

Family Care and IRIS Ombudsman Program

For Enrollees Age 18-59

Year 6 Annual Report: July 1, 2013 - June 30, 2014

Report Date:
October 1, 2014

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Protection and advocacy for people with disabilities.

Family Care and IRIS Ombudsman Program Overview

Wisconsin’s ombudsman program serving adults with disabilities is one of just a few in the country. It is considered a model and is getting the attention of other states. This year we were invited to present with Wisconsin’s Board on Aging and Long Term Care (BOALTC), along with only two other state models—Hawaii and Minnesota—at the annual NASUAD HCBS conference in Washington D.C. Other states were seeking ways to implement their own ombudsman programs that assist people experiencing challenges in managed care systems, and help protect their rights to due process.

[The ombudsman] did a fantastic job helping me to understand what she was doing and understand the process. I am so glad I had her to help me...Greatly appreciated.

*Family Care Partnership
member*

Wisconsin’s Family Care and IRIS Ombudsman Program (FCIOP) provides advocacy services to enrolled and potential recipients (or to their families or guardians) of the IRIS or Family Care/Family Care Partnership (FC/FCP) programs who are aged 18-59. The ombudsman program 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 2013-2015 biennial budget, Wisconsin Statute Sec. 46.281(1n)(e). The legislation sets as a goal one advocate for every 2,500 adults under age 60 who are enrolled in IRIS or FC/FCP.

FCIOP Program

The program operates as a division within Disability Rights Wisconsin. Services are provided by a staff of eight ombudsmen (7.5 FTE), supported by a program attorney and a program manager. Services are available and offered through three offices across the state—Rice Lake, Milwaukee and Madison. Advocacy services are provided at no cost to program recipients.

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

	Year 1¹ ending 6/30/09	Year 2² ending 6/30/10	Year 3² ending 6/30/11	Year 4² ending 6/30/12	Year 5² ending 6/30/13	Year 6^{2,4} ending 6/30/14
Developmental Disabilities	19	64	158	166	168	83
Physical Disabilities	63	213	255	318	297	330
DD & PD	9	107	79	93	115	127
New Info & Referral	26	79	141	157	211	186
New Cases	65	305	370	434	379	374
Cases continued from previous year		44	78	101	131	103
Cases closed this year		345	492	569	627	545
Total number of people assisted³	94	381	534	577	596	545
Total number of service requests³	98	426	606	696	735	665

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

Program recipients call the ombudsman program for a variety of reasons. They may have a question about how to approach a situation or to verify information they received. They may want to appeal a decision that was made about their services. For these and other types of questions, ombudsmen talk with callers to understand their request. Depending on what it is the caller is seeking, the ombudsman will usually need to investigate to get detail and background about the situation. They will then work with callers to discuss the case, lay out the options, and assist in next steps. Those steps might include providing technical assistance on an appeal, working with the Family Care care team or IRIS Consultant Agency to informally resolve the issue if possible, or assisting through a state fair hearing. Ombudsmen maintain positive working relationships with staff responsible for member rights and care within the different entities—IRIS Agencies (the IRIS Consultant Agency [ICA] and the Fiscal Services Agency [FSA]), Family Care Managed Care Organizations (MCOs), Aging and Disability Resource Centers (ADRCs), 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.

[The ombudsman] was very nice and kind and patient. She gave me very concrete steps to take and all the info needed to take them. Thank you!
Relative of IRIS participant

Requests for Help

While ombudsmen handled a wide variety of cases, the top six presenting issues were:

- 139 Service or equipment denial of a new request
- 134 Service reduction or termination of existing services
- 102 Enrollment/Eligibility/Disenrollment problems
- 55 Relocation (primarily involuntarily due to rate dispute with MCO)
- 53 Quality issues with provider
- 50 Help with appeals or grievance process

For more detail on these and other issues handled by FCIOP, see Appendix, pages 5-7.

Satisfaction with Ombudsman Services

Of 82 satisfaction surveys returned during the program year, 67 or 82% indicated that the ombudsman was “very important” in solving the problem. Sixty-six or 80% were “very satisfied” with the overall results of assistance received. Seventy-five or 91% would call an ombudsman again, and 74 or 90% would recommend the ombudsman service to a friend.

We had never gone through a process like this and [the ombudsman] was truly needed. [The ombudsman] was terrific!!!!
Parents of IRIS participant

2013-2014 Program Changes and Occurrences of Note

Replacement of MCO in Northwest Wisconsin

A shift occurred again this year in MCOs in an area of northwest Wisconsin. The Department of Health Services (DHS) selected Community Care of Central Wisconsin (CCCW) to expand into the area formerly served by the NorthernBridges (NB). The counties impacted include Ashland, Barron, Bayfield, Burnett, Douglas, Iron, Polk, Price, Rusk, Sawyer and Washburn. DHS held a number of community forums in the area to help members transition from NB to CCCW.

Shifts in MCO Coverage Areas

MCOs are awarded contracts to serve certain areas through the state's competitive procurement process. Those contracts are active for five years. When the five years are reached, the state opens the area, called a Geographic Service Region (GSR), for a new competitive procurement process. Different GSRs were transitioned to Family Care and IRIS at different times. Therefore, different GSRs open up for expansion of MCOs into existing areas intermittently. This year saw continued expansion into existing GSRs, again creating overlap of MCOs, resulting in choice of MCOs for enrollees who choose Family Care.

Structural Redesign of IRIS

This was a year of planning for significant structural changes to the self-directed services alternative to Family Care, IRIS (Include, Respect, I Self-Direct). These changes were announced last year and include:

- Single IT system that will tie together all agencies, providers and participants; will offer in-time information about plans, budgets and spending; and will provide immediate access to all IRIS policies and procedures.
- Multiple IRIS Consultant Agencies (ICAs) and multiple Fiscal Services Agencies (to be called Fiscal Employer Agents) (FEAs)
- A change in approving ICAs and FEAs—instead of RFP procurement processes, agencies who meet certification criteria will be so approved.
- Removing claims processing from FEAs and procuring a Third Party Administrator (TPA) to manage all claims processing.
- FEAs will help participants with employer functions, such as doing background checks and handling payroll and payroll taxes for participant-hired workers.

[The ombudsman] was wonderful and very competent. We could not have won our case without her.

Parent/guardian of IRIS participant

Much of the planning work was done this year, and will continue into next year. The work included:

- A procurement process to select an IT provider to design the new system.
- Development of certification processes and criteria for new ICAs and FEAs.
- Clarifying, standardizing and writing policies and work instructions.
- Standardizing all program forms.

- Streamlining processes for making requests for changes in allocations and exceptional expenses.
- Seeking simplifications and efficiencies for participants to make changes in plans.

Next year will also see the beginning stages of implementation of the new structure. Much has been invested in the planning. DHS staff working on the project worked very collaboratively with stakeholders and actively sought input into decisions.

Everything was handled beautiful[ly]. I had a very good worker. I was very pleased. Thanks for everything.

*Family Care Partnership
member*

Due Process in IRIS

Much progress was made to clarify processes and ensure due process rights of participants were protected. The result is much improved notification of decisions regarding Allocation Adjustments (AAs) and Exceptional Expenses (EEs), and standardized Notices of Action (NOAs). We are looking forward to agreement on the process for handling allocation reductions that occur as a result of annual Long Term Care Functional Screens (LTCFSs), which then often result in a reduction of participants' Individualized Supports and Services Plans (ISSPs). A related issue has to do with finding agreement on appropriate triggers of NOAs.

Expansion into Northeast Wisconsin

On April 21, 2014, the Governor announced the implementation of Family Care and IRIS into seven counties in northeast Wisconsin: Brown, Door, Kewaunee, Marinette, Menominee, Oconto and Shawano. This Geographic Service Region has been preparing FC and IRIS for a number of years. The procurement and implementation process will likely begin next year and will increase the number of enrollees in both programs.

Milwaukee Behavioral Health Complex and Hilltop

Activity this year will lead very soon to movement of residents of these centers. These residents will require careful planning and investments in services to ensure they can successfully and safely join the community. Family Care MCOs and IRIS Consultant Agencies will be actively engaged in this planning.

To Our Continuing Work...

It is an honor to serve as ombudsmen to Family Care and IRIS recipients, and we look forward to continued opportunities to provide direct services to individuals experiencing challenges in Family Care and IRIS. We value the experiences we have with those we serve, and with the entities who provide the vital services that can make all the difference for people to have meaningful time at home and in the community.

Prepared by: Lea Kitz, lea.kitz@drwi.org
Family Care and IRIS Ombudsman Program Manager
October 1, 2014

**Appendix
Report of Cases—July 1, 2013 - June 30, 2014**

Number of cases in this reporting period	
New I&A	186
New this reporting period - opened as case	374
Number of cases continuing from previous report	103
Number closed this reporting period	545
Target Population*	
Developmental Disability	83
Physical Disability	335
Developmental Disability & Physical Disability	129
Contact/Referral Source*	
211 Help Line	1
ADRC	18
Adult Family Home	3
Advocacy Group	3
BOALTC	2
County Human Services	2
DHS	1
DOJ	1
DQA	1
DRW client previously	173
Estate Recovery Letter	1
Family Care Program	125
Governor's Office	38
Guardian	2
ILC	18
Internet	6
IRIS Consultant	4
Legal Action of WI	38
Legal Aid Society	1
Legislator	2
MCO	1
Med D Helpline	17
Metastar	1
Nursing Home	12
Private Attorney	3
Provider	1
Self	9
Social Worker - non-Family Care	39
Unknown	1
WI Dept of Public Health	6
Method of First Contact*	
Telephone	538
E-mail	6
Mail	1
Face to face	2

*Family Care and IRIS Ombudsman Program
2013-2014 Annual Report*

Issue and MCO/IRIS⁵ involved	CW	CCCW	CCI	C-Us	iCare	IRIS	LCD	MCDFC	NB	WWC	No MCO	TOTAL
Abuse/Neglect	4	1	1			2		2	1	1		12
Assistance with MCO's grievance procedure	9		2	4	1		1	2		5		24
Assistance with state fair hearing	1	1	8	1		8	1	1		5		26
Choice of Provider	13	1	6	1	1	10	3	3		5		43
Communication probs. with MCO - IRIS staff	1	1	1				1			1		5
Cost Share			4			4	1			1		10
Discharge planning	1						1					2
Disenrollment	3	4	2			3	4	1	1			18
Enrollment/Eligibility	7	2	4	4	3	6		5	1			32
Equipment Request/Denial	7	4	8	2	3	18	1	7	1	1	18	70
Functional screen problems	5	3	8	1	1	8	1		1	3		31
Guardianship questions	1			1		1						3
Home modification (accessibility)				2				1				3
Housing		1	1			6						8
IRIS - Budget Amount				1								1
IRIS - FSA issue						36		1			1	38
IRIS - ICA issue						12						12
IRIS – quality						29						29
MCO terminates provider relationship						18						18
Medical treatment	1									2		3
Mental health care access	3	1	1		1	1						7
Physical accessibility							1					1
Prior Authorization								1				1
Private Duty Nursing requirement					1							1
Provider quality						1						1
Rate Reduction	9	3	14	1	3	7	2	13		1		53
Record Request	1											1
Relocation	1											1
Request for additional services	8	4	12	4	2	4	3	14		2	2	55
Safety	8	1	3	1	3	4		5		1		26
Self-directed supports issues	2	1	1	2				3	1			10
Service animal issues	1		1			8	1	3				14
Service delay	2		7	2	3	13		4		1	1	33
Service denial (additional service[s] or hours)	4		4	2	2	8		3		2	1	26
Service denial (specific service)	5	3	13	6	4	16	3	3		3		56
Service reduction	4	1	10	5	4	26	3	10	1	2		66
Service termination	6	4	12	4		22	8	6		6		68
Services while temporarily out of state				1								1
Transportation			2			3		2				7
Total by MCO	107	36	125	45	32	274	35	90	7	42	23	816

**How the case was resolved
(may select more than one)**

Informal Negotiation	41
Investigation/Monitoring	481
Work with IRIS Consultant or Financial Service Agency	55
MCO appeal/grievance or State Fair Hearing	61
Technical Assistance	41

Referrals:

Referral to ADRC	34
Referral to APS	1
Referral to BOALTC	4
Referral to Center for Patient Partnerships	1
Referral to CWAG	1
Referral to DHA	4
Referral to DHS	3
Referred to DQA	8
Referral to other DRW P&A staff	8
Referral to DVR	2
Referral to ERD	1
Referral to Guardianship Support Center	1
Referral to health insurance provider	1
Referral to HUD	2
Referral to ILC	4
Referral to IRIS Staff	8
Referral to LogistiCare	1
Referral to MCQS	11
Referral to Med D Helpline	1
Referral to MetaStar	1
Referral to Milwaukee Bar Association	1
Referral to private attorney	13
Referral to school district	1
Referral to small claims court	1
Referral to State Bar Attorney Referral Service	2
Referral to SSA	3
Referral to support broker	2
Referral to Tenant Resource Center	1
Referral to UCP	1
Referral to Waisman Center	1
Referral to WHEDA	1
Referral to WI Medicaid staff	3
Referral to WisBAR Modest Means Program	1

Average Days to close a case

Cases only (does not include I&A)	107
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⁵ MCO/IRIS Acronyms

<i>CW</i>	=	<i>Care Wisconsin</i>
<i>CCI</i>	=	<i>Community Care, Inc.</i>
<i>CCCW</i>	=	<i>Community Care Connections of Wisconsin</i>
<i>C-Us</i>	=	<i>ContinuUs</i>
<i>iCare</i>	=	<i>iCare</i>
<i>IRIS</i>	=	<i>Include, Respect, I Self-direct (self-directed alternative to Family Care)</i>
<i>LCD</i>	=	<i>Lakeland Care District</i>
<i>MCDFC</i>	=	<i>Milwaukee County Department of Family Care</i>
<i>NB</i>	=	<i>Northern Bridges</i>
<i>WWC</i>	=	<i>Western Wisconsin Cares</i>
<i>No MCO</i>	=	<i>Not enrolled with an MCO or IRIS</i>