

Family Care and IRIS Ombudsman Program

For Enrollees Age 18-59

Year 10 Annual Report: July 1, 2017 - June 30, 2018

Report Date:
October 1, 2018

MADISON

131 W. Wilson St.
Suite 700
Madison, WI 53703

608 267-0214
608 267-0368 FAX

MILWAUKEE

6737 W. Washington St.
Suite 3230
Milwaukee, WI 53214

414 773-4646
414 773-4647 FAX

RICE LAKE

217 W. Knapp St.
Rice Lake, WI 54868

715 736-1232
715 736-1252 FAX

MENASHA

DRW c/o UW Fox Valley
1655 University Dr.
Menasha, WI 54952

920-903-9373
844 232-1107 FAX

disabilityrightswi.org

800 928-8778

Family Care and IRIS Ombudsman Program Overview

Summary of Wisconsin's Medicaid Funded Long Term Programs for Frail Elderly and Adults with Physical and Developmental Disabilities

Wisconsin operates two types of programs for Medicaid-eligible adults with long term care needs. One is a managed care model called Family Care / Family Care Partnership / PACE. The other is a self-directed fee-for-service model called Include, Respect, I Self-direct (IRIS). Information about these programs can be found at <https://www.dhs.wisconsin.gov/long-term-care-support.htm>. From time to time, individuals enrolled in these programs experience challenges with their supports and services, or they might have difficulties with functional or financial eligibility. These people have numerous avenues to seek resolution of any problems through the state's contractors or through state officials. Sometimes people want or need an independent advocate to help them resolve difficulties, both informally and formally. For people aged 60 or more, the Board on Aging and Long Term Care (BOALTC) is available. For people aged 18-59, the Family Care and IRIS Ombudsman Program (FCIOP) is available. This annual report describes the ombudsman program for the 18-59 age group.

[The ombudsman] was wonderful! We shared all of our information with her, she asked questions, we sent some additional information. She saved me from having to take a day off to talk with the judge.

Guardian of IRIS participant

FCIOP Program

Wisconsin's Family Care and IRIS Ombudsman Program (FCIOP) is state funded and contracted with Disability Rights Wisconsin (DRW) through the Wisconsin Department of Health Services (DHS). It is authorized and funded by the 2017-2019 biennial budget, Wisconsin Statute Sec. 46.281(1n)(e). DRW was awarded the current contract through a 2014 procurement.

The program operates as a division within Disability Rights Wisconsin. Services are provided by a staff of 11 ombudsmen (10.5 FTE), supported by a dedicated intake specialist, two program attorneys and a program manager. Services are available and offered through four offices across the state—Rice Lake, Milwaukee, Madison and Menasha. Advocacy services are provided at no cost to program recipients.

As this contract year ends, Family Care and IRIS will be expanded across Wisconsin, with the last of the counties to receive the programs are slated to begin on July 1, 2018.

**Service Request Data for 10 Years of Program Implementation
Number of Individuals Assisted through FCIOP**

	Yr 1¹ ending 6/30/09	Yr 2² ending 6/30/10	Yr 3² ending 6/30/11	Yr 4² ending 6/30/12	Yr 5² ending 6/30/13	Yr 6² ending 6/30/14	Yr 7² ending 6/30/15	Yr 8² ending 6/30/16	Yr 9² ending 6/30/17	Yr 10² ending 6/30/18
Developmental Disabilities	19	64	158	166	168	83	70	109	114	175
Physical Disabilities	63	213	255	318	297	330	354	338	327	337
DD & PD	9	107	79	93	115	127	139	231	204	213
New Info & Referral	26	79	141	157	211	186	189	265	280	261
New Cases	65	305	370	434	379	374	383	425	421	463
Cases continued from previous year	-	44	78	101	131	103	119	112	129	121
Cases closed this year	-	345	492	569	627	545	560	671	710	673
Total number of people assisted³	94	381	534	577	596	545	580	657	727	725
Total number of service requests³	98	426	606	696	735	665	690	801	830	845

¹November 1, 2008 - June 30, 2009 for year 1

²July 1- June 30 for each subsequent year

³Number of service requests is higher than number of people assisted because one person could make more than one request for assistance.

Case Handling

The Family Care and IRIS Ombudsman Program (FCIOP) is available as an external advocate for a variety of challenges that program recipients or potential enrollees are experiencing. These may be situations such as a change in eligibility, a change in an individual's service and support plan, a denial of a critical request, a change in provider that has caused negative consequences, or a number of other issues related to Family Care, Family Care Partnership, PACE or IRIS.

After my initial call, [the ombudsman] helped me with every aspect of my problem and continued to be in contact with me throughout. I couldn't have been more pleased with her help and understanding my problem.
Guardian of FC member

Ombudsmen work to resolve the concerns of program recipients and potential enrollees using many avenues of advocacy. Ombudsmen talk with callers to determine not only what the issue is from their perspective, but also what they want to do about it, as well as the degree of assistance needed from the ombudsman. With permission from the caller, ombudsmen talk to people involved or collect and analyze information and records to better understand what happened, the technicalities of the case, and any regulatory rules or statutes that may apply. Depending on the issues involved, ombudsmen help people understand their options and how they might be able to help within the scope of the ombudsman program. The case then proceeds based on the preferences of the person being helped. Ombudsmen can help by answering questions, verifying information, sorting out situations that have gotten complicated, ensuring due process rights have been preserved, and assisting with appeals and grievances. They work with the individual to try to achieve his or her advocacy goals, using all tools available.

Throughout the process, ombudsmen seek informal resolution. Ombudsmen maintain positive working relationships with staff responsible for member rights and care within the different entities—IRIS Agencies (the IRIS Consultant Agencies [ICAs] and the Fiscal Employment Agents [FEAs]), Family Care Managed Care Organizations (MCOs), Aging and Disability Resource Centers (ADRCs), MetaStar, service providers, advocacy associations, mental health and specialty complexes, income maintenance consortia, county staff and others. These working relationships often help to move cases toward resolution.

Requests for Help

Ombudsmen handled a wide variety of cases. Identification of the issues for which callers ask for help is recorded at the time of intake. One individual might ask for help with multiple issues, so the list of presenting issues shows as a higher number than the number of people asking for assistance.

733 issues were identified by enrollees in the Family Care / Family Care Partnership / PACE programs. The top seven presenting issues were:

- 133 Denial or delay of new request for service, medication or equipment
- 104 Reduction or termination of existing services
- 93 Enrollment/Eligibility/Disenrollment problems
- 90 Relocation (due to contract/rate dispute with MCO or due to desire to leave skilled setting)
- 74 Quality issues with provider
- 59 Safety
- 58 Request help with MCO internal hearing or state fair hearing

416 issues were identified by enrollees in the IRIS program. The top seven presenting issues were:

- 82 Enrollment/Eligibility/Disenrollment problems
- 68 Denial or delay of new request for service, medication or equipment
- 68 Reduction or termination of existing services
- 53 Budget amount
- 32 Safety
- 25 Request help with state fair hearing
- 20 Quality issues with provider

There were nearly 33,000 enrollees with physical and intellectual/developmental disabilities in FC/ FCP/PACE and about 13,800 in IRIS by the end of the program year (note that these number exclude enrollees in the frail elderly target group, since they receive ombudsman services through the Board on Aging and Long Term Care). For more detail on these and other issues handled by FCIOP, see Appendix, pages 8-13.

*Everything was done well. I'm
really glad my son had the
right team.
Parent of FCP member*

Satisfaction with Ombudsman Services

When a case closes, clients are sent a satisfaction survey to complete. This year 62 were returned during the program year (out of 673 cases closed). This was a smaller return than prior years and represents only 9% of cases closed. Though it is difficult to draw conclusions based on this level of return, the notable numbers are below.

- 92% (57 of 62) were “very satisfied” with the level of skill the ombudsman had to address the problem.
- 89% (54 of 61) indicated that the ombudsman was “very important” in solving the problem.
- 89% (55 of 62) were “very satisfied” with the overall results of assistance received.
- 97% (59 of 61) would call an ombudsman again, and
- 95% (53 of 56) would recommend the ombudsman service to a friend.

Of the 375 FC/FCP/PACE cases with a recording of the outcome at closing, 245 (65%) resulted in full or partial satisfaction; 98 (26%) of enrollees withdrew from the resolution process or timelines expired; 18 (5%) were not resolved to the enrollee’s satisfaction; and there were 14 (4%) for which the ombudsman program was unable to make a case to work toward resolution.

Of the 184 IRIS cases with a recording of the outcome at closing, 131 (71%) resulted in full or partial satisfaction; 37 (20%) of enrollees withdrew from the resolution process or timelines expired; 9 (5%) were not resolved to the enrollee’s satisfaction; and there were 7 (4%) for which the ombudsman program was unable to make a case to work toward resolution.

2017-2018 Family Care and IRIS Program Changes and Occurrences of Note

Expansion of Family Care and IRIS to the Whole State

After a number of legislative stops and starts over several years, the State of Wisconsin has completed its expansion of Family Care and IRIS in all counties. On July 1, 2017, Florence, Forest, Vilas, Oneida and Taylor Counties rolled over to FC/IRIS. During the spring of 2018, Dane County transitioned over a few months. Adams County and the two Tribes operating waivers—Oneida Nation and Menominee Indian Tribe of Wisconsin (see more detail below)—will roll over to FC on July 1, 2018.

Implementing FC/IRIS in a county means that the wait list will be eliminated. This can sometimes be confusing to people who think that they will be immediately eligible for services if they attempt to enroll. It is important to note that it takes three years for the existing wait list to completely come to an end. For example, in the counties that implemented on July 1, 2017, the people already enrolled in the county's long term care services (CIP/COP) are enrolled in Family Care or IRIS. Then the number of people on the county's current wait list is divided by 36 (3 years = 36 months). Each month thereafter, that number of people are given an opportunity to enroll. People who live in these transitioning counties and are new applicants for FC/IRIS will be added to the end of the wait list. Therefore, for three years after implementation of these programs, applicants will still be placed on a wait list for three years or less.

*[The ombudsman] was
breath of fresh air...She
represented me well and
helped me to get reinstated
into IRIS. Thank you!
IRIS participant*

In the counties implementing FC/IRIS, FCIOP was available to people who experienced difficulty transitioning their plans. For example, there were a number of people in Dane County who had selected IRIS, but were having difficulty developing their Individualized Supports and Services Plans (ISSP). FCIOP alerted DHS to the barriers these people were facing. We worked collaboratively with DHS and IRIS Consultant Agencies to find solutions that would allow them to enroll in IRIS in time for the implementation date.

Tribal Amendment

Two Wisconsin Tribes—Oneida Nation and Menominee Indian Tribe of Wisconsin—have been operating their own waiver services, similar to county programs before implementation of FC/IRIS. Those waivers come to an end on June 30, 2018. In anticipation of this, an effort was made for several years to create a single waiver that would work for all Wisconsin Tribal members. The goals and proposed structure changed over that time, and in the end a waiver amendment was submitted to the Centers for Medicare and Medicaid Services (CMS) that would integrate services for Tribal members into the structure of Family Care. With this amendment, Tribal members become enrolled with a Managed Care Organization and can choose to receive care management services through their Tribe and services through certain Indian Health Care providers. The start date for Oneida and Menominee is July 1, 2018.

Changes to the Long Term Care Functional Screen

In January of 2017, the Department of Health Services automated its process for determining target group. This is the part of the Long Term Care Functional Screen (LTCFS) that determines whether an applicant meets the definition of one of the three target groups that can be served by either legacy waivers (CIP/COP) or by FC/FCP/PACE/IRIS. The three target groups are physical disability, intellectual/developmental disability, or frail elderly. The stated purpose of the automation was to improve consistency of the completion of the LTCFS by screeners. That did happen, but the new process also changed the criteria for qualifying for a target group.

After the new automation process began, FCIOP received a significant spike in calls from people who had a change in Level of Care or a loss in eligibility after their annual LTCFS review. For years, FCIOP had worked actively on eligibility cases going to State Fair Hearing at the rate of 1-2 open cases at any given time. The number increased slightly before automation. After automation, the number jumped quickly to 26 eligibility cases open at one time. The greatest impact is on individuals with intellectual/developmental disabilities. FCIOP worked with DHS to increase capacity to handle the steep uptick. With DHS's permission, we collaborated with Disability Rights Wisconsin's Benefits Team's program attorneys to expand FCIOP's capacity during this time. The uptick continued into this program year.

[The ombudsman and program attorney] skillfully and confidently gathered necessary information and successfully retained [my son's] IRIS eligibility. We have high praise for both.
Parent of IRIS participant

FCIOP continues to attempt to resolve areas of the LTCFS that find individuals ineligible when they should be found eligible, based on the state's regulation. We have been working with DHS in collaboration with DRW's Protection & Advocacy system, which was serving individuals who had had a change in level of care. The individuals served by the P&A were from legacy waiver counties (counties with CIP/COP waivers). FCIOP provides information to DHS regarding the numbers of such cases, and we make recommendations for resolving individual or similar cases. FCIOP will continue to assist all individuals who request our help in their appeals.

IRIS Participants Aged 60+ Will Be Given Access to Ombudsman Services

The state budget for the first time included a provision that allowed the Board on Aging and Long Term Care (BOALTC) to offer ombudsman services to participants in IRIS aged 60 or over. Until now, there has been a gap in a dedicated ombudsman for this group. We are pleased that at the end of this program year, after long anticipation, this service is now available.

Possible Future Expansion of Family Care Partnership

In the last state budget bill, the Governor vetoed a legislative requirement that DHS seek to expand FCP to the whole state, but in his explanation he encouraged DHS to explore opportunities to expand it. FCP is a good option for those who prefer to have their acute and primary health care folded into the Family Care benefits package.

Changes in Federal Rules

Some federal rules will have impacts on Wisconsin's long term care system. These rules require the state to comply with a number of elements. The more significant rules are listed here. More detail can be found at the indicated sites.

Electronic Visit Verification

The 21st Century Cures Act of the federal government requires all states to design and implement a system to physically track the provision of personal care and home health services. This system, called Electronic Visit Verification, or EVV, will apply to all such services provided in any Medicaid program. Due to the complexity of creating a system that is universal across programs and straightforward to use, DHS has requested an extension of the January 1, 2019, deadline. Information is available and will be updated at <https://www.dhs.wisconsin.gov/forwardhealth/evv.htm>.

Centers for Medicare and Medicaid Services (CMS): Managed Care Final Rule

Issued in May 2016, this rule states a variety of requirements for their managed care programs. Individual requirements have different deadlines for implementation. The Department of Health Services has developed a workplan to address the wide range of requirements. <https://www.federalregister.gov/documents/2016/05/06/2016-09581/medicaid-and-childrens-health-insurance-program-chip-programs-medicare-managed-care-chip-delivered>

Centers for Medicare and Medicaid Services (CMS): Home and Community Based Services (HCBS) Settings Final Rule.

DHS will soon complete the statewide assessments on residential settings and will soon be assessing nonresidential settings. Issued in May 2014, this rule requires states to bring residential and nonresidential settings into compliance with an integrated community model. Settings that don't comply with the model and face intensive scrutiny and possible corrective action.

<https://www.medicare.gov/medicaid/hcbs/downloads/final-rule-slides-01292014.pdf>.

[The ombudsman] was very understanding; if I had any other questions she would answer as soon as she could. She knew what she was doing.

FC member

Our Continuing Work...

At the time of this report, Wisconsin has hit two significant milestones in its long term care programs. The IRIS program has reached its 10 year anniversary. It is an innovative program that at conception was anticipated to serve less than 1,000, but is now serving over 17,000 individuals. It has allowed many people to use self direction to create a set of services that preserve dignity and promote independence. By July 1, 2018, all counties in the state will have implemented FC/IRS. In the continued work of FCIOP, we value the trust our callers put in us, and admire the strength with which they manage complicated lives and services. We are grateful to be a valuable resource in their lives and in a position to help them make sure their services match their needs.

Prepared by: Lea Kitz, lea.kitz@drwi.org
Family Care and IRIS Ombudsman Program Manager
October 1, 2018

Appendix Report of Cases—July 1, 2017 - June 30, 2018

Number of cases in this reporting period	
Family Care/FC Partnership/PACE	
New I&A	155
New this reporting period - opened as case	316
Number of cases continuing from previous report	72
Number closed this reporting period	443
IRIS	
New I&A	106
New this reporting period - opened as case	147
Number of cases continuing from previous report	49
Number closed this reporting period	230
Target Population*	
Developmental Disability	161
Physical Disability	301
Developmental Disability & Physical Disability	181
Contact/Referral Source*	
ADRC	68
Adult Family Home	1
Administrative Law Judge	2
Advocacy Group	6
BOALTC	6
DHS	1
DOJ	1
DRW client previously	175
Family Care/IRIS Program Information	107
Friend/family member	67
Guardian	41
ILC (Independent Living Center)	5
Internet Search	4
IRIS Consultant	26
Lawyer Referral Service	1
Legislator's Office	1
MCO	52
Metastar	3
Nursing Home	1
Private Attorney	1
Self	72
Service Provider	12
Social Worker – not FC/IRIS	12
Waisman Center	2
Unknown	4
Method of First Contact*	
Telephone	619
E-mail	59
Mail	39
Face to face	7

Issue involved at Time of Request and MCO <i>(NOTE: more than 1 issue can be selected per client)</i>	Care Wisconsin	Community Care, Inc.	iCare	Inclusa	Lakeland Care, Inc.	My Choice Family Care	No MCO	TOTAL
Abuse/Neglect	1	2		2	2	2		9
Assistance with MCO's grievance procedure	6	1	1	12	3	1		24
Assistance with SFH	9	4	3	17		1		34
Choice of Provider	8	4	1	10	2	7		32
Cost Share	3	7	1	4	1	1		17
Discharge planning	3	2		5	1	2		13
Disenrollment	4	7	4	2		4	1	22
Denial of visitors								0
Enrollment/Eligibility	19	13	2	11	5	8	13	71
Equipment Request/Denial	7	5	3	6	3	2		26
Home modification (access)	3			1				4
MCO terminates provider relationship				3				3
Medical treatment	2	3				1		6
Mental health care access			2	2				4
Prescription coverage								0
Provider quality	19	21	4	8	7	15		74
Relocation	12	26	2	25	7	18		90
Request for additional services	5	2	2	4	1	2		16
Safety	10	12		30	1	6		59
Self-directed supports issues	4	3	1	6	1	1		16
Service delay	9	6		25	5	5		50
Service denial (additional service[s] or hours)	4	2	1	6	1	1		15
Service denial (specific service)	8	11		22	1			42
Service reduction	14	14	2	27	1	4		62
Service termination	12	3	2	20		5		42
Total by MCO	162	149	31	248	42	86	15	733

*Family Care and IRIS Ombudsman Program
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Issue involved at Time of Request and IRIS Agency (ICA or FEA) or DHS-IRIS (NOTE: more than 1 issue can be selected per client)	Fiscal Employer Agent				IRIS Consultant Agency						DHS-IRIS	TOTAL
	GT Independence	iLife	Outreach Health Services	Premier Financial Management Services	Advocates4U	Connections	First Person Care Consultants	Midstate Independent Living Choices	Progressive Community Services	The Management Group		
Abuse/Neglect									2	1		3
Assistance with agency's grievance procedure											1	1
Assistance with SFH							1		2	21	1	25
Choice of Provider		1	1				1		2	5	4	14
Cost Share						1				5	5	11
Discharge planning					1					1		2
Disenrollment		1			1	1				21	6	30
Enrollment/Eligibility	1	1		1		1	1		3	24	20	52
Equipment Request/Denial										9	3	12
Home modification (access)										2	2	4
IRIS - Budget Amount	1	1				1	1		1	15	33	53
Medical treatment										2		2
Mental health care access										1		1
Provider quality				1	2	1			2	9	5	20
Relocation									1	2	4	7
Request for additional services										5	3	8
Safety									1	3	28	32
Self-directed supports issues		1				1			1	3	9	15
Service delay					1					7	16	24
Service denial (additional service[s] or hours)										7	9	16
Service denial (specific service)									6	4	6	16
Service reduction						3		1	1	15	13	33
Service termination		1				1	1		4	11	17	35
Total by IRIS Agency	2	6	1	2	5	10	5	1	26	173	185	416

How the case was resolved with MCOs
(more than 1 may be selected)

I&R	154
Informal Negotiation	59
Investigation/Monitoring	154
MCO appeal/grievance or State Fair Hearing	64

Referrals:

Referral to ADRC	30
Referral to BOALTC	13
Referral to DHA	0
Referral to DHS	4
Referral to DOL	0
Referred to DQA	9
Referral to DRW P&A	3
Referral to DWD	0
Referral to FISC	0
Referral to Guardianship Support Center	9
Referral to IRIS staff	0
Referral to legal services organization	7
Referral to MCO staff	18
Referral to MCQS	0
Referral to MetaStar	2
Referral to Private Bar	3

Average Days to close a case

Cases only (does not include I&R)	94
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How the case was resolved with IRIS agencies
(more than 1 may be selected)

I&R	106
Informal Negotiation	25
Investigation/Monitoring	22
Work with IRIS Consultant or Financial Service Agency	17
DHS review or State Fair Hearing	33

Referrals:

Referral to ADRC	27
Referral to BOALTC	5
Referral to DHA	0
Referral to DHS	16
Referral to DOL	0
Referred to DQA	4
Referral to DRW P&A	2
Referral to DWD	0
Referral to FISC	0
Referral to Guardianship Support Center	0
Referral to IRIS staff	11
Referral to legal services organization	0
Referral to MCO staff	0
Referral to MCQS	0
Referral to MetaStar	1
Referral to Private Bar	4

Annual Report on Services Provided for State Fair Hearings

Cases Closed with SFH Involvement	
# where SFH was requested	161
# where SFH took place	82

Hearing Result	Rep	Heavy TA	Light TA	N/A	TOTAL
Fully favorable	55	7	2	0	64
Partially favorable	2	0	1	0	3
Adverse	1	5	1	0	7
Unknown	0	3	3	2	8
				TOTAL	82

Issues brought where SFH held	
Change in Level of Care	38
Eligibility	16
Denial of Services	7
Denial of Equipment	4
Disenrollment	1
Home Modification	2
Hours Reduction	9
Relocation	1
Cost Share	1
IRIS Budget	3
TOTAL	82

Hearing Ultimately Not Held

Outcomes	Rep	Heavy TA	Light TA	N/A	TOTAL
Fully Favorable	18	15	4	5	42
Partially Favorable	1	3	0	0	4
SFH withdrawn before resolution reached	0	3	3	4	10
Creative Solution	0	5	0	2	7
Other	0	1	1	14	16
				TOTAL	79

SFH = State Fair Hearing

Rep = Representation

TA = Technical Assistance

Creative Solution = Found another way to solve the problem that was satisfactory to the client