

Family Care and IRIS Ombudsman Program

For Enrollees Age 18-59

Year 11 Annual Report:

July 1, 2018 - June 30, 2019

Report Date:
October 1, 2019

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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>.

The Ombudsman staff were well prepared and did an excellent job of representing and advocating for us.

Guardian of IRIS participant

Occasionally, people enrolled in these programs experience challenges with their supports and services. Or, they may have issues with functional or financial eligibility. These individuals have numerous avenues to seek solutions to any of these concerns 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 as that resource. For people aged 18-59, the Family Care and IRIS Ombudsman Program (FCIOP) is available. This annual report describes the FCIOP ombudsman program which serves the 18-59 age group.

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.

This is the first contract year in which Family Care and IRIS services are available across the entire state of Wisconsin.

*Family Care and IRIS Ombudsman Program
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	Yr 1 ¹ ending 6/30/09	Yr 2 ² ending 6/30/10	Yr 3 ² ending 6/30/11	Yr 4 ² ending 6/30/12	Yr 5 ² ending 6/30/13	Yr 6 ² ending 6/30/14	Yr 7 ² ending 6/30/15	Yr 8 ² ending 6/30/16	Yr 9 ² ending 6/30/17	Yr 10 ² ending 6/30/18	Yr 11 ² ending 6/30/19
Developmental Disabilities	19	64	158	166	168	83	70	109	114	175	178
Physical Disabilities	63	213	255	318	297	330	354	338	327	337	446
DD & PD	9	107	79	93	115	127	139	231	204	213	186
New Info & Referral	26	79	141	157	211	186	189	265	280	261	300
New Cases	65	305	370	434	379	374	383	425	421	463	540
Cases continued from previous year	-	44	78	101	131	103	119	112	129	121	172
Cases closed this year	-	345	492	569	627	545	560	671	710	673	851
Total number of people assisted ³	94	381	534	577	596	545	580	657	727	725	844
Total number of service requests³	98	426	606	696	735	665	690	801	830	845	1011

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.

*You gave my son a feeling
that he has rights no matter
his disability. It gave him faith
in the system.*

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 requested 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.

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

- 155 Denial or delay of new request for service, medication or equipment
- 138 Request help with MCO internal hearing or state fair hearing
- 124 Relocation (due to contract/rate dispute with MCO or due to desire to leave skilled setting)
- 98 Enrollment/Eligibility/Disenrollment problems
- 83 Reduction or termination of existing services
- 52 Quality issues with provider
- 41 Abuse or Neglect

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

- 86 Request help with state fair hearing
- 74 Denial or delay of new request for service, medication or equipment
- 71 Enrollment/Eligibility/Disenrollment problems
- 50 Reduction or termination of existing services
- 28 Budget amount
- 17 Safety
- 13 Cost share

There were over 33,800 enrollees with physical and intellectual/developmental disabilities in FC/FCP/PACE and over 15,200 in IRIS by the end of the program year (note that these numbers 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 8-12.

[Ombudsman] was efficient, professional, honest and very sincere. Her assistance resulted a positive outcome for my daughter. Thank you!

Parent of FC member

Satisfaction with Ombudsman Services

When a case closes, clients are sent a satisfaction survey to complete. This year 88 were returned during the program year (out of 851 cases closed). Both of these numbers are significantly higher than the previous year; 26 additional surveys and 178 additional closed cases. Proportionally this is still a relatively small survey sample and we continue to develop methods to increase the likelihood of a greater survey response. While the numbers of returned surveys are low, the notable statistics are below.

- 86% (72 of 84) were “very satisfied” or “somewhat satisfied” with the level of skill the ombudsman had to address the problem.
- 91% (78 of 86) indicated that the ombudsman was “very important” or “somewhat important” in solving the problem.
- 88% (76 of 86) were “very satisfied” or “somewhat satisfied” with the overall results of assistance received.
- 93% (79 of 85) would call an ombudsman again, and
- 90% (76 of 84) would recommend the ombudsman service to a friend.

Of the 430 FC/FCP/PACE cases with a recording of the outcome at closing, 286 (67%) resulted in full or partial satisfaction; 118 (27%) of enrollees withdrew from the resolution process or timelines expired; 22 (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 218 IRIS cases with a recording of the outcome at closing, 124 (57%) resulted in full or partial satisfaction; 68 (31%) of enrollees withdrew from the resolution process or timelines expired; 17 (8%) were not resolved to the enrollee’s satisfaction; and there were 9 (4%) for which the ombudsman program was unable to make a case to work toward resolution.

2018-2019 Family Care and IRIS Program Changes and Occurrences of Note

Expansion of Family Care and IRIS

The State of Wisconsin completed its statewide expansion of Family Care and IRIS in all counties by July 1, 2018. In addition, the two tribes operating waivers, Oneida Nation and Menomonee Indian Tribe of Wisconsin also moved to FC/IRIS on that date.

Transitioning to FC/IRIS is not without growing pains as people learn new systems and ways of accessing services and supports. While county waitlists are eliminated, the FC/IRIS enrollment process is designed to roll out over three years. This remains a confusing area for individuals who may think an end to the waitlist means they can enroll and access services immediately. It takes three years for the existing wait list to completely end. The counties and tribes mentioned above are still in that three year process. Subsequent to ADRC supported enrollment counseling and working with an MCO/ICA/FEA, there may still be questions or challenges. As such, individuals with additional questions or difficulty in transitioning to the new processes often reach out to FCIOP for assistance.

All I know is that if I have any more issues I would want [the ombudsman] to help me; she was simply the best and I consider myself blessed to have had her help.

IRIS participant

Individuals may face challenges after enrollment as they begin their plans with MCOs or ICAs. Plan reviews at 6 month and/or 12 month time frames may result in re-evaluations, service reductions and service terminations. Discussions regarding these services and subsequent changes are, again, new processes to individuals. They reach out to FCIOP for additional support in understanding their rights and responsibilities.

When we noticed trends in our case work, we worked collaboratively with the MCO or ICA and DHS to resolve issues. For example, the role of the support broker has been a topic for consideration and discussion. Clarification on the crucial elements of that role has been ongoing.

Caregiver Shortage

The shortage of caregivers in Wisconsin continues to provide challenges for Family Care members and IRIS participants. This shortage impacts MCO provider networks. It also impacts the agencies and individuals available to IRIS participants and for Family Care members choosing self-direction. Providers and agencies are unable to service individuals because they cannot find workers. This leads to open shifts and concerns about quality of cares. Additional complaints and concerns have developed regarding worker quality, frequent staff turnover and inconsistent scheduling. FCIOP continues to open cases for individuals with these issues and work toward solutions. However, the ongoing shortage makes this an issue of health and safety that is concerning for all.

Long Term Care Functional Screen

FCIOP continues to have cases involving areas of the Long Term Care Functional Screen (LTCFS) that find individuals ineligible when they should be found eligible as defined in the state's regulation. We also worked with DHS in collaboration with DRW's Protection and Advocacy system, which served legacy waiver participants (CIP/COP waivers) who experienced a change in level of care. FCIOP provides information to DHS regarding the numbers of such cases, and we make recommendations for resolving individual or similar cases. DHS has worked to develop processes so individuals who are found eligible at a State Fair Hearing (SFH) and have had no changes to their LTCFS will not have to go to hearing on the same issue. FCIOP will continue to assist all individuals who request our help in their appeals.

Residential Placement

There is a myriad of issues regarding residential placement. Overlapping with the caregiver shortage, residential facilities cannot find quality workers. As described above, this difficulty potentially impacts the health and safety of individuals enrolled in these programs.

Rate disputes between MCOs and providers lead to relocations and additional stresses on members. MCOs struggle to find appropriate residential placement, particularly for individuals with low or no income. There is also a shortage of residential placements available to serve specific populations. This includes individuals dependent on ventilators, younger individuals with physical impairments and individuals with behavioral concerns.

My daughter and I were very happy and impressed with the high level of support. We are very grateful for the topnotch excellence in quality of service and professionalism. Thank you!!

Parent of IRIS participant

Changes in Federal Rules

Some federal rules changes impact 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. EVV does not mean a change in the care people receive.

During this reporting period, DHS hosted multiple information sessions for individuals and providers to explain the implementation process for Wisconsin. Due to the complexity of creating a system that is universal across programs and straightforward to use, DHS requested

and was granted a good faith effort exemption request regarding the January 1, 2019, deadline. Medicaid -covered personal care services will have a deadline of January 1, 2021 and home health services by January 1, 2023. 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 gives 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. The Quality Strategy plan can be found here:

<https://www.dhs.wisconsin.gov/publications/p02156.pdf>

The federal requirements are available here:

<https://www.federalregister.gov/documents/2016/05/06/2016-09581/medicaid-and-childrens-health-insurance-program-chip-programs-medicare-managed-care-chip-delivered>

*[The ombudsman] was
amazing! I was very pleased
with her professionalism and
empathy.*

FC member

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

This rule, issued in May 2014, requires states to bring residential and nonresidential settings into compliance with an integrated community model. Settings that don't comply with the model face intensive scrutiny and possible corrective action. DHS completed the statewide assessments on residential settings and began enforcing compliance in March, 2019. Assessment of nonresidential settings began that same month. The overall state plan can be viewed here:

<https://www.dhs.wisconsin.gov/publications/p01839.pdf> Federal requirements here:

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

Our Continuing Work...

This reporting period showed changes not only for these programs but for FCIOP as well. I replaced Lea Kitz as the FCIOP program manager. Lea led our program through many changes and remarkable growth. We are grateful for her FCIOP work and happy to report she is the current Executive Director at DRW. FCIOP is also the recipient of a new contract with DHS to continue providing ombudsmen services to people ages 18-59. During this reporting time we submitted a proposal to the State in response to the RFP process and were selected as the vendor for this program. We signed a new contract with DHS in July, 2019.

In the continued work of FCIOP, we realize the great privilege we have in helping clients navigate these long term care programs. We are grateful for our partnerships to help our clients achieve their goals. We look forward to supporting individuals and their families as they work through these program processes to meet their needs.

Prepared by: Leslie Stewart, leslies@drwi.org
Family Care and IRIS Ombudsman Program Manager
October 1, 2019

Appendix

Report of Cases—July 1, 2018 - June 30, 2019

Number of cases in this reporting period	
Family Care/FC Partnership/PACE	
New I&A	184
New this reporting period - opened as case	372
Number of cases continuing from previous report	100
Number closed this reporting period	539
IRIS	
New I&A	116
New this reporting period - opened as case	168
Number of cases continuing from previous report	72
Number closed this reporting period	312
Target Population*	
Developmental Disability	178
Physical Disability	446
Developmental Disability & Physical Disability	186
Contact/Referral Source*	
ADRC	111
Adult Protective Services	1
Advocacy Group	7
BOALTC	21
DHS	3
DRW client previously	266
Family Care social worker	1
Family Care/IRIS program info	91
Friend/family member	57
Guardian	26
Independent Living Center	5
Internet Search	5
IRIS Consultant	30
Metastar	6
MCO	33
Outreach	2
Nursing Home	3
Private Attorney	7
Representative's Office	3
Self	88
Service Provider	19
Social Worker - not Family Care	11
Unknown	14
Method of First Contact*	
Telephone	771
E-mail	37
Mail	22
Face to face	10

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	9	12	2	5	3	9	1	41
Assistance with MCO's grievance procedure	8	9	2	11	1	6		37
Assistance with SFH	45	19	6	14	1	6	10	101
Choice of Provider	3	3	2	2		3		13
Cost Share	1	2	1	5		2		11
Communication issues w/staff		1				1		2
Discharge planning	2	3		3	2	3		13
Disenrollment	14	7	3	1	2	4	1	32
Denial of visitors	2						1	3
Enrollment/Eligibility	12	11	1	2	2	6	32	66
Equipment Request/Denial	11	13	5	11	4	3	1	38
Eviction					1			1
Home modification (access)	1				1	2		4
MCO terminates provider relationship	1	1		1	1			4
Medical treatment	4	6	6	2		2		20
Mental health care access		1		1		1		3
Prescription coverage								0
Provider quality	13	10	4	9	10	6		52
Relocation	24	36	6	27	9	20	2	124
Request for additional services	7	1		8		3	1	20
Safety	4	5	2	17	1	4		59
Self-directed supports issues	2		1	3	1	1		8
Service delay	9	16	4	17	5	7	1	59
Service denial (additional service[s] or hours)	3	6		1	2	2		15
Service denial (specific service)	11	9		7	4	3		34
Service reduction	21	12	3	7		4	1	48
Service termination	14	9		8	2	2		35
Transportation					1			1
Total by MCO	221	191	48	163	50	99	51	823

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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							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	DHS-IRIS	
Abuse/Neglect									1	2	2	5
Assistance with agency's grievance procedure										2		2
Assistance with SFH	1	4			4	4		1	4	61	5	84
Choice of Provider		2		4		2				3	1	12
Communication issues w/staff												
Cost Share						1	1			8	3	13
Discharge planning					1			1			1	3
Disenrollment		2			4	3				24	2	35
Enrollment/Eligibility		3	1		2	5			2	16	7	36
Equipment Request/Denial						3	1			16	1	21
Home modification (access)										4	1	5
IRIS - Budget Amount				1	2					7	18	28
IRIS Quality		1										1
Medical treatment					1		1			3	3	8
Mental health care access										0		0
Provider quality						1				5		6
Relocation						2				6	3	11
Request for additional services						1				4	1	6
Safety										2	15	17
Self-directed supports issues										1	3	4
Service delay	1	1			2	3	3			10	9	29
Service denial (additional service[s] or hours)										6	4	10
Service denial (specific service)									2	11	1	14
Service reduction	1	1				1			1	21	6	31
Service termination						1		1		12	5	19
Transportation						1						1
Total by IRIS Agency	3	13	1	5	16	27	6	3	10	224	91	399

How the case was resolved with MCOs

(more than 1 may be selected)

I&R	153
Informal Negotiation	52
Investigation/Monitoring	193
MCO appeal/grievance or State Fair Hearing	62

Referrals:

Referral to ADRC	34
Referral to BOALTC	2
Referral to DHA	9
Referral to DHS	5
Referral to DOL	0
Referred to DQA	20
Referral to DRW P&A	9
Referral to DWD	2
Referral to FISC	2
Referral to Guardianship Support Center	10
Referral to IRIS staff	0
Referral to legal services organization	14
Referral to MCO staff	11
Referral to MCQS	2
Referral to MetaStar	12
Referral to Private Bar	5

Average Days to close a case

Cases only (does not include I&R)	102
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How the case was resolved with IRIS agencies

(more than 1 may be selected)

I&R	98
Informal Negotiation	26
Investigation/Monitoring	82
Work with IRIS Consultant or Financial Service Agency	25
DHS review or State Fair Hearing	62

Referrals:

Referral to ADRC	40
Referral to BOALTC	16
Referral to DHA	11
Referral to DHS	4
Referral to DOL	1
Referred to DQA	7
Referral to DRW P&A	3
Referral to DWD	2
Referral to FISC	2
Referral to Guardianship Support Center	3
Referral to IRIS staff	8
Referral to legal services organization	1
Referral to MCO staff	2
Referral to MCQS	1
Referral to MetaStar	3
Referral to Private Bar	4

Annual Report on Services Provided for State Fair Hearings

Cases Closed with SFH Involvement	
# where SFH was requested	186
# where SFH took place	106

Hearing Result	Rep	Heavy TA	Light TA	N/A	TOTAL
Fully favorable	59	9	1	0	69
Partially favorable	1	1	3	0	5
Adverse	5	11	6	0	22
Unknown	0	5	5	2	10
				TOTAL	106

Issues brought where SFH held	
Change in Level of Care	39
Eligibility	20
Denial of Services	23
Denial of Equipment	3
Disenrollment	5
Home Modification	2
Hours Reduction	6
Relocation	0
Cost Share	2
Fraud	2
IRIS Budget	4
TOTAL	82

Hearing Ultimately Not Held

Outcomes	Rep	Heavy TA	Light TA	N/A	TOTAL
Fully Favorable	14	19	8	3	44
Partially Favorable	1	0	1	2	4
SFH withdrawn before resolution reached	1	4	2	6	13
Creative Solution	1	0	0	0	1
Other	0	1	0	17	18
				TOTAL	80

SFH = State Fair Hearing

Rep = Representation

TA = Technical Assistance

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