

Family Care and IRIS Ombudsman Program

For Enrollees Age 18-59

Year 12 Annual Report: July 1, 2019 - June 30, 2020

Report Date:
October 1, 2020

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>.

While these programs are designed to support long term care needs, sometimes challenges arise and people have questions or concerns. People enrolled in these programs may have concerns about their supports and services. They may find themselves with issues regarding functional or financial eligibility. These individuals have multiple resources available to support 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.

We were very pleased with the ombudsman's help. She was thorough, prompt and showed us kindness. In a world with many layers of agencies, it was nice to have someone get to the proper source right away. We are grateful for the help.

Guardian of FC member

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 2020-2022 biennial budget, Wisconsin Statute Sec. 46.281(1n)(e). DRW was awarded the current contract through a 2019 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 managing attorney. Services are available and offered through four offices across the state—Rice Lake, Milwaukee, Menasha and Madison. Advocacy services are provided at no cost to program recipients or potential enrollees.

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

*Family Care and IRIS Ombudsman Program
2019-2020 Annual Report*

	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	Yr 11² ending 6/30/19	Yr 12² ending 6/30/20
Developmental Disabilities	19	64	158	166	168	83	70	109	114	175	178	206
Physical Disabilities	63	213	255	318	297	330	354	338	327	337	446	534
DD & PD	9	107	79	93	115	127	139	231	204	213	186	196
New Info & Referral	26	79	141	157	211	186	189	265	280	261	300	351
New Cases	65	305	370	434	379	374	383	425	421	463	540	585
Cases continued from previous year	-	44	78	101	131	103	119	112	129	121	172	157
Cases closed this year	-	345	492	569	627	545	560	671	710	673	851	929
Total number of people assisted³	94	381	534	577	596	545	580	657	727	725	844	888
Total number of service requests³	98	426	606	696	735	665	690	801	830	845	1011	1095

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 Work

The Family Care and IRIS Ombudsman Program (FCIOP) is available as an external and independent 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 new request for equipment, 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.

I liked knowing someone was willing to help in any way they could.

Guardian of IRIS participant

Ombudsmen work to resolve the concerns of program recipients and potential enrollees using many avenues of advocacy. Ombudsmen talk with callers to determine what the issue is from their perspective, what they want to do about it, and how much assistance they want 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 the help they can provide 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 by supporting communication, ensuring due process rights have been preserved, and assisting with appeals and grievances. They use these and other advocacy pathways to work with the individual to try to achieve their advocacy goals.

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 support providing accurate information to the client and 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.

1020 issues were identified by enrollees in the Family Care / Family Care Partnership / PACE programs. The top seven presenting issues were:

- 182 Denial or delay of new request for service, medication or equipment
- 162 Relocation
- 146 Request for help with MCO internal hearing or state fair hearing
- 144 Reduction or termination of existing services
- 94 Quality issues with provider
- 74 Abuse or Neglect
- 60 Enrollment/Eligibility/Disenrollment problems

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

- 84 Denial or delay of new request for service, medication or equipment
- 49 Request for help with state fair hearing
- 43 Enrollment/Eligibility/Disenrollment problems
- 24 Budget amount
- 18 Reduction or termination of existing services
- 17 Relocation
- 15 Quality issues with provider

There were over 34,200 enrollees with physical and/or intellectual/developmental disabilities in FC/FCP/PACE and over 13,800 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.

I think my ombudsman was very understanding and considerate to my feelings and situation. I was so glad to have her.

Parent of FC member

Satisfaction with Ombudsman Services

When a case closes, clients are sent a satisfaction survey to complete. This year 92 were returned during the program year (out of 929 cases closed). Proportionally this is still a relatively small survey sample and we continue to develop methods to increase the likelihood of a greater survey response. We are looking at implementing online survey resources to provide clients with a new type of opportunity to respond. While the numbers of returned surveys are relatively low, the notable statistics are below.

- 89% (82 of 92) were “very satisfied” or “somewhat satisfied” with the level of skill the ombudsman had to address the problem.
- 93% (86 of 92) indicated that the ombudsman was “very important” or “somewhat important” in solving the problem.
- 89% (82 of 92) were “very satisfied” or “somewhat satisfied” with the overall results of assistance received.
- 97% (89 of 92) would call an ombudsman again, and
- 82% (75 of 92) would recommend the ombudsman service to a friend.

Of the 575 FC/FCP/PACE cases with a recording of the outcome at closing, 359 (62%) resulted in full or partial satisfaction; 150 (26%) of enrollees withdrew from the resolution process or timelines expired; 52 (9%) were not resolved to the enrollee’s satisfaction; and there were 14 (2%) for which the ombudsman program was unable to make a case to work toward resolution.

Of the 217 IRIS cases with a recording of the outcome at closing, 127 (59%) resulted in full or partial satisfaction; 56 (26%) of enrollees withdrew from the resolution process or timelines expired; 26 (12%) were not resolved to the enrollee’s satisfaction; and there were 8 (4%) for which the ombudsman program was unable to make a case to work toward resolution.

2019-2020 Family Care and IRIS Program Changes and Occurrences of Note

Grievance and Appeals Changes

The Centers for Medicare and Medicaid Services (CMS) issued final regulations in 2016 that revised existing Medicaid managed care rules. Implemented this year was a revision of Medicaid appeal timeframes and a requirement that Family Care and Family Care Partnership members exhaust the internal MCO appeal process before proceeding to a State fair hearing. State statutes were revised as a part of the 2019-21 biennial budget to implement the new federal requirements. The DHS-MCO contract for 2020 also reflects these changes. These managed care rules do not apply to IRIS participants except for a change in timeframe described below.

Thank you so very much! You have extended my life! There are no words to express my gratitude!

IRIS participant

Prior to the new rules, MCO members could choose the internal appeal process or proceed straight to a State fair hearing for any decision, omission or action of an MCO. The revision limits access to State fair hearing to “adverse benefit determinations” only.

Another change for Family Care and Family Care Partnership members involves MetaStar, the external quality review organization (EQRO). Prior to the 2020 MCO contract, whenever an individual requested a state fair hearing, MetaStar contacted the individual to gather information, discuss concerns, and help find a possible solution. Pursuant to the 2020 MCO contract, MetaStar reviews the matter for contract compliance and health and safety. MetaStar’s role regarding IRIS participants has not changed.

The revised timeframe requirements were limited to Medicaid beneficiaries enrolled in managed care. DHS elected to apply the timeframe for State fair hearing to IRIS for consistency. One significant change for members/participants is an extension in the time they can file for a State fair hearing. When an IRIS Consulting Agency issues a notice of action or when an MCO issues a notice of adverse benefit determination, it has an effective date. Members and participants had 45 days from that effective date to file for a State fair hearing. That timeframe has now been extended to 90 days.

COVID-19

It would be difficult to overestimate the impact of the COVID-19 pandemic on these programs during this reporting period. In response to the federally declared public health emergency due to this pandemic, the State requested and received Medicaid waivers 1135 and Appendix K from the federal government to provide flexibility in administering these programs in a way that respects public health needs. As a result, many changes were put into effect to administer these programs safely and effectively. These included remarkable changes such as three month extensions for both Medicaid certification and holds on involuntary disenrollments. Other changes included limits on face to face visits and an increase in telehealth services. As of this writing, there have been some

adaptations of those rules as a result of increased knowledge on ways to establish safety regarding in person contacts with others balanced with the need to support individuals in person.

Another result of COVID-19 was an increase in communication among a variety of entities. DHS created regional meetings that included state and community resources to provide new ways to network in order to work together to problem solve potential issues. Ombudsmen were a part of those meetings which allowed us to be a more effective information resource to individuals and created opportunity to share with other entities how we could help advocate for those in need of our services. The State also increased weekly communications to update and support understanding on changing policies. FAQ documents regarding program rule changes and adaptations were available on the State website. FCIOP supported individuals by helping them understand and resolve issues with how these changes impacted their specific situations. COVID-19 generated new issues such as visitation/travel safety and mask wearing requirements. It also impacts ongoing issues regarding relocation and staffing needs. We continue to work to help individuals navigate these challenges.

MCO Changes

There were a variety of MCO changes this reporting year. The state is divided into Geographic Service Regions (GSRs) for the purposes of dividing the state in a way for MCOs/ICAs/FEAs to provide long term care services. Both GSR 12 (Dane County) and 13 (northeast Wisconsin counties) had changes to the MCOs that serve those counties. GSR 12 added Community Care so members would have MCO choice due to the MyChoice Care Wisconsin merger on 1/1/20. GSR 13 added Inclusa as Care Wisconsin left that region. All of these changes created ripple effects of adjustment for members. FCIOP presented at DHS information sessions at multiple cities' ADRCs in GSR 13 along with DHS and BOALTC . We also supported members in individual casework by working with them to find solutions to their questions and concerns regarding these changes.

*Thank you for all that you do!
It is so encouraging to know
that you strive to make lives
better for the disabled and
their families. We have
enough stress in our lives, and
so you are an amazing help
to alleviate some of that!*

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 federal government's 21st Century Cures Act 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 services provided in Medicaid programs. 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. While DHS asked for and was granted a delay in the implementation due to COVID-19, Medicaid -covered personal care and

home health services will be required to utilize EVV by January 1, 2021. As of this writing, DHS is in the process of training administrators in order to facilitate training agencies and providers. 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. As mentioned above, this year marked a change in the grievance and appeals processes.

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-medicaid-managed-care-chip-delivered>

[The ombudsman] did a good job overall. She was very concerned. I liked that about her.

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. As with so many other areas, this compliance has been impacted by COVID-19. CMS recognized that and the need to delay compliance based on requests for 1135 waivers. CMS offered, "Given the impact of the COVID-19 PHE, states are strongly encouraged to use this extra year to evaluate how the provision of Medicaid-funded HCBS fulfills larger public health priorities and advances the tenets of beneficiary autonomy and community integration." See:

<https://www.medicare.gov/Federal-Policy-Guidance/Downloads/smd20003.pdf>

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...

Like many other entities, COVID-19 impacted FCIOP as we moved to a "work from home" model to serve our clients. As of this writing we have opened offices in a limited format. We evaluate in person meetings on a case by case basis to ensure we can safely meet and protect the health of our clients and staff. While we navigate these changes, our commitment to our advocacy remains steadfast. It is our privilege to serve those who contact us for assistance and we will continue to support them to achieve their goals for the future during this time of unusual challenges.

Prepared by: Leslie Stewart, leslies@drwi.org
Family Care and IRIS Ombudsman Managing Attorney
October 1, 2020

**Appendix
Report of Cases—July 1, 2019 - June 30, 2020**

Number of cases in this reporting period	
Family Care/FC Partnership/PACE	
New I&A	217
New this reporting period - opened as case	459
Number of cases continuing from previous report	114
Number closed this reporting period	657
IRIS	
New I&A	134
New this reporting period - opened as case	126
Number of cases continuing from previous report	43
Number closed this reporting period	272
Target Population*	
Developmental Disability	206
Physical Disability	534
Developmental Disability & Physical Disability	196
Contact/Referral Source*	
ADRC	116
Adult Family Home	6
Adult Protective Services	1
Advocacy Group	6
BOALTC	9
DHS/DHA/ALJ	25
DRW client previously	266
DRW letter	31
Family Care social worker	3
Family Care/IRIS program info	91
Friend/family member	57
Guardian	21
Independent Living Center	8
Internet Search	8
IRIS Consultant	31
Metastar	17
MCO	33
NOA	72
Nursing Home	1
Private Attorney	5
Representative's Office	1
Self	98
Service Provider	6
Social Worker - not Family Care	13
Unknown	1
Method of First Contact*	
Telephone	899
E-mail	32
Mail	1
Face to face	5

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	20	21	1	9	6	17		74
Assistance with MCO's grievance procedure	18	9	6	5	1	7		46
Assistance with SFH	56	21	4	7	6	3	3	100
Choice of Provider	2	3		2	4	1	1	13
Communication issues w/staff	1	2		1	1	2		5
Cost Share	6	4		1	1			19
Discharge planning	9	10	2	4		5	2	32
Disenrollment	9	2		1	3	4	2	21
Denial of visitors	4	2		3		1		10
Enrollment/Eligibility	4	7	1	3	5	2	17	39
Equipment Request/Denial	19	17	4	7	3	7		57
Eviction	3	1			1			4
Home modification (access)	1		1	2	2	2		8
MCO terminates provider relationship								
Medical treatment	5	2	1	3	1			12
Mental health care access		2		2				4
Prescription coverage		1						1
Provider quality	23	28	5	13	7	17	1	94
Relocation	33	50	4	25	11	39	2	162
Request for additional services	13	6	2	10	4	5	2	42
Safety	7	3		11		1	1	23
Self-directed supports issues	6	2		7				15
Service delay	10	9	4	7	3	8	2	43
Service denial (additional service[s] or hours)	9	1	1	4				15
Service denial (specific service)	10	7		5	3			25
Service reduction	64	26	8	7	3	5		113
Service termination	16	10	1	1	2	1		31
Transportation	1	2		6		3		12
Total by MCO	349	248	46	149	67	130	31	1020

*Family Care and IRIS Ombudsman Program
2019-2020 Annual Report*

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	Consumer Direct	Connections	First Person Care Consultants	Midstate Independent Living Choices	Progressive Community Services	The Management Group	DHS-IRIS	
Abuse/Neglect										3	1	4	
Assistance with agency's grievance procedure											1	1	
Assistance with SFH				1		4		1	6	33	4	49	
Choice of Provider				1						4		5	
Communication issues w/staff					1	1				1		3	
Cost Share							1			3		4	
Discharge planning					1					2	2	5	
Disenrollment						2		1		17	7	27	
Enrollment/Eligibility		1				2	1		1	2	8	15	
Equipment Request/Denial				1		3			1	12	4	21	
Home modification (access)						1			1	6	1	9	
IRIS - Budget Amount					2	2	3		2	5	10	24	
IRIS Quality			1	2	2					2	1	8	
Medical treatment										3	2	5	
Mental health care access										0		0	
Provider quality	1	8			1	3	2			5	2	22	
Relocation					1	1	1		1	7	6	17	
Request for additional services					1					5	3	9	
Safety										1	8	9	
Self-directed supports issues											4	4	
Service delay					1	1	2	1		7	9	21	
Service denial (additional service[s] or hours)										4	3	7	
Service denial (specific service)					1			1	1	9	5	17	
Service reduction					1	1	1			16	6	25	
Service termination							1		4	7	1	13	
Transportation							1			2	1	4	
Total by IRIS Agency	1	9	1	5	12	5	21	10	2	17	156	89	328

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

I&R	243
Informal Negotiation	126
Investigation/Monitoring	226
Work with ICA/FEA	1
MCO appeal/grievance or State Fair Hearing	70
Technical Assistance	80

Referrals:

Referral to ADRC	41
Referral to BOALTC	5
Referral to DHA	3
Referral to DHS	6
Referral to DOL	0
Referred to DQA	13
Referral to DRW P&A	4
Referral to DWD	0
Referral to FISC	0
Referral to Guardianship Support Center	20
Referral to IRIS staff	0
Referral to legal services organization	6
Referral to MCO staff	11
Referral to MCQS	0
Referral to MetaStar	2
Referral to Private Bar	1

Average Days to close a case

Cases only (does not include I&R)	99
-----------------------------------	----

How the case was resolved with ICAs/FEAs

I&R	139
Informal Negotiation	26
Investigation/Monitoring	66
Work with ICA/FEA	13
DHS review or State Fair Hearing	24
Technical Assistance	45

Referrals:

Referral to ADRC	28
Referral to BOALTC	4
Referral to DHA	0
Referral to DHS	3
Referral to DOL	0
Referred to DQA	5
Referral to DRW P&A	1
Referral to DWD	1
Referral to FISC	0
Referral to Guardianship Support Center	0
Referral to IRIS staff	10
Referral to legal services organization	7
Referral to MCO staff	0
Referral to MCQS	5
Referral to MetaStar	0
Referral to Private Bar	8

Annual Report on Services Provided for State Fair Hearings

Cases Closed with SFH Involvement	574
# where SFH was requested	165
# where SFH took place	72

Hearing Result	Rep	Heavy TA	Light TA	N/A	TOTAL
Fully favorable	18	6	2	1	27
Partially favorable	4	0	1	0	5
Adverse	4	12	7	0	23
Unknown	0	6	5	6	17
				TOTAL	72

Issues brought where SFH held	
Denial of Services	28
Hours Reduction	17
Denial of Equipment	7
Eligibility	5
Change in Level of Care	4
Cost Share	2
Disenrollment	2
Fraud	2
Home Modification	2
IRIS Budget	2
Relocation	1
TOTAL	72

SFH ultimately Not Held-80

Outcomes	Rep	Heavy TA	Light TA	N/A	TOTAL
Fully Favorable	9	17	5	16	47
Partially Favorable	1	5	0	3	9
SFH withdrawn before resolution reached	0	7	0	8	15
Creative Solution	0	2	1	5	8
Other	0	1	1	12	14
				TOTAL	93

SFH = State Fair Hearing

Rep = Representation

TA = Technical Assistance

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