Division of Medicaid Services

2021 Waiver Renewal

- Progress Update

2021 Waiver Renewal

- Progress Update
- Public Comment 5/29 – 6/29

2021 Waiver Renewal

- Update Public Comment 5/29 – 6/29
  - 30 Submissions

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2021 Waiver Renewal

- Update
- Public Comment 5/29 – 6/29
  - 30 Submissions
  - Themes

2021 Resources Update

- Progress Update

2021 Resources Update

- Discussion
  - Budget Amendments (BAs) / One Time Expenses (OTEs)
    - Strengths?

2021 Resources Update

- Discussion
  - Budget Amendments (BAs) / One Time Expenses (OTEs)
    - Strengths?
    - Weaknesses? Challenges?

2021 Resources Update

- Discussion
  - Budget Amendments (BAs) / One Time Expenses (OTEs)
    - Strengths?
    - Weaknesses? Challenges?
    - Ideas for Improvement?

DMS Restructure Overview

September 2020

Recap from the July re-org update given to stakeholder:

- Over the past year, the Division of Medicaid Services has been developing a strategic plan which aims to create a seamless service delivery system that is equitable, person-centered, culturally competent and simple to understand and navigate.

- DMS is being restructured based on the following key principles and goals:
  - Alignment around a managed care model
  - An integrated focus on holistic health - and health outcomes - for our members
  - Person-centered care which will place our members at the center of our care model
  - Simple, intuitive, culturally-competent programs which promote equity

BPP / BQO structures

Bureau of Program and Policy

Betsy Genz
Bureau Director
Bureau of Program and Policy

Dana Raue
Deputy Bureau Director
Bureau of Program and Policy

Gail Propsom Data & System Support Section	Rosa Plasencia Internal Operations Section	Amy Chartier IRIS Policy Section	John Kivisaari Managed Care Policy Section	Makalah Wagner Quality & Special Initiatives Section

Bureau of Programs & Policy: This bureau is responsible for Family Care, Family Care Partnership, PACE, SSI Managed Care, BadgerCare, and IRIS program policy and operations; administrative operations; project management; management of program waivers, contracts, and program policy manuals; review and analysis of new federal and state legislation; policy interpretation; data and system support; federal reporting and relations; quality management and improvement; and special initiatives.

Data & System Support Section

	Betsy Genz Bureau Director Bureau of Program and Policy
	Dana Raue Deputy Bureau Director Bureau of Program and Policy

Gail Propsom Data & System Support Section	Rosa Plasencia Internal Operations Section	Amy Chartier IRIS Policy Section	John Kivisaari Managed Care Policy Section	Makalah Wagner Quality & Special Initiatives Section

Data & System Support Section: This section is responsible for data and system supports for all sections in BPP and BQO by providing data, data analysis, and data visualization. The section also supports system changes to any systems used by the programs, including MMIS and WISITS, by providing business analysis; writing business requirements; collaborating on system changes with internal and external stakeholders; and training contractors and staff on changes to the systems.

Internal Operations Section

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│         Betsy Genz              │
│        Bureau Director          │
│  Bureau of Program and Policy   │
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│         Dana Raue               │
│     Deputy Bureau Director      │
│  Bureau of Program and Policy   │
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Gail Propsom Data & System Support Section	**Rosa Plasencia Internal Operations Section**	Amy Chartier IRIS Policy Section	John Kivisaari Managed Care Policy Section	Makalah Wagner Quality & Special Initiatives Section

Internal Operations Section: This section is responsible for supporting the day-to-day functions of all sections within BPP and BQO including: Receiving and distributing constituent concerns; administering, updating, and creating internal and external web content; developing, editing and assisting in the creation of internal policies, procedures, and work instructions; coordinating requests for proposal (RFPs); project management; distributing communication to contractors; and onboarding/offboarding staff.

IRIS Policy & Operations Section

Betsy Genz
Bureau Director
Bureau of Program and Policy

Dana Raue
Deputy Bureau Director
Bureau of Program and Policy

Gail Propsom Data & System Support Section	Rosa Plasencia Internal Operations Section	**Amy Chartier IRIS Policy Section**	John Kivisaari Managed Care Policy Section	Makalah Wagner Quality & Special Initiatives Section

IRIS Policy & Operations Section: This section is responsible for IRIS policy and operations including: Managing renewals and amendments of the IRIS waiver; managing contract negotiation, review, and execution for IRIS; analyzing of proposed and final state and federal rules and regulations; providing policy interpretation; adjudicating budget amendments and one-time expense requests; summarizing fair hearing results; and acting as liaison with CMS.

Managed Care Policy Section

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│           Betsy Genz            │
│         Bureau Director         │
│   Bureau of Program and Policy  │
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│           Dana Raue             │
│     Deputy Bureau Director      │
│   Bureau of Program and Policy  │
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| Gail Propsom Data & System Support Section | Rosa Plasencia Internal Operations Section | Amy Chartier IRIS Policy Section | **John Kivisaari Managed Care Policy Section** | Makalah Wagner Quality & Special Initiatives Section |

Managed Care Policy Section: This section is responsible for managed care policy including: Managing renewals and amendments of the Family Care and Family Care Partnership waivers; managing contract negotiation, review, and execution for Family Care, Family Care Partnership, SSI Managed Care, BadgerCare, and PACE; analyzing proposed and final state and federal regulations; providing policy interpretation; summarizing fair hearing results; and acting as liaison with CMS.

Quality & Special Initiatives Section

Betsy Genz
Bureau Director
Bureau of Program and Policy

Dana Raue
Deputy Bureau Director
Bureau of Program and Policy

| Gail Propsom Data & System Support Section | Rosa Plasencia Internal Operations Section | Amy Chartier IRIS Policy Section | John Kivisaari Managed Care Policy Section | **Makalah Wagner Quality & Special Initiatives Section** |

Quality & Special Initiatives Section: This section is responsible for all quality related activities and special initiatives associated with the Family Care, Family Care Partnership, PACE, SSI Managed Care, BadgerCare and IRIS programs including: Researching, developing, and executing the quality strategy, pay-for-performance, surveys, and scorecards; completing federal reporting; reviewing of performance improvement projects (PIPs), critical incidents and other performance measures; and special initiatives as assigned. For example, the implementation of the HCBS settings rule, money follows the person, and tribal projects.

Bureau of Quality & Oversight

Kiva Graves
Bureau Director
Bureau of Quality & Oversight

Ann Lamberg
Deputy Bureau Director
Bureau of Quality & Oversight

Lindsey Kreitzman
Best Practice Resource
Integration Section

Sandy Blakeney
Long Term Care
Functional Screen
Section

Kelly Conte Neumann
Contract Compliance
Section

Erika Rupnow
Quality Oversight
Section

Bureau of Quality & Oversight: This bureau is responsible for quality and compliance oversight for IRIS, Family Care, Family Care Partnership, PACE, SSI Managed Care and BadgerCare including: Functions related to day to day operations for these programs which are related to quality/compliance activities and enhancing/improving operations and contract compliance; all aspects of the Long Term Care Functional Screen; and program best practices (employment, technology, restrictive measures, etc.).

Best Practice Resource Integration Section

Kiva Graves
Bureau Director
Bureau of Quality & Oversight

Ann Lamberg
Deputy Bureau Director
Bureau of Quality & Oversight

Lindsey Kreitzman
Best Practice
Resource
Integration Section

Sandy Blakeney
Long Term Care
Functional Screen
Section

Kelly Conte Neumann
Contract Compliance
Section

Erika Rupnow
Quality Oversight
Section

Best Practice Resource Integration Section: This section is responsible for program best practices including: Chapter 50 relocations; reviewing restrictive measures; managing all employment work (Act 178, employment waiver definitions, building wage collection system); participating in the Statewide Dementia Project with DPH and other grant projects (Living Well, Communities of Practice, Building Full Lives); leading technology and telehealth initiatives; reviewing non-residential HCBS compliance; and certifying 1-2 bed AFHs for IRIS.

Long Term Care Functional Screen Section


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│         Kiva Graves             │
│       Bureau Director           │
│  Bureau of Quality & Oversight  │
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│        Ann Lamberg              │
│    Deputy Bureau Director       │
│  Bureau of Quality & Oversight  │
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| Lindsey Kreitzman Best Practice Resource Integration Section | **Sandy Blakeney Long Term Care Functional Screen Section** | Kelly Conte Neumann Contract Compliance Section | Erika Rupnow Quality Oversight Section |

Long Term Care Functional Screen Section: This section is responsible for all aspects of the Long Term Care Functional Screen (LTCFS) including: Providing technical assistance to screeners – IRIS, Family Care, Family Care Partnership, PACE, Tribe, ADRC; LTCFS appeal support; maintaining and updating LTCFS instructions and diagnosis codes; conducting LTCFS desk reviews; developing and administering Continued Skills Testing and other on-going education; and other activities to support contract compliance.

Contract Compliance Section

Kiva Graves Bureau Director Bureau of Quality & Oversight

Ann Lamberg Deputy Bureau Director Bureau of Quality & Oversight

Lindsey Kreitzman Best Practice Resource Integration Section	Sandy Blakeney Long Term Care Functional Screen Section	**Kelly Conte Neumann Contract Compliance Section**	Erika Rupnow Quality Oversight Section

Contract Compliance Section: This section is responsible for contract compliance for IRIS, Family Care, Family Care Partnership, PACE, SSI Managed Care and BadgerCare including: reviewing marketing materials; evaluating provider networks; managing provider appeals; investigating and resolving contract issues; issuing and monitoring plans of correction; reviewing certification and expansion; conducting managed care business plan reviews; and providing technical assistance to HMO/MCO/ICA/FEA/SDPC contractors.

Quality Oversight Section

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│         Kiva Graves             │
│        Bureau Director          │
│  Bureau of Quality & Oversight  │
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│         Ann Lamberg             │
│    Deputy Bureau Director       │
│  Bureau of Quality & Oversight  │
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Lindsey Kreitzman Best Practice Resource Integration Section	Sandy Blakeney Long Term Care Functional Screen Section	Kelly Conte Neumann Contract Compliance Section	**Erika Rupnow Quality Oversight Section**

Quality Oversight Section: This section is responsible for program quality oversight for IRIS, Family Care, Partnership, PACE, SSI Managed Care and BadgerCare including: resolving member issues and complaints; investigating 1-2 bed AFH incidents; conducting critical incidents reviews, chart audits, and trend analysis; overseeing implementation and oversight of quality initiatives; coordinating with EQRO on review activities; coordinating and overseeing facility discharges; and working with counties on crisis coordination.