Housing Counseling

Definition and Purpose:

Housing counseling is the provision of information and assistance for participants who are looking to acquire and maintain safe, affordable, and accessible housing in the community. Housing counseling includes exploring home ownership and rental options and individual and shared housing options, including options where the participant lives with his or her family.

Services include:

- Counseling and assistance in identifying housing options;
- Identifying financial resources and determining affordability;
- Identifying preferences of location and type of housing;
- Locating available housing;
- Identifying and assisting in access to financing;
- Explaining the rights and responsibilities of a tenant with disabilities, including how to ask for reasonable accommodations and modifications and how to file a complaint; and
- Planning for ongoing management and maintenance.

Exclusions:

Housing counseling may only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the general public for free.

Limits on the Amount, Frequency, or Duration:

NONE

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Type Qualifications:

Only providers who meet qualifications for the appropriate provider type may be selected and paid for IRIS services. Documentation demonstrating that the provider meets the specified qualifications at the time of service provision is required.

Provider Type	**Qualifications**
Agency that Meets Qualifications	1) Must have expertise in housing issues; 2) Must have housing counseling or assistance as a part of its mission or regular activities; AND 3) Must not have a direct or indirect financial interest in the property or housing the participant selects.

Relocation—Housing Start-Up and Related Utility Costs

Definition and Purpose:

Relocation – Community Transition Services are non-recurring set-up expenses for participants who are transitioning from an institution, family home, or a provider-operated living setting to a community living setting in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those that are necessary to enable the participant to establish a basic household excluding room and board.

These include:

- Security deposits that are required to obtain a lease on an apartment or home;
- Essential household furnishings;
- Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; and
- Moving expenses.

Relocation expenses not specifically described above may be covered if approved by the SMA. Relocation expenses may be covered up to 180 days prior to leaving the institutional setting and enrolling in the waiver but cannot be paid for until the participant is enrolled with a plan start date.

Exclusions:

Relocation expenses may only be funded through the waiver when otherwise not available through the State Plan, Medicare, EPSDT (for participants ages 18-21), or a responsible private or public entity. This service may not duplicate any service that is provided under another waiver service category

This service category does not cover the furnishing of living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing.

The following are also excluded:

- The cost of room and board including rental or mortgage expenses, food, and regular utility charges.
- Service agreements or extended warranties for appliances or home furnishings; and
- Household appliances or items that are intended for purely diversional/recreational purposes. Housing startup costs require prior approval for purchases exceeding an identified budget amount, or which exceed the participant's budget.

Limits on the Amount, Frequency, or Duration:

NONE

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types & Qualifications:

Only providers who meet qualifications for the appropriate provider type may be selected and paid for IRIS services. Documentation demonstrating that the provider meets the specified qualifications at the time of service provision is required.

Provider Type	Qualifications
Agency Real Estate Agency	Reputable agency that meets industry standards.
Agency Home Furnishing Vendor	Reputable agency that meets industry standards.
Agency Moving Company	Reputable agency that meets industry standards.

Agency Public Utilities	Reputable agency that meets industry standards.

Community Transportation

Definition and Purpose:

Community Transportation is the transport of a participant to and from a waiver service, place of employment, or community service, activity, or resource. The cost of community transportation is covered in accordance with Internal Revenue Service policy as outlined in the participant's Individualized Services and Support Plan (ISSP). Community Transportation is offered in addition to medical transportation required under 42 C.F.R. 431.53 and transportation services under the State Plan, defined in 42 C.F.R. 440.170(a) (if applicable) and does not replace them.

Community transportation may only be funded through the waiver when otherwise not available through the State Plan, Medicare, EPSDT (for participants ages 18-21), or a responsible private or public entity. This service may not duplicate any service that is provided under another waiver service category.

Specific Exclusions:

Transportation services may only be funded through the waiver when the services are not provided by a legally responsible third-party, such as school, private insurance, or a public entity. Whenever possible, family, neighbors, friends, community agencies, or local government programs that can provide this service without charge should be prioritized and utilized.

Participant Employer Authority:

The participant is afforded employer authority for this service category. This means that the participant may function as the common law employer of an individual employee called participant-hired worker. Responsibilities of a participant employer include:

- Recruiting, hiring, training, and monitoring performance of participant-hired workers and
- Reviewing and approving timesheets and/or other documentation.

Similarly to agency providers, participant-hired workers must meet the qualifications outlined below.

Provider Types & Qualifications:

Only providers who meet qualifications for the appropriate provider type may be selected and paid for IRIS services. Documentation demonstrating that the provider meets the specified qualifications at the time of service provision is required.

Provider Type	**Qualifications**
Agency Mass Transit Provider	Must be considered a mass transit as defined under: • Wis. Stat. § 85.20 • Wis. Stat. § 85.23
Agency Taxi or Common Motor Carrier	Must be considered a mass transit as defined under: • Wis. Stat. § 194
Agency Specialized Transportation Provider	Must be considered a mass transit as defined under: • Wis. Stat. § 85.21 • Wis. Stat. § 85.22
Individual Participant-hired Worker	Must have the following: • Valid driver's license appropriate to the type of transportation being provided. • Adequate insurance coverage including liability auto insurance.

Supportive Home Care

Definition and Purpose

Supportive home care (SHC) is the direct and indirect assistance with daily functions and individualized needs, to promote improved functioning and safety in a participant's home and community.

SHC services are comprised of supports or tasks such as:

- Companion or attendant supports which are necessary for participant safety at home and in the community. This may include observation or indirect assistance with the following: assure appropriate self-administration of medications, meal preparation, bill payment, communication, schedule and/or attend appointments, completion of activities detailed in occupational or physical therapy treatment plans, arrangement and/or usage of transportation, and personal assistance in non-employment related community activities.
- Chore services which assist the participant to maintain their home environment in a clean, sanitary, and safe manner. Intermittent major household tasks that must be performed seasonally or in response to some natural or other periodic event are also covered.
- Routine care which is the performance of personal services, including various activities of daily living or instrumental activities of daily living.

Retainer payments are also covered under this service category for both medical and non-medical circumstances. More information regarding the retainer payment policy can be found in the IRIS Policy Manual.

Specific Exclusions:

When routine care is provided, incidental personal care activities may not comprise the entirety of the service. When personal care is available to the participant through the Medicaid State Plan, it must be utilized prior to the use of any routine care under this service category.

This service may not duplicate any service that is provided under another waiver service category. This service category also excludes the following:

- Live-in Caregiver services;
- Representative payee services; and
- Payroll bonuses.

Limits on the Amount, Frequency, or Duration:

NONE

Participant Employer Authority:

The participant is afforded employer authority for this service category. This means that the participant may function as the common law employer of an individual employee called participant-hired worker. Responsibilities of a participant employer include:

- Recruiting, hiring, training, and monitoring performance of participant-hired workers and
- Reviewing and approving timesheets and/or other documentation.

Similarly to agency providers, participant-hired workers must meet the qualifications outlined below.

Provider Types & Qualifications:

Only providers who meet qualifications for the appropriate provider type may be selected and paid for IRIS services. Documentation demonstrating that the provider meets the specified qualifications at the time of service provision is required.

Provider Type	**Qualifications**
Individual Participant-Hired Worker (PHW)	Participants assure that providers have the ability and qualifications to provide this service, including a minimum of two years of experience working with the target population in providing this service or similar service.
Supportive Home Care Agency or Home Health Care Agency	See provider standards guidance established for this service.

Chapter 2: Financial Eligibility- Post-Eligibility Treatment of Income

2.2B.1 Medicaid Cost Share Payments

Business Rules

1. Medicaid financial eligibility is a requirement that must be met to be considered eligible for the IRIS waiver program.
2. Cost share (otherwise known as post-eligibility treatment of income) is the amount of a participant's income which must be paid, each month, to maintain Medicaid financial eligibility for the IRIS waiver program.
3. Participants financially eligible for Medicaid as a Group A participant (those receiving Supplemental Security Income and those who have other Group A-related Medicaid eligibility) do not have a cost share assessed.
4. Participants financially eligible for Medicaid through MAPP (Medicaid Purchase Program) do not have a cost share assessed.
5. Income Maintenance (IM) determines whether a participant has a monthly cost share responsibility as part of initial and ongoing Medicaid financial eligibility. An IM worker calculates the cost share amount.
6. Cost share payment is not required for any month where IM determines that there is no calculated cost share; including if they determine Institutional Medicaid is needed (i.e. a participant is institutionalized or hospitalized for longer than 30 days).
7. Participants are responsible for reporting changes in financial status, address or living arrangement, medical expenses, or need to their Income Maintenance consortium within ten (10) calendar days. Changes in a person's financial status may result in a change in monthly cost share amount.
8. Participants with a cost share responsibility may apply Medical and Remedial Expenses (MREs) to their cost share, when applicable. Participants are responsible for reporting MREs to their IRIS Consultant Agency (ICA).
    a. Medical and remedial Expenses are out-of-pocket costs incurred for services or goods provided or prescribed by a licensed medical practitioner, or for the purpose of alleviating a health condition. These expenses are only applicable when not covered by Medicaid or private insurance.
9. ICAs are responsible for informing participants about MREs, assisting with the completion of the MRE Checklist, and submitting the MRE Checklist to IM. MRE documentation should be discussed, reviewed, and verified during enrollment and at each quarterly face-to-face visit.

10. ICAs are also responsible for documenting cost share amounts assigned by IM, monitoring ongoing cost share arrearages, and establishing cost share Repayment Agreements.
11. Fiscal Employer Agents (FEAs) are responsible for collecting and documenting cost share payments, as well as issuing cost share statements to participants.
12. Cost share payments not received, in full, by the 5th of the month are considered delinquent. Delinquencies of payment may result in program disenrollment (see Business Rule 13). Participants will only be permitted reenrollment after all cost share arrears are paid in full.
13. Participants who have delinquent cost share payments may negotiate a Repayment Agreement (F-01200) with the assistance of their ICA. Repayment Agreements are payment plans on a fixed amount that must settle the default within 12 months.
14. Participants who fail to arrange a Repayment Agreement when arrears reach three delinquent payments are referred to IM for disenrollment.
15. If a participant's cost share becomes $0, the participant is still expected to pay any amount in arrears and all business rules listed above continue to apply.
16. Participants who fail to honor the established Repayment Agreement are referred for disenrollment.
17. If a participant defaults on a Repayment Agreement (either payment date or payment amount) and is referred for disenrollment, the ICA may retract the disenrollment referral only if all cost share arrears owed are paid in full prior to the disenrollment date.
18. Cost share payments made are applied to the oldest existing balance due, if applicable.
19. ICAs should attend Medicaid Fair Hearings when the appeal is regarding a disenrollment specific to cost share nonpayment (which resulted in loss of financial eligibility). ICAs should also attend Medicaid Fair Hearings for any Medicaid- related processes that the ICA has a role to assist in or complete (e.g. MRE calculation and submission).

Establishing Cost Share

Step #	Responsible Partner(s)	Detail
Step 1	ADRC/ Participant/ IM	The participant, or the Aging and Disability Resource Center (ADRC) assisting them, files an initial application for Medicaid to the appropriate IM consortium. The IM worker enters the information into the CARES System.
Step 2	ADRC	The ADRC sends the referral of the eligible person to the ICA when the person selects the IRIS program. The ADRC includes the Medical and Remedial Expense Checklist (MRE) and the IM-estimated cost share calculation with the referral packet.
Step 3	ICA	When the ICA meets with the participant to establish enrollment, they should discuss the cost share obligation and review the MRE documentation for accuracy.

Step 4	IM	Once the ICA sets the enrollment date, IM sends a notice to the participant informing them of the application result. The notice includes the monthly cost share obligation amount, if applicable.
Step 5	ICA	Upon enrollment, the ICA verifies the participant's cost share and mails the Initial Cost Share letter (F-01556). The ICA then records the cost share obligation in the participant's "Financials" tab in WISITS.
Step 6	FEA	The FEA documents the participant's cost share obligation internally, for payment documentation purposes. This information should be taken from a report pulled directly from WISITS.
Step 7	DHS	DHS provides information to the ICAs and FEAs (report and database access) on cost share obligation amounts.

Cost Share Payment Management

Step 8	Participant	The participant submits their cost share payment to their FEA by the 1st of the month, and must be received by the FEA before or on the 5th of the month.
Step 9	FEA	The FEA deposits the payment into the designated DHS bank account.
Step 10	FEA	The FEA records the payment received in the "Cost Share Ledger" tab within WISITS. The recorded payments are exported from WISITS into the FEAs own internal payment tracking system.
Step 11	FEA	The FEA mails the monthly cost share statement to the participant by the 10th of the month.

Monitoring

Step 12	ICA	The ICA exports monthly cost share reports from WISITS, on or after the 11th day of the month, to verify paid cost share amounts and any delinquencies that require remediation.
Step 13	FEA	The FEA is responsible for mailing the First Delinquent Payment letter (F-01556A) to participants who have missed a payment and do **not** have a previous balance of arrears. The FEA then uploads mailed letters into the participant's WISITS record.
Step 14	ICA	The ICA is responsible for mailing the Second Delinquent Payment letter (F-01556B) to participants who have missed a payment and **do** have a previous balance of arrears. The ICA then uploads mailed letters into the participant's WISITS record.
Step 15	ICA	The ICA is responsible for mailing the Previous Delinquent Payment letter (F-01556BB) to participants who no longer have a cost share obligation, but **do** have a previous balance of arrears. The ICA then uploads mailed letters into the participant's WISITS record.
Step 16	ICA/ Participant	By the second recorded delinquency, the ICA notifies participants who are in arrears of the opportunity to negotiate a Repayment Agreement. The ICA monitors

		established Repayment Agreements. The ICA then uploads the signed agreement into the participant's WISITS record.
Step 17	ICA	The ICA refers participants for disenrollment who have failed to pay their cost share or establish a Repayment Agreement after the arrears reach **three** missed payments. The ICA also refers participants for disenrollment who default on their Repayment Agreement (See Disenrollment).
Step 18	DHS	DHS completes ongoing review and authorization of referrals for disenrollment to be processed (See Disenrollment).

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

Kimberly Schindler and Betsy Genz

Division of Medicaid Services, Long-Term Care Benefits and Programs

September 8, 2020

Long-Term Care Delivery Regions: Modernization Options

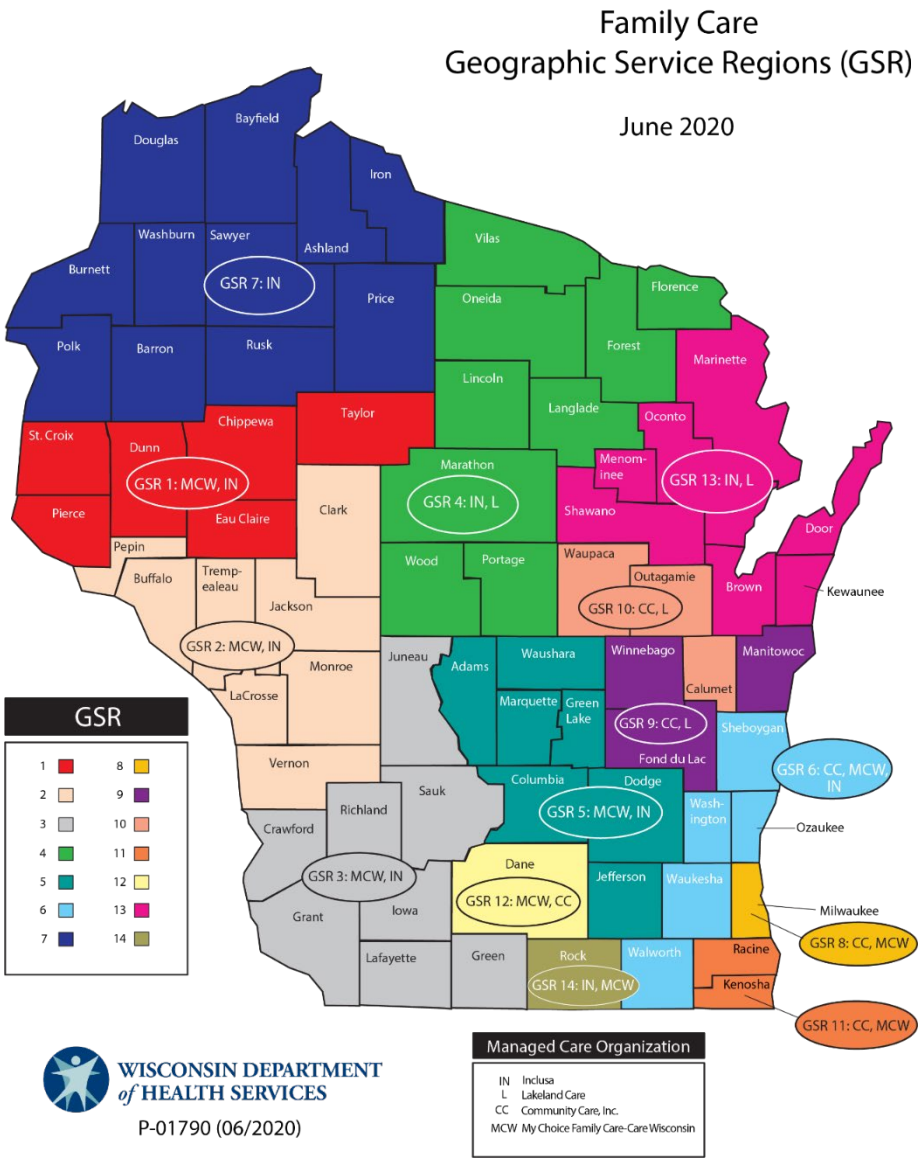
LTCAC Medicaid LTC Charge

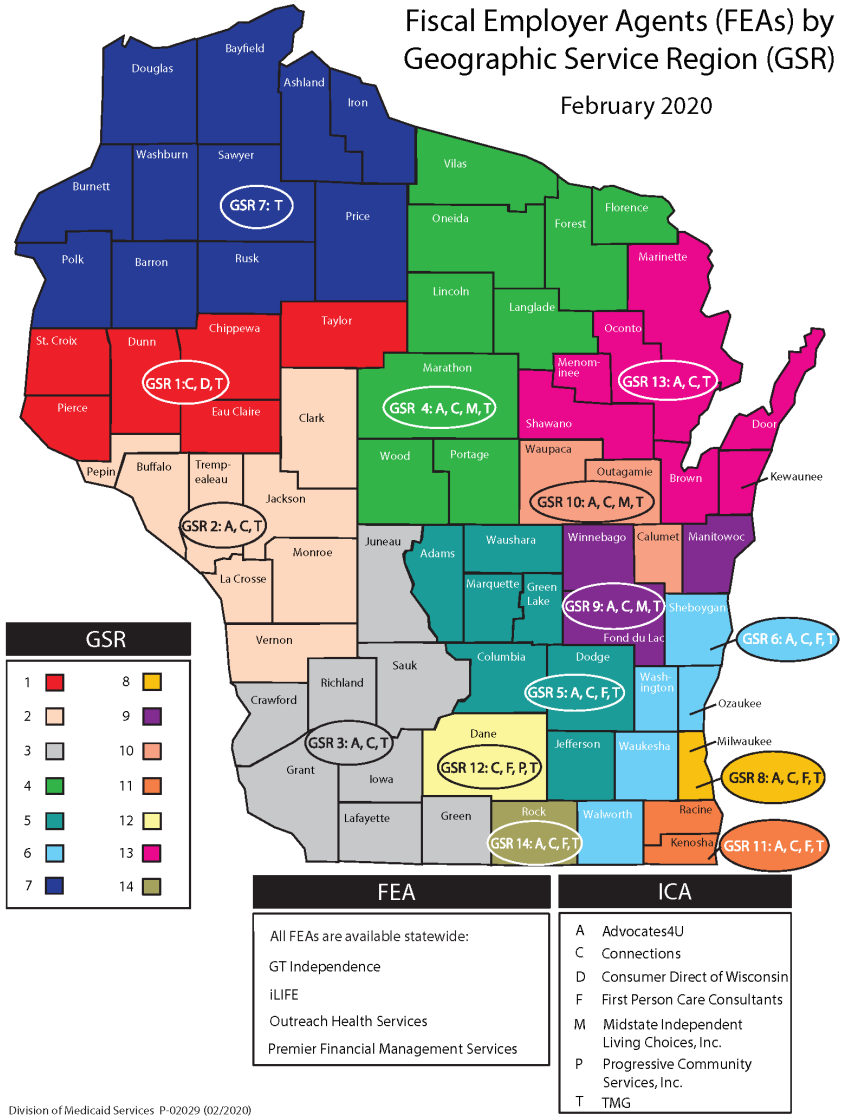
- Provide advice and guidance on the number of Geographic Service Regions (GSRs).
- Provide advice and guidance on the number of Managed Care Organizations (MCOs), IRIS Consultant Agencies (ICAs), and Fiscal Employer Agents (FEAs) in each GSR.

Current Long-Term Care Statistics

- Geographic Service Regions: 14
- Managed Care Organizations: 5 total
  - Family Care: 4
  - Family Care Partnership: 3
  - PACE: 1
- IRIS Consultant Agencies: 7
- IRIS Fiscal Employer Agents: 4

Current Geographic Service Regions





Geographic Service Regions (GSRs)

Constraints and Assumptions

- Reconfiguration and reduction in the number of regions will result in larger regions
- Due to procurement and/or certification processes, agencies can change within each region
- View of state overall – not how individual agencies may be impacted by changes
- Family Care Partnership
- Acute/primary managed care certification

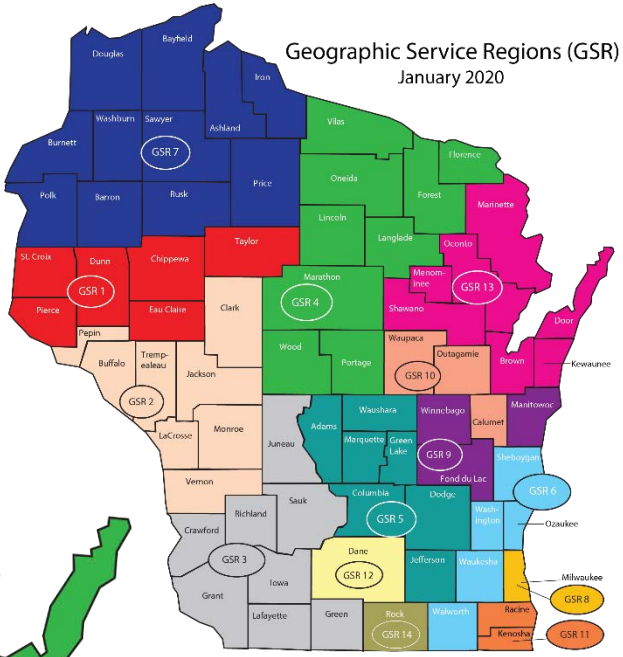
Considerations

- FC procurement considerations:
  - Administrative efficiency
  - Procurement timelines
  - Additional procurement
  - Larger regions
- MCO/ICA & member/participant considerations:
  - Mirror MCO/ICA regions
  - Phasing in a new MCO/ICA
  - Member/participant transitions

Considerations

- Other considerations:
  - Aging and Disability Resource Centers (ADRC)
  - Income Maintenance (IM) Consortia
  - Existing county lines
  - Existing health systems
- Enrollment considerations:
  - Balance of urban and rural areas
  - Population sufficiency to support business and manage services to support member/participant outcomes
  - Consider Milwaukee's population density

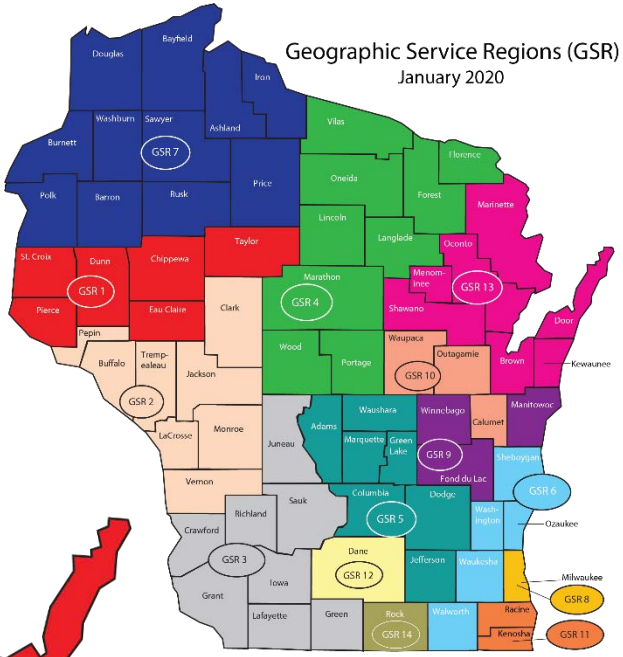
Option 1a: Family Care MCO-Based Regions



Douglas 495
Bayfield 149
Iron 54
Ashland 213
Washburn 154
Sawyer 164
Burnett 106
GSR 1 2,335
Price 203
Polk 262
Barron 397
Rusk 138
Vilas 153
Florence 35
Oneida 278
Forest 95
Marinette 340
Lincoln 314
Langlade 260
Oconto 309
Taylor 172
St. Croix 398
Dunn 349
Chippewa 634
GSR 2 9,720
Marathon 1,378
Menom-inee 51
GSR 3 8,259
Pierce 228
Eau Claire 1,021
Clark 405
Pepin 67
Shawano 517
Door 244
Wood 995
Portage 817
Waupaca 558
Outagamie 1,249
Brown 2,252
221 Kewaunee
Buffalo 131
Tremp-ealeau 403
Jackson 289
Winnebago 1,316
Calumet 343
Manitowoc 729
Waushara 270
Adams 159
GSR 4 5,214
LaCrosse 1,899
Monroe 634
Marquette 168
Green Lake 197
Juneau 318
Sheboygan 989
Fond du Lac 1,019
Vernon 404
GSR 6 5,823
Columbia 457
Dodge 707
Sauk 666
Wash-ington 963
Ozaukee 694
Richland 369
GSR 5 4,107
Crawford 233
Dane 2,975
GSR 7
Jefferson 980
Waukesha 2,461
Milwaukee 12,327
Iowa 198
Grant 445
GSR 7 18,551
Lafayette 129
Green 328
Rock 1,169
Walworth 716
Racine 1,875
Kenosha 1,374

Combined FC/FCP/PACE enrollment data as of 11/1/19

Option 1b: IRIS ICA-Based Regions

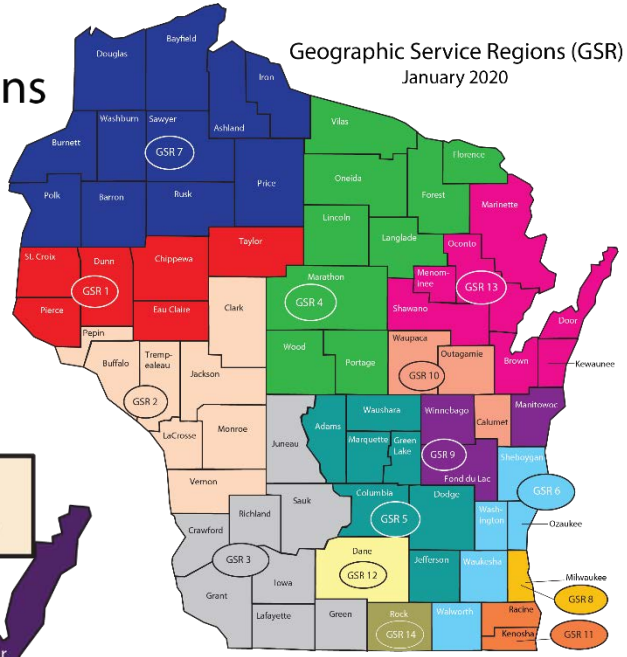


Douglas 143
Bayfield 78
Iron 32
Ashland 90
Washburn 74
Sawyer 78
Burnett 34
GSR 1 1,018
Price 45
Polk 131
Barron 256
Rusk 57
Vilas 28
Florence 11
Oneida 46
Forest 6
Marinette 46
Lincoln 53
Langlade 46
Oconto 40
Taylor 19
St. Croix 236
Dunn 164
Chippewa 248
GSR 2 871
Marathon 303
Menom-inee 7
GSR 3
Pierce 98
Pepin 53
Eau Claire 333
Clark 106
GSR 4 2,031
Shawano 65
Door 39
Wood 134
Portage 80
Waupaca 107
Outagamie 316
Brown 303
Kewaunee 29
Buffalo 60
Tremp-ealeau 49
Jackson 35
Juneau 91
Waushara 89
Winnebago 448
Calumet 114
Manitowoc 231
LaCrosse 230
Monroe 163
Adams 30
Marquette 24
Green Lake 31
GSR 3 2,123
Fond du Lac 108
Sheboygan 265
Vernon 77
Columbia 100
Dodge 181
Sauk 134
Richland 68
Wash-ington 266
Ozaukee 227
Crawford 29
GSR 5 12,528
GSR 6 Dane 1,303
Jefferson 177
Waukesha 728
Milwaukee 8,347
Iowa 64
Grant 111
Lafayette 47
Green 50
Rock 282
Walworth 274
Racine 845
Kenosha 662

IRIS enrollment data as of 12/1/19

Option 2: DPH-Based Regions

Combined Long-Term Care Enrollment Data



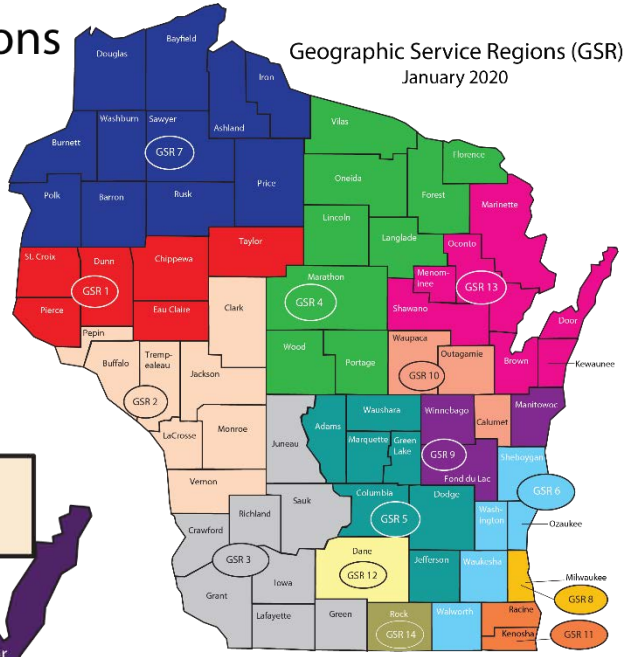
Douglas 638
Bayfield 227
Ashland 303
Iron 86
Vilas 181
Florence 46
Burnett 140
Washburn 228
Sawyer 242
GSR 2 6,329
Price 248
Oneida 324
Forest 101
Marinette 386
Polk 393
Barron 653
Rusk 195
Lincoln 367
Taylor 191
Langlade 306
GSR 1 10,480
GSR 3 13,034
St. Croix 634
Chippewa 882
Menom-inee 58
Oconto 349
Marathon 1,681
Dunn 513
Pierce 326
Eau Claire 1,354
Clark 511
Shawano 582
Door 283
Pepin 120
Wood 1,129
Portage 897
Waupaca 665
Outagamie 1,565
Brown 2,555
Kewaunee 250
Buffalo 191
Tremp-ealeau 452
Jackson 324
Waushara 359
Winnebago 1,764
Calumet 457
Manitowoc 960
Adams 189
Juneau 409
La Crosse 2,129
Monroe 797
Marquette 192
Green Lake 228
Fond du Lac 1,127
Sheboygan 1,254
Vernon 481
Columbia 557
Sauk 800
Richland 437
Dodge 888
Wash-ington 1,229
Ozaukee 921
Crawford 262
GSR 4 12,261
Jefferson 1,157
Waukesha 3,189
Milwaukee 20,674
Iowa 262
Dane 4,278
Grant 556
Lafayette 176
Green 378
Rock 1,431
Walworth 990
Racine 2,720
Kenosha 2,036
GSR 5 31,759

FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Option 2b: DPH-Based Regions

Milwaukee Separate

Combined Long-Term Care Enrollment Data

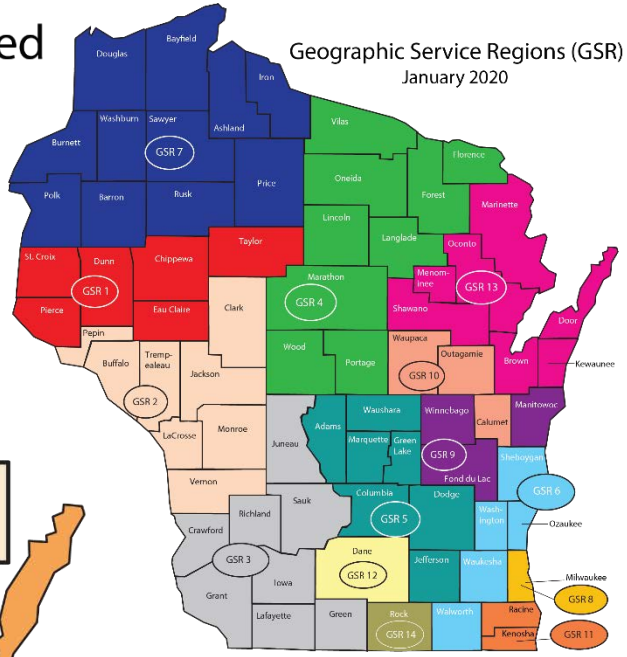


Douglas 638
Bayfield 227
Ashland 303
Iron 86
Vilas 181
Florence 46
Burnett 140
Washburn 228
Sawyer 242
GSR 2 6,329
Price 248
Oneida 324
Forest 101
Marinette 386
Polk 393
Barron 653
Rusk 195
Lincoln 367
Taylor 191
Langlade 306
GSR 1 10,480
GSR 3 13,034
St. Croix 634
Chippewa 882
Menom-inee 58
Oconto 349
Marathon 1,681
Dunn 513
Pierce 326
Eau Claire 1,354
Clark 511
Shawano 582
Door 283
Pepin 120
Wood 1,129
Portage 897
Waupaca 665
Outagamie 1,565
Brown 2,555
Kewaunee 250
Buffalo 191
Tremp-ealeau 452
Jackson 324
Waushara 359
Winnebago 1,764
Calumet 457
Manitowoc 960
Adams 189
Juneau 409
La Crosse 2,129
Monroe 797
Marquette 192
Green Lake 228
Fond du Lac 1,127
Sheboygan 1,254
Vernon 481
Columbia 557
Sauk 800
Richland 437
Dodge 888
Wash-ington 1,229
Ozaukee 921
Crawford 262
GSR 4 12,261
Jefferson 1,157
Waukesha 3,189
GSR 6 Milwaukee 20,674
Iowa 262
Dane 4,278
Grant 556
Lafayette 176
Green 378
Rock 1,431
Walworth 990
Racine 2,720
Kenosha 2,036
GSR 5 11,085

FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Option 3: BadgerCare Plus-Based Regions

Combined Long-Term Care Enrollment Data



GSR 1
7,056

Douglas 638
Bayfield 227
Iron 86
Ashland 303
Burnett 140
Washburn 228
Sawyer 242

GSR 2
11,661

Vilas 181
Florence 46
Oneida 324
Forest 101
Marinette 386
Price 248
Polk 393
Barron 653
Rusk 195
Lincoln 367
Taylor 191
Langlade 306
Menom-inee 58
Oconto 349
Shawano 582

GSR 3
12,904

St. Croix 634
Dunn 513
Chippewa 882
Pierce 326
Eau Claire 1,354
Clark 511
Marathon 1,681
Pepin 120
Door 283
Buffalo 191
Tremp-ealeau 452
Jackson 324
Wood 1,129
Portage 897
Waupaca 665
Outagamie 1,565
Brown 2,555
Kewaunee 250

GSR 4
11,473

La Crosse 2,129
Monroe 797
Juneau 409
Adams 189
Waushara 359
Winnebago 1,764
Calumet 457
Manitowoc 960
Marquette 192
Green Lake 228
Fond du Lac 1,127
Sheboygan 1,254
Vernon 481
Richland 437
Crawford 262
Sauk 800
Columbia 557
Dodge 888
Wash-ington 1,229

GSR 5
10,095

Ozaukee 921

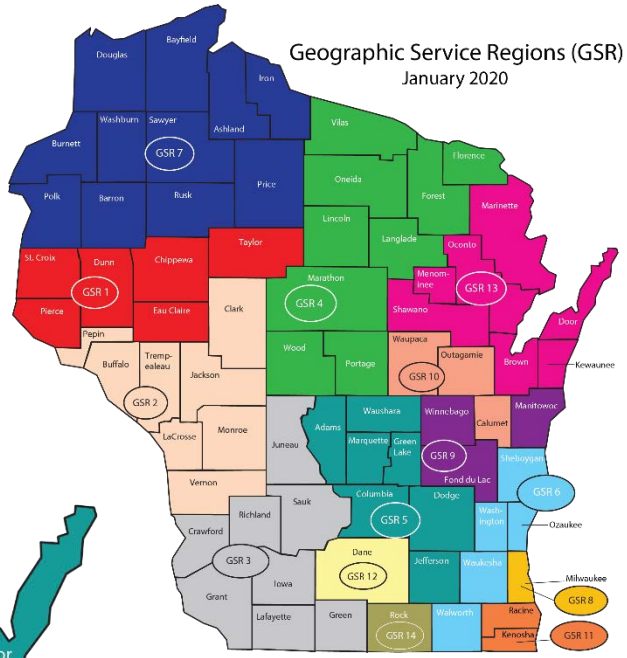
GSR 6
Milwaukee
20,674

Iowa 262
Dane 4,278
Jefferson 1,157
Waukesha 3,189
Grant 556
Lafayette 176
Green 378
Rock 1,431
Walworth 990
Racine 2,720
Kenosha 2,036

FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Option 4: Contiguous Regions-Based

Combined Long-Term Care Enrollment Data



GSR 1
12,258

Douglas 638
Bayfield 227
Iron 86
Ashland 303
Burnett 140
Washburn 228
Sawyer 242
Price 248
Polk 393
Barron 653
Rusk 195
St. Croix 634
Dunn 513
Chippewa 882
Taylor 191
Pierce 326
Eau Claire 1,354
Clark 511
Pepin 120
Buffalo 191
Tremp-ealeau 452
Jackson 324
La Crosse 2,129
Monroe 797

GSR 3
16,033

Vilas 181
Florence 46
Oneida 324
Forest 101
Marinette 386
Lincoln 367
Langlade 306
Menom-inee 58
Oconto 349
Marathon 1,681
Shawano 582
Door 283
Wood 1,129
Portage 897
Waupaca 665
Outagamie 1,565
Brown 2,555
Kewaunee 250

GSR 2
12,559

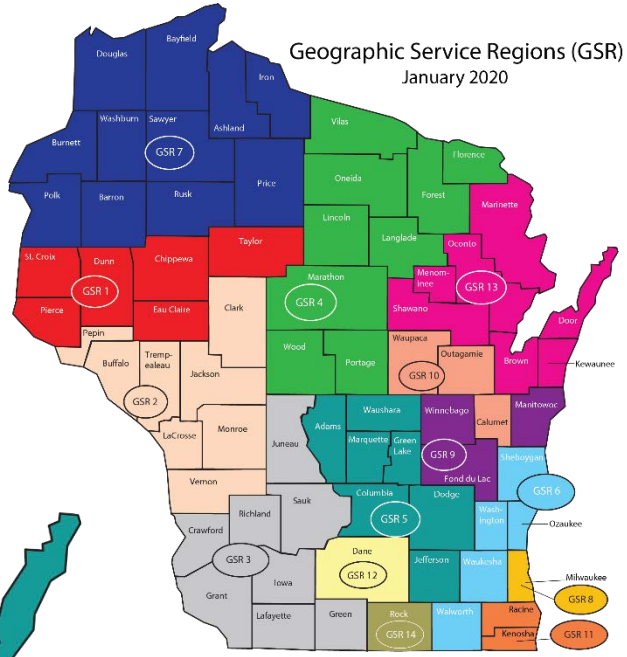
Juneau 409
Adams 189
Waushara 359
Winnebago 1,764
Calumet 457
Manitowoc 960
Marquette 192
Green Lake 228
Fond du Lac 1,127
Sheboygan 1,254
Vernon 481
Sauk 800
Columbia 557
Dodge 888
Wash-ington 1,229
Ozaukee 921
Richland 437
Crawford 262
Dane 4,278
Jefferson 1,157
Waukesha 3,189
Milwaukee 20,674
Iowa 262
Grant 556
Lafayette 176
Green 378
Rock 1,431
Walworth 990
Racine 2,720
Kenosha 2,036

GSR 4
33,013

FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Option 4b: Contiguous Regions-Based

Milwaukee Separate
Combined Long-Term Care Enrollment Data



GSR 1
12,258

Douglas 638
Bayfield 227
Iron 86
Ashland 303
Burnett 140
Washburn 228
Sawyer 242
Price 248
Polk 393
Barron 653
Rusk 195
St. Croix 634
Dunn 513
Chippewa 882
Taylor 191
Pierce 326
Pepin 120
Eau Claire 1,354
Clark 511
Buffalo 191
Tremp-ealeau 452
Jackson 324
La Crosse 2,129
Monroe 797
Vernon 481

GSR 3
16,033

Vilas 181
Florence 46
Oneida 324
Forest 101
Marinette 386
Lincoln 367
Langlade 306
Menom-inee 58
Oconto 349
Marathon 1,681
Shawano 582
Door 283
Wood 1,129
Portage 897
Waupaca 665
Outagamie 1,565
Brown 2,555
Kewaunee 250
Manitowoc 960
Winnebago 1,764
Calumet 457
Waushara 359
Adams 189
Juneau 409
Marquette 192
Green Lake 228
Fond du Lac 1,127
Sheboygan 1,254

GSR 2
12,559

Richland 437
Sauk 800
Columbia 557
Dodge 888
Wash-ington 1,229
Ozaukee 921
Crawford 262
Dane 4,278
Jefferson 1,157
Waukesha 3,189
Iowa 262
Grant 556
Lafayette 176
Green 378
Rock 1,431
Walworth 990
Racine 2,720
Kenosha 2,036

GSR 5
Milwaukee
20,674

GSR 4
12,339

FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Number of Managed Care Organizations (MCOs), IRIS Consultant Agencies (ICAs), and Fiscal Employer Agents (FEAs) in each Region

Current Process for MCOs

- Wis. Stat. § 46.284(2)(bm) requires DHS to procure Family Care and Family Care Partnership services through a competitive request for proposals process.
- DHS determines the number of awards per region.

Current Process for ICAs and FEAs

- DHS uses an open certification process for ICAs and FEAs.
- Willing and qualified providers may submit an application in accordance with the expectations set forth in the Certification Criteria documents.
- Currently, no limitations as to the number of ICAs or FEAs that may work within a specific region.

Current Number of MCOs, ICAs and FEAs per Region

- Family Care MCOs:
  - 1 region has one MCO
  - 12 regions have two MCOs
  - 1 region has 3 MCOs
- ICAs:
  - 1 region has 1 ICA
  - 4 regions have 3 ICAs
  - 9 regions have 4 ICA
- All 4 FEAs are currently statewide

Option 1: Defined number of agencies statewide

- Specify defined number of agencies statewide per region
  - For example, each region has 2 MCOs, 2 ICAs and 1 FCP MCO.
- Considerations:
  - Not based on fiscal/enrollment sufficiency
  - Would require CMS-approved IRIS waiver amendment to limit choice of provider.
  - DHS currently has discretion to the number of MCO contracts awarded.

Option 2: Defined number of agencies per region

- Specify defined number of agencies per region based on fiscal/enrollment sufficiency.
  - For example, regions with less than 10,000 people have 2 MCOs/ICAs; regions with 10,000-20,000 have 3 MCOs/ICAs; regions with 20,000+ have 4 MCOs/ICAs
- Considerations:
  - Dependent on defined number could increase or decrease procurements/certifications.
  - May require CMS-approved IRIS waiver amendment to limit choice of provider.
  - DHS currently has discretion to the number of MCO contracts awarded.

Option 3: Statewide

- Retain procurement/certification process but all awarded agencies serve the entire state (no regions)
- Considerations:
  - Some current agencies may not be able to serve the entire state.
  - If agencies no longer serve members/participants, it could be very disruptive to transition to other agencies.

Option 4: Statewide with GSR Assignment

- Statewide procurement to select agencies with secondary evaluation to assign agencies to specific regions.
- Considerations:
  - Relieves some procurement administrative burden.
  - Would require CMS-approved IRIS waiver amendment regarding choice of provider.
  - More detailed analysis of current RFP process would be required.
  - Secondary evaluation would be a new process and may create additional opportunities for protest.

Option 5: Open Procurement

- No minimum/maximum number of MCOs/ICAs per regions – allow all agencies that pass procurement evaluation/certification into marketplace.
- Considerations:
  - More detailed analysis of current RFP process would be required.
  - Some regions may not be able to absorb a large numbers of agencies
  - Family Care evaluation could be provided on pass/fail vs. rating system – any agency that meets the minimum evaluation points would be awarded.

Option 6: Open Certification

- No procurement and no minimum/maximum number of MCOs or ICAs per region– allow all agencies that pass certification process.
- Considerations:
  - Some regions may not be able to absorb a large numbers of agencies.
  - Would require statutory change to remove FC procurement requirement. More detailed analysis of current RFP process would be required. If statutory change approved, would relieve procurement administrative burden.
  - Current process for IRIS.
  - Could significantly impact members/participants and other partners if the agencies could not remain financially viable.

Other LTC Delivery Regions Modernization Considerations

Other Considerations

- Do modernization options need to be the same across both Family Care and IRIS?
- Should IRIS move from the certification model to a procurement model for new ICAs/FEAs?
- Should FC move from the procurement model to a certification model?
- Should ICA and FEA services be combined and provided by ICAs?
- Should there be only one FEA to serve the entire state?

Discussion

WISCONSIN DEPARTMENT of HEALTH SERVICES

Long-Term Care Charge #2: Medicaid Long Term Care

Betsy Genz and Kimberly Schindler
Division of Medicaid Services, Bureau of Programs and Policy

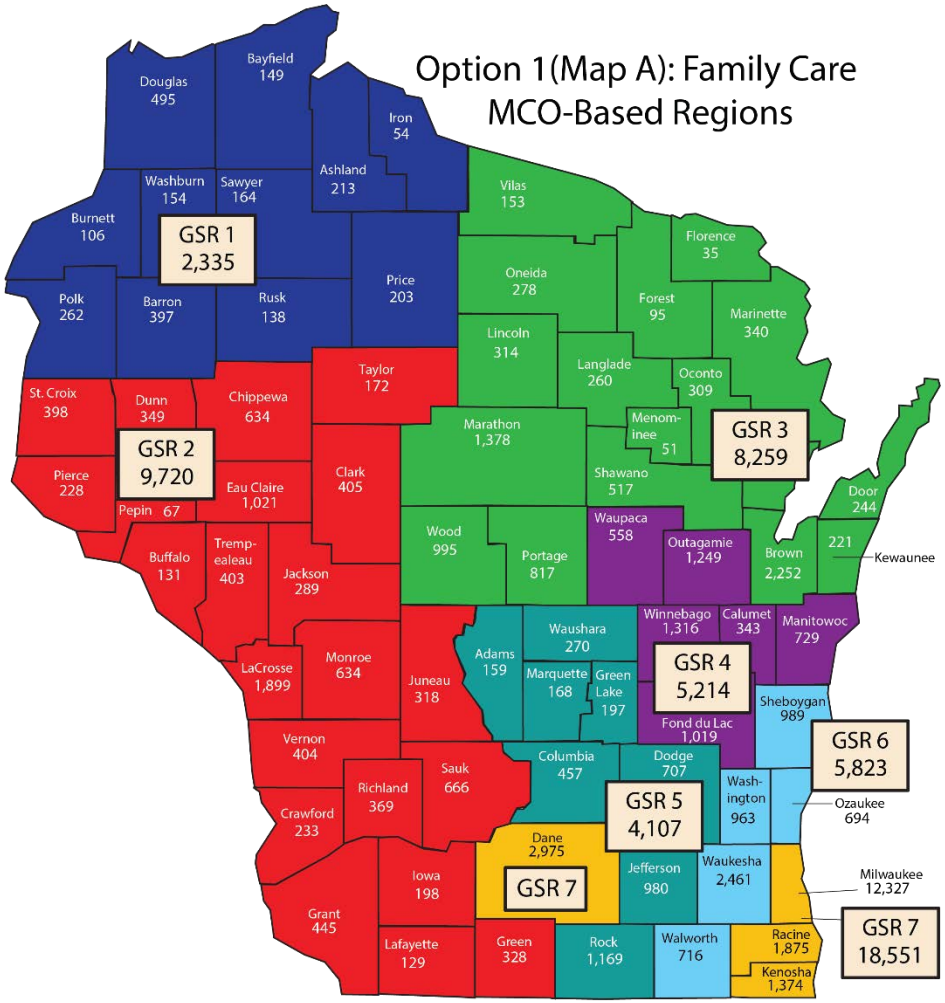
November 10, 2020

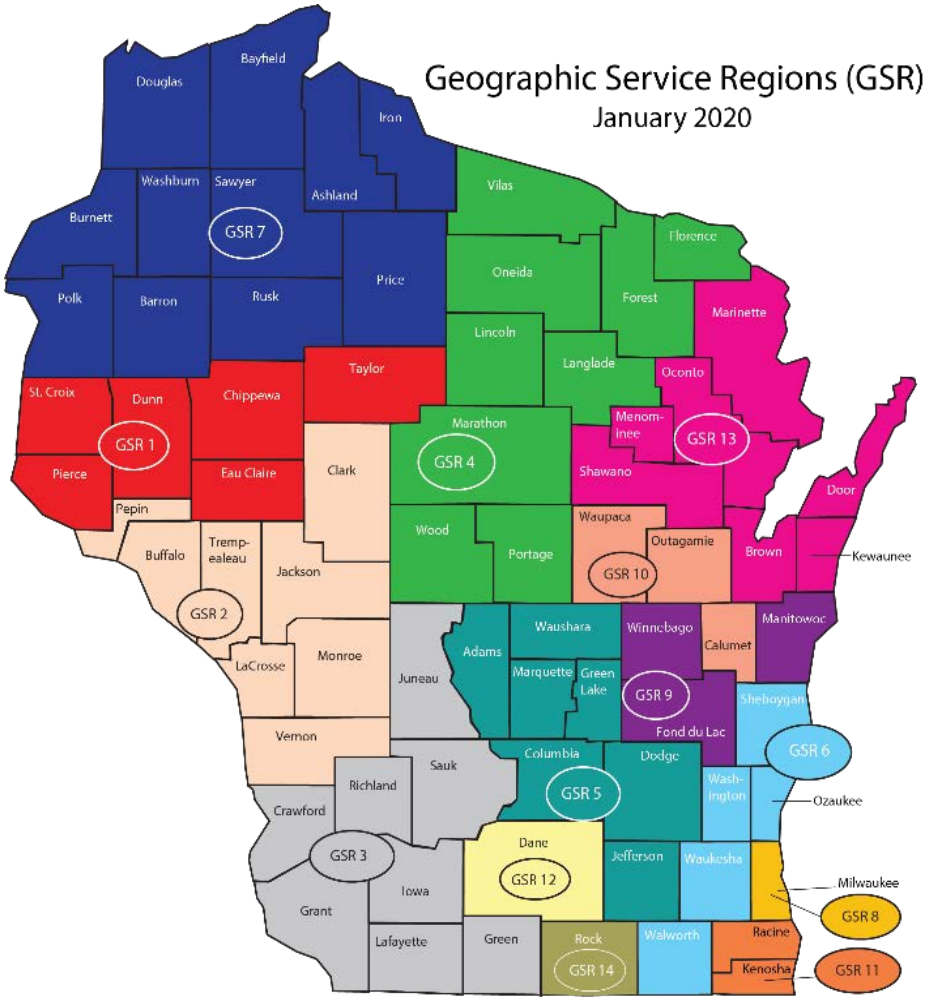
Option 1:

These maps are based on collapsing current geographic service regions with the same MCO or ICA contractors. For example, Inclusa and Lakeland Care currently provide services in GSRs 4 and 13. These GSRs could be combined into one new region (proposed GSR 3).

This is the only proposed option that shows different configurations for the Family Care and IRIS programs. All other proposed options include the same regions for both Family Care and IRIS.

- Option 1 (Map 1A): Shows the proposed Family Care MCO-based regions for the Family Care program
- Option 1 (Map 1B): Shows the proposed IRIS ICA-based regions for the IRIS program.





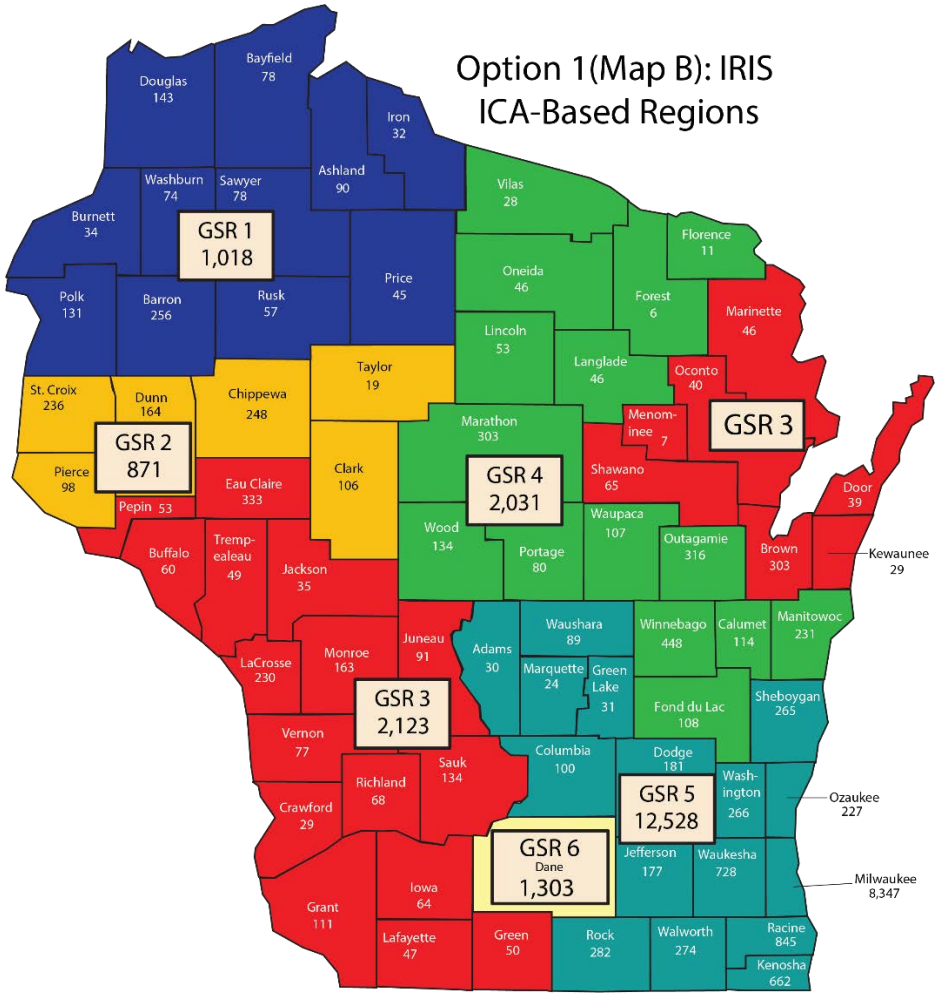
Combined FC/FCP/PACE enrollment data as of 11/1/19

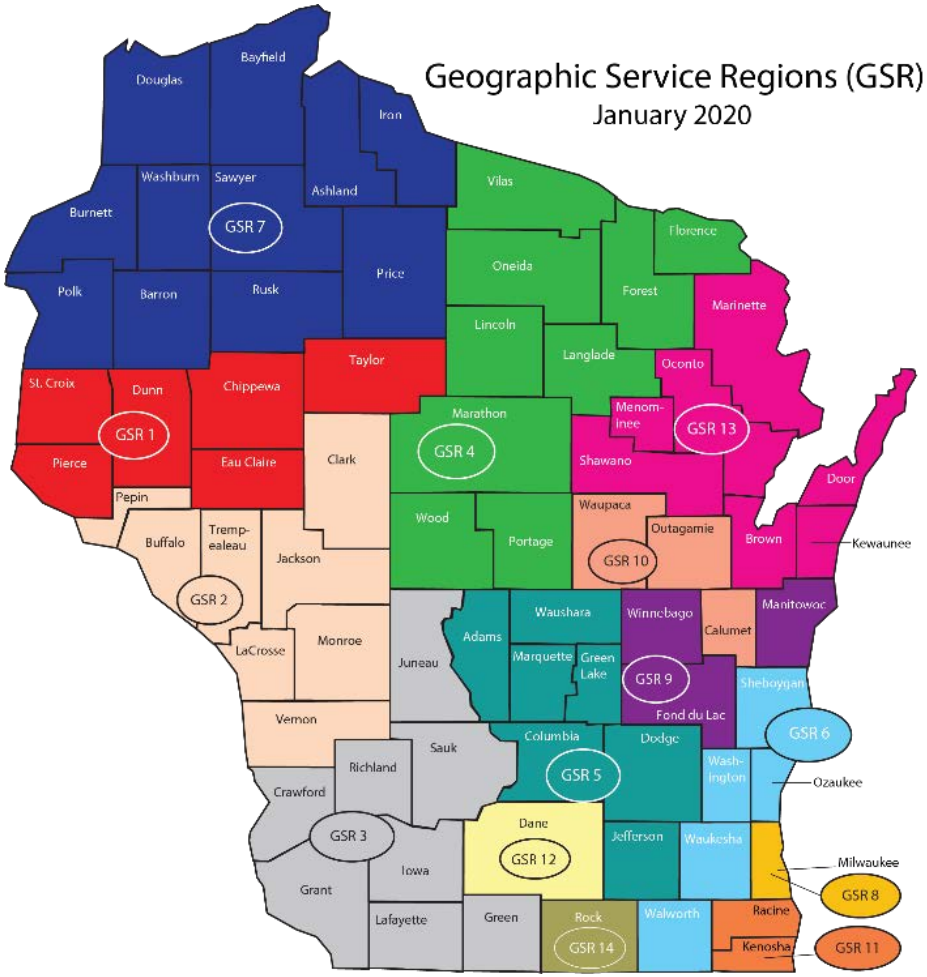
Pros

- The current MCOs would remain in their current counties.
- Members currently enrolled would maintain their existing MCO options.
-
-

Cons

- The Family Care and IRIS regions would not be the same.
- Proposed region 1 still only has one MCO.
- Proposed regions 2 and 3 are geographically large.
- This proposal is based on current model and could change with procurement.
- The number of members per region is substantially different.
-





IRIS enrollment data as of 12/1/19

Pros

- The current ICAs would remain in their current counties.
- Participants currently enrolled would maintain their existing ICA options.
-
-

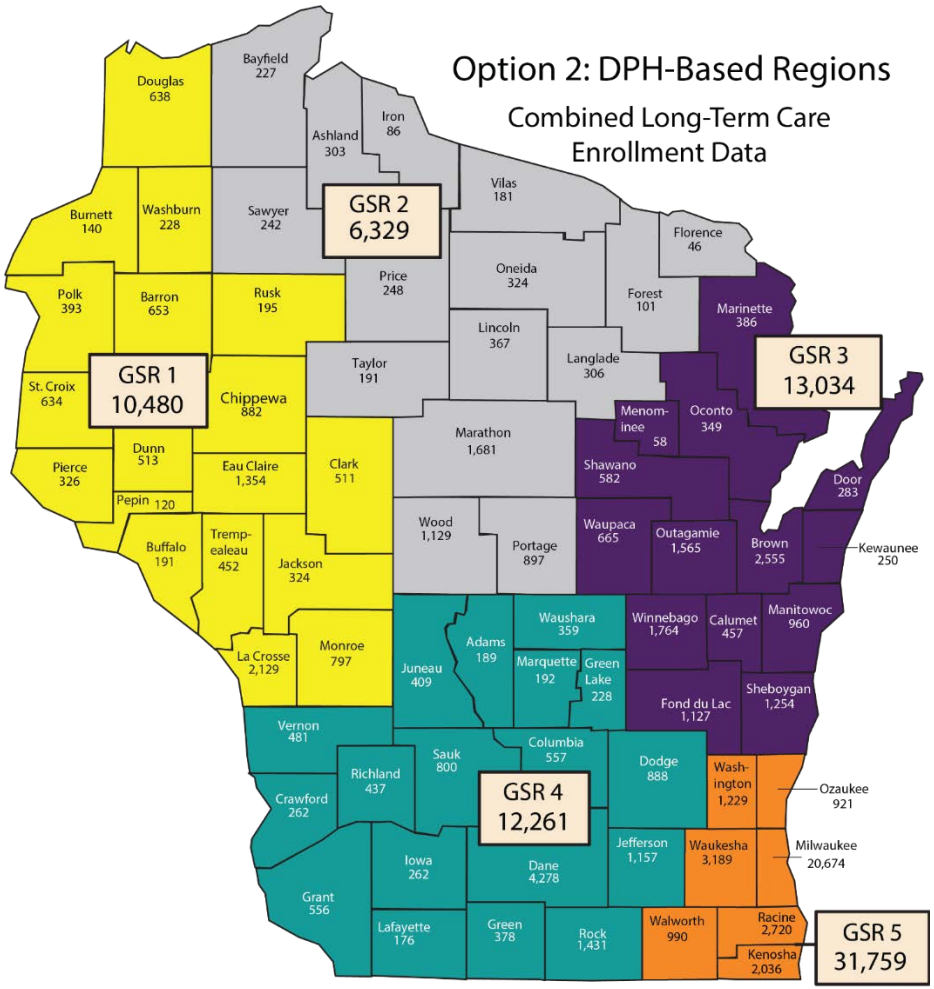
Cons

- The Family Care and IRIS regions would not be the same.
- This proposal is based on current model and could change with certification.
- The number of participants per region is substantially different.
-
-

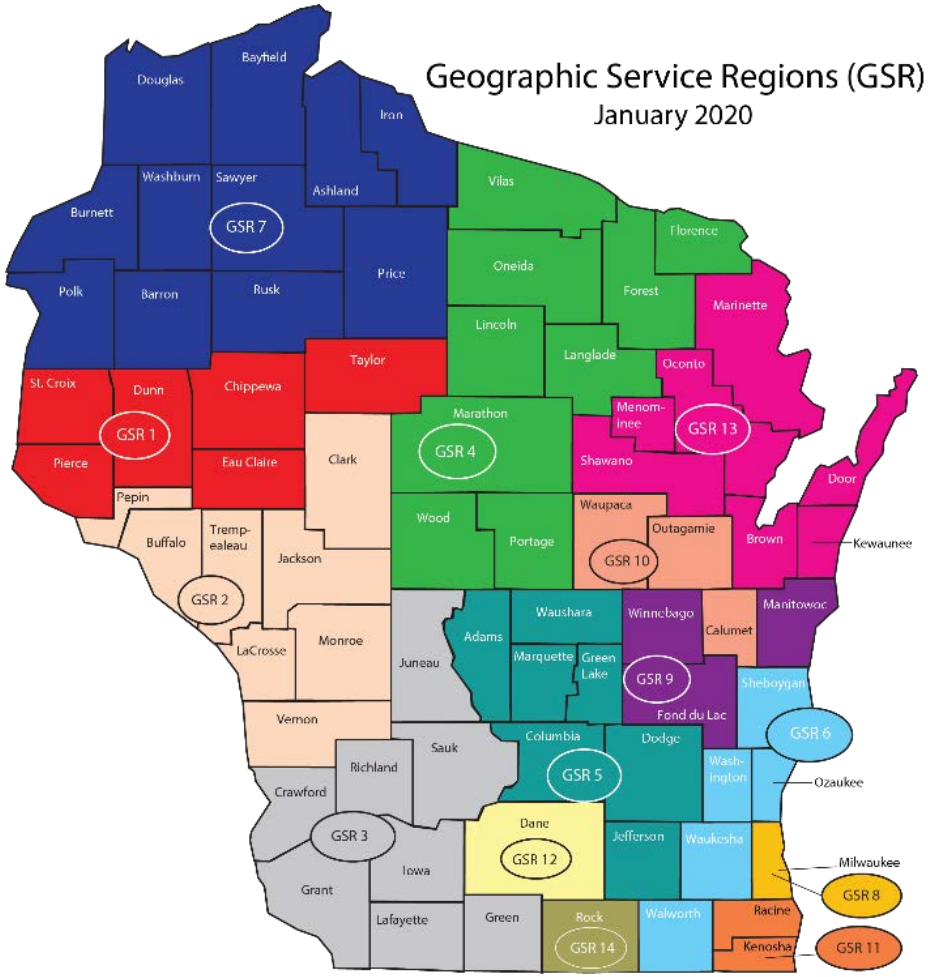
Option 2:

These maps are based on how the Division of Public Health (DPH) aligns their service regions. The Division of Quality Assurance (DQA) and Area Administration (AA) have similar regions. The only difference in the DQA/AA regions is that Jefferson County is in the Southeast Region.

- Option 2a: DPH-Based Regions
- Option 2b: DPH-Based Regions with Milwaukee Separate



FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

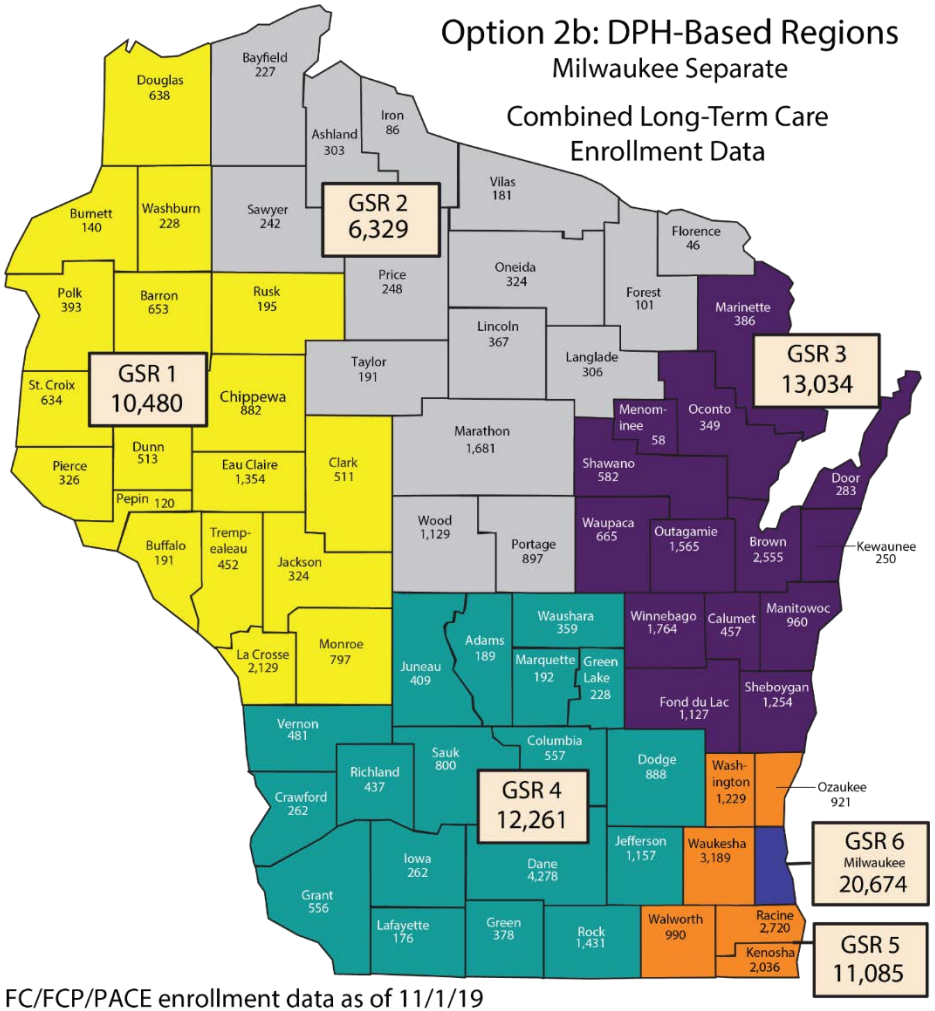


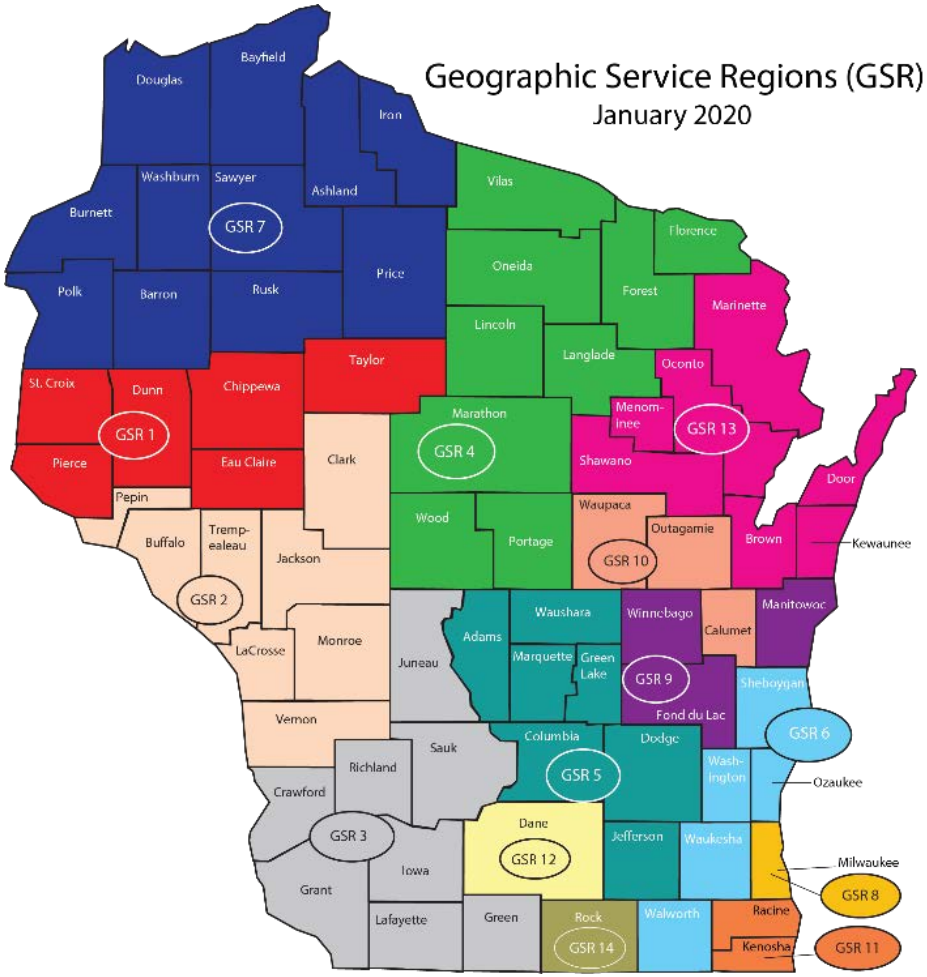
Pros

- Family Care and IRIS regions align.
- ADRC service delivery areas align.
- Splits apart current GSR 7 (northwest) and includes a densely populated area in each region.
-
-

Cons

- Proposed region 2 is rural with a small population.
- Members/Participants currently enrolled may not maintain MCO/ICA options. If options change the person will need to choose a new MCO/ICA and go through a transition process.
-
-





FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Pros

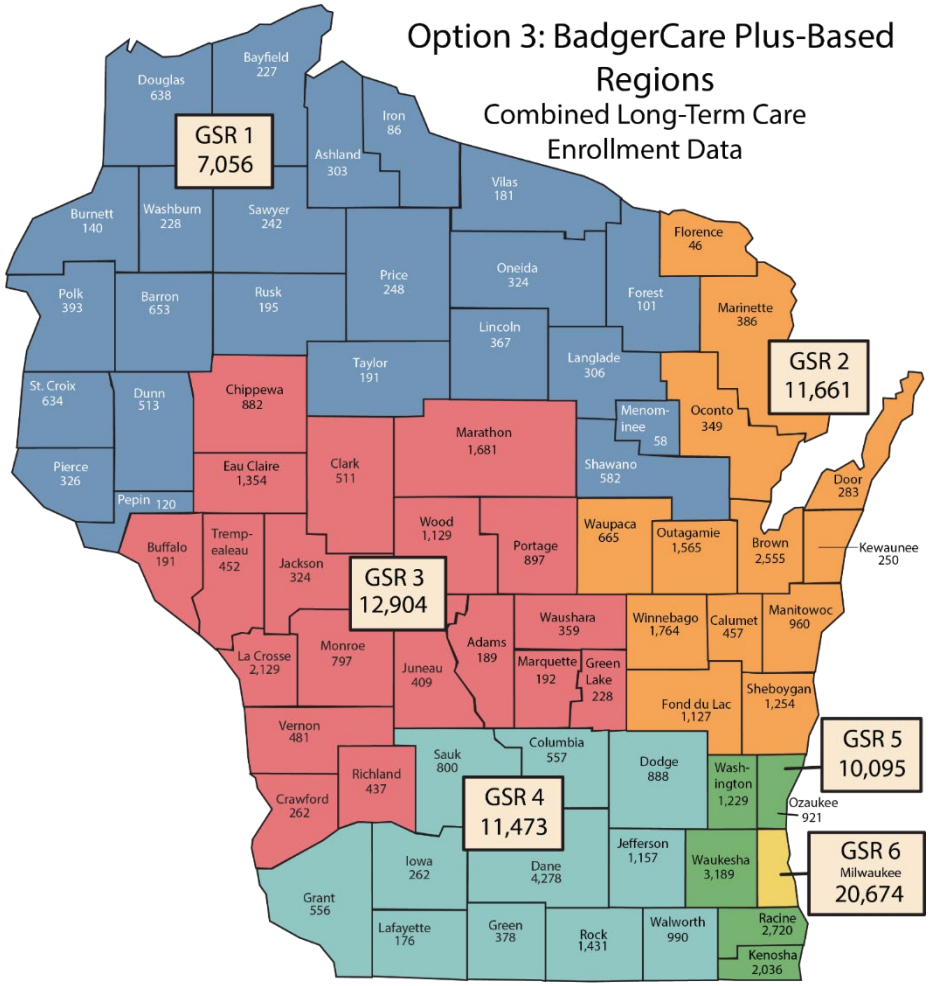
- Family Care and IRIS regions align.
- ADRC service delivery areas align.
- Splits apart current GSR 7 (northwest) and includes a densely populated area in each region.
-
-

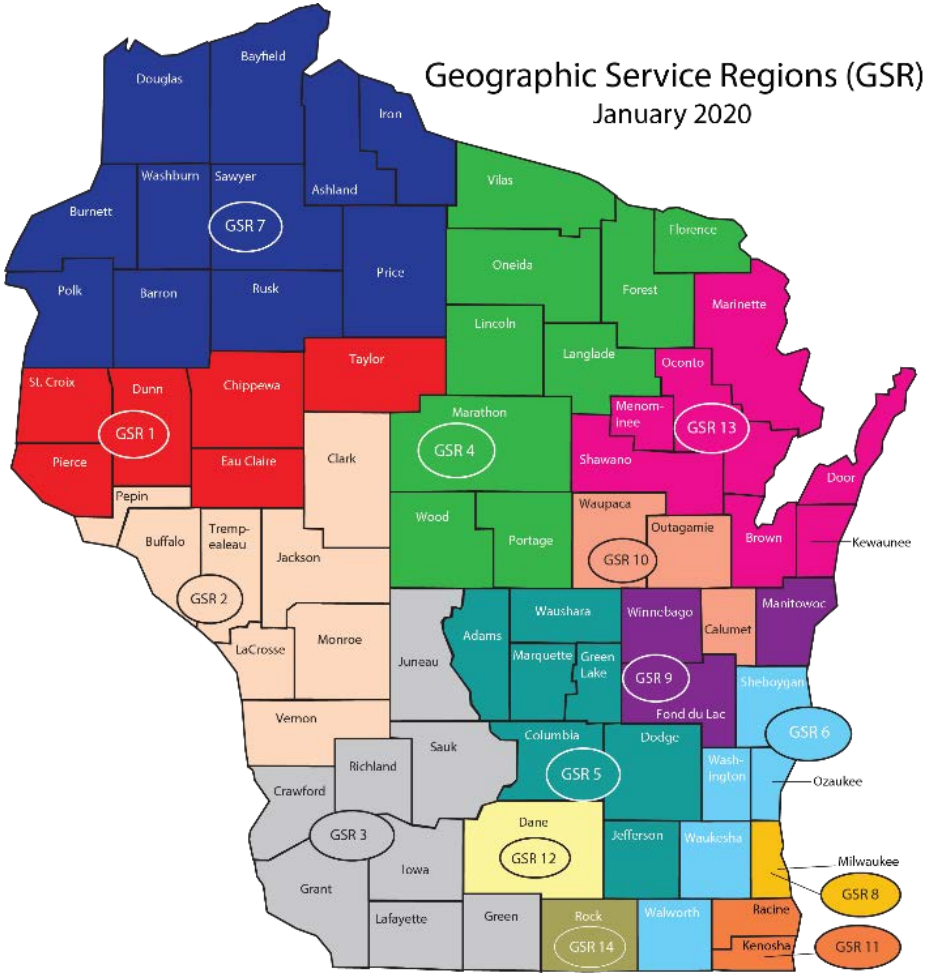
Cons

- Proposed region 2 is rural with a small population.
- Members/Participants currently enrolled may not maintain MCO/ICA options. If options change the person will need to choose a new MCO/ICA and go through a transition process.
-
-

Option 3: BadgerCare Plus-Based Regions

This map is based on alignment with the BadgerCare Plus-Based Regions. This would align Family Care and IRIS with other DHS Medicaid programs.





FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Pros

- Aligns with other DHS Medicaid program (BadgerCare Plus)
- Family Care and IRIS regions align.
-
-

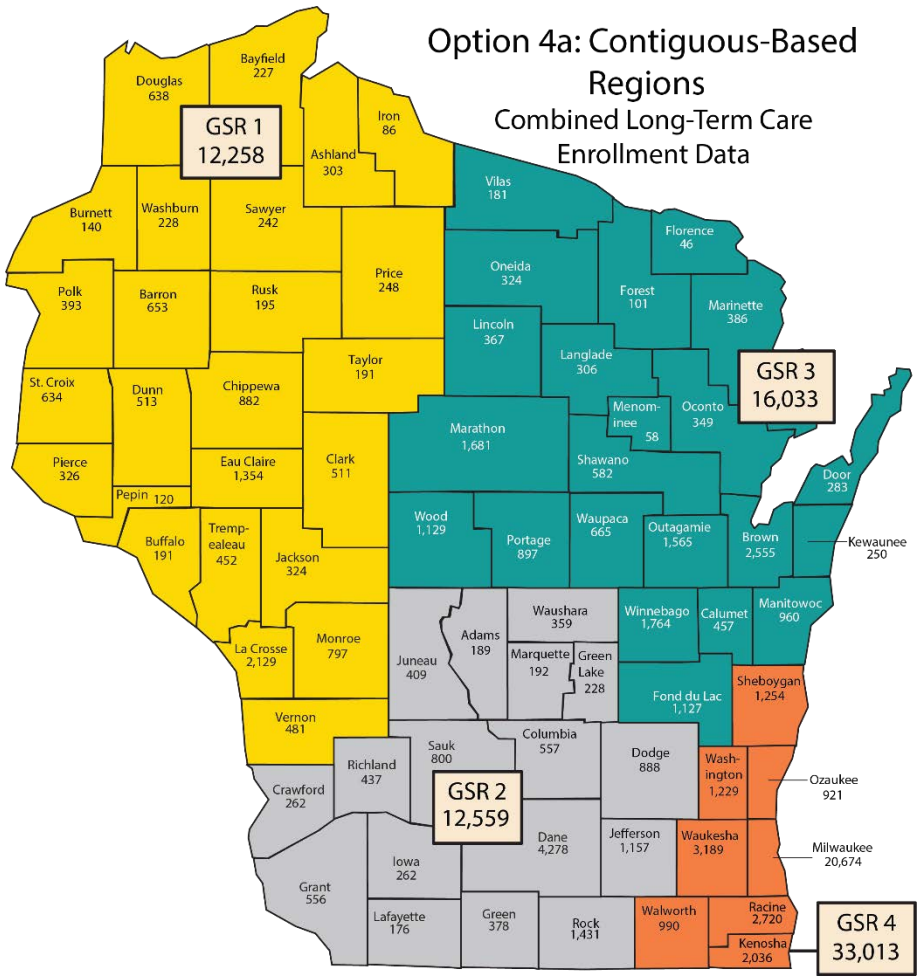
Cons

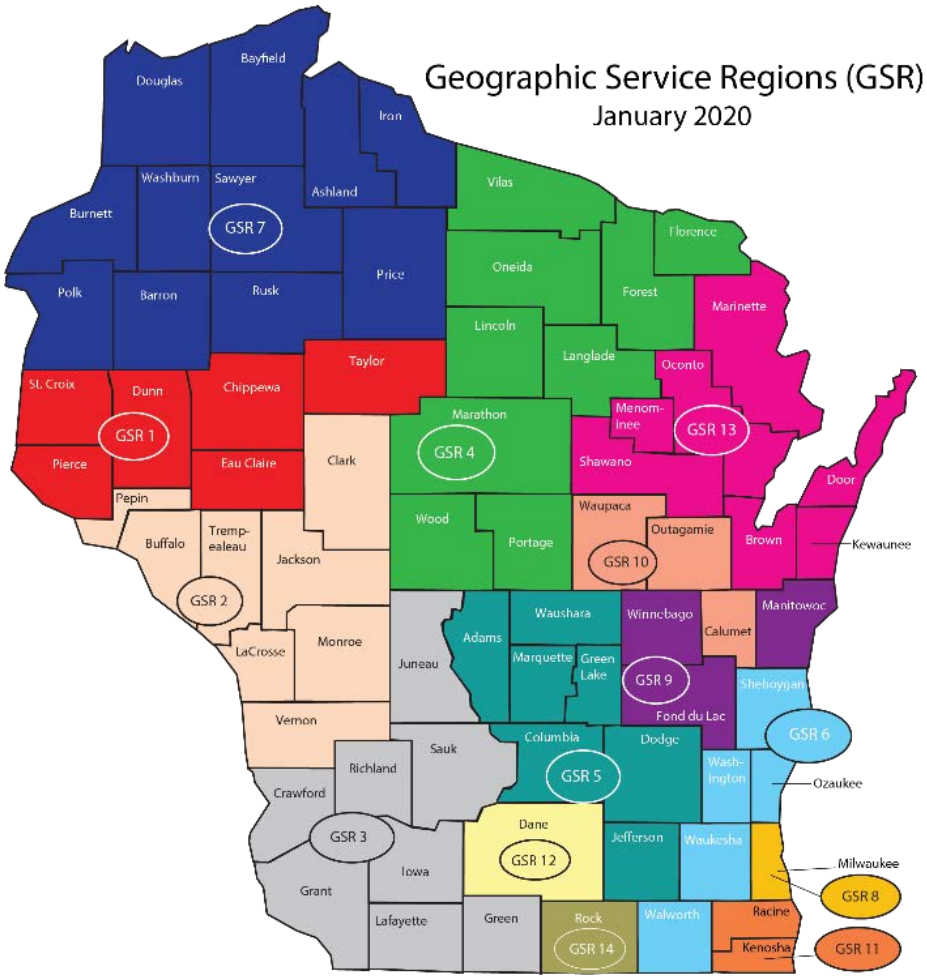
- Increased disparity, which would require would require significant changes to MCOs, ICAs and ADRCs.
- Proposed region 1 is rural with a small population.
- Members/Participants currently enrolled may not maintain MCO/ICA options. If options change the person will need to choose a new MCO/ICA and go through a transition process.
-
-

Option 4:

These maps are based on more evenly distributing current Family Care and IRIS enrollment statewide.

- Option 4a: Contiguous-Based Regions
- Option 4b: Contiguous-Based Regions with Milwaukee Separate





FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Pros

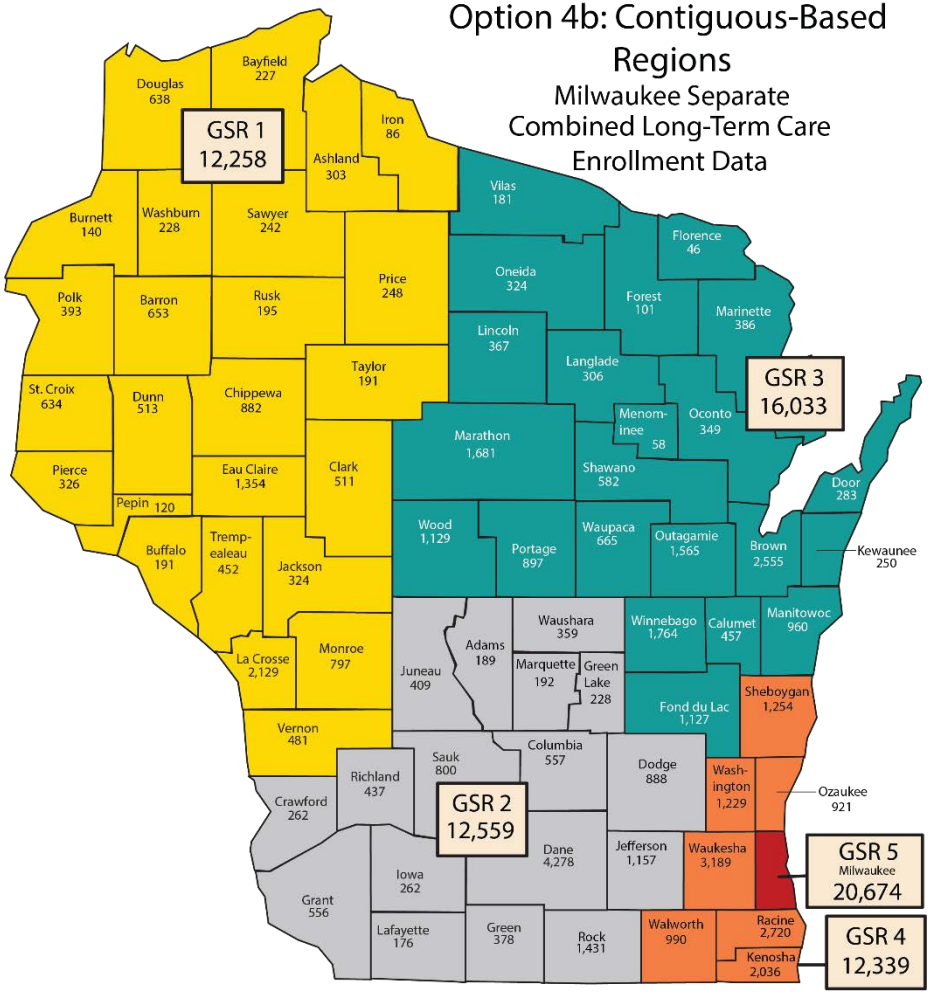
- There are densely populated cities in each proposed GSR.
- More even distribution of members/participants across the regions.
- ADRCs mostly align.
-
-

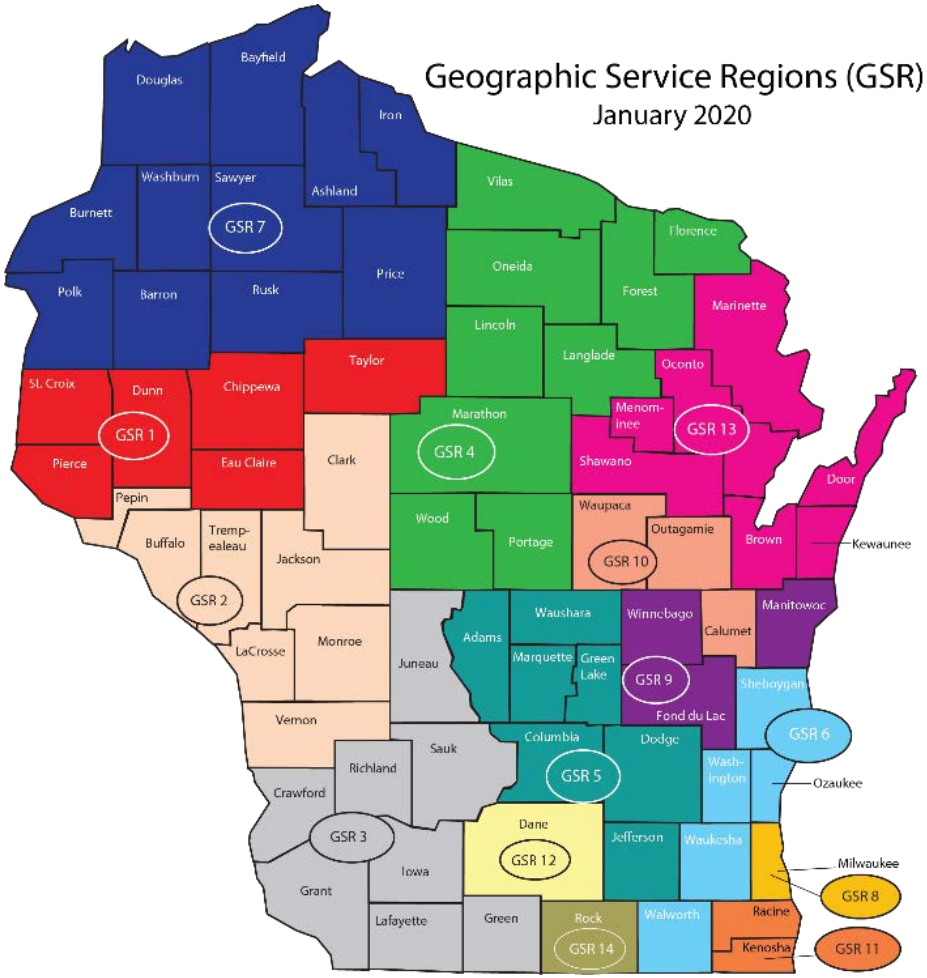
Cons

- Members/Participants currently enrolled may not maintain MCO/ICA options. If options change the person will need to choose a new MCO/ICA and go through a transition process.
-
-

Option 4b: Contiguous-Based Regions

Milwaukee Separate
Combined Long-Term Care
Enrollment Data





FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Pros

- There are densely populated cities in each proposed GSR.
- More even distribution of members/participants across the regions, by separating out Milwaukee into a single GSR.
- ADRCs mostly align.
-
-

Cons

- Members/Participants currently enrolled may not maintain MCO/ICA options. If options change, the person will need to choose a new MCO/ICA and go through a transition process.
-
-

Charge 2: Medicaid Long Term Care

Explore strategies to ensure Wisconsin's Long-Term Care programs focus on the whole person including: access; choice; high-quality; collaborative relationships; efficient and cost-effective; with Wisconsin leading the nation in LTC delivery and services and supports.

- Provide advice and guidance on the number of GSRs.
- Provide advice and guidance on the number of MCOs, ICAs, and FEAs in each GSR.
- Provide advice on procurement strategies for MCOs and ICAs.