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# Family Care and IRIS Ombudsman Program

For Enrollees Age 18-59

# Year 7 Annual Report:

July 1, 2014 - June 30, 2015

Report Date:
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## Family Care and IRIS Ombudsman Program Overview

Wisconsin's Family Care and IRIS Ombudsman Program (FCIOP) provides advocacy services to adults with physical or intellectual/developmental disabilities, aged 18-59, who are enrolled or potential recipients of the IRIS or Family Care/Family Care Partnership (FC/FCP) programs. 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.

> *The help I received was very prompt and helpful. The people I worked with were very kind and helpful.*
> *Family Care member*

### 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 7 Years of Program Implementation**
**Number of Individuals Assisted through FCIOP**

| | Year 1[1] ending 6/30/09 | Year 2[2] ending 6/30/10 | Year 3[2] ending 6/30/11 | Year 4[2] ending 6/30/12 | Year 5[2] ending 6/30/13 | Year 6[2] ending 6/30/14 | Year 7[2] ending 6/30/15 |
|---|---|---|---|---|---|---|---|
| Developmental Disabilities | 19 | 64 | 158 | 166 | 168 | 83 | 70 |
| Physical Disabilities | 63 | 213 | 255 | 318 | 297 | 330 | 354 |
| DD & PD | 9 | 107 | 79 | 93 | 115 | 127 | 139 |
| New Info & Referral | 26 | 79 | 141 | 157 | 211 | 186 | 189 |
| New Cases | 65 | 305 | 370 | 434 | 379 | 374 | 383 |
| Cases continued from previous year | - | 44 | 78 | 101 | 131 | 103 | 119 |
| Cases closed this year | - | 345 | 492 | 569 | 627 | 545 | 560 |
| **Total number of people assisted[3]** | **94** | **381** | **534** | **577** | **596** | **545** | **580** |
| **Total number of service requests[3]** | **98** | **426** | **606** | **696** | **735** | **665** | **690** |

[1] *November 1, 2008 - June 30, 2009 for year 1*
[2] *July 1- June 30 for each subsequent year*
[3] *Number of service requests is higher than number of people assisted because one person could make more than one request for assistance.*

### Case Handling

In any service system, even well developed, comprehensive ones, problems for those the system is designed to serve can occur. The Family Care and IRIS Ombudsman Program (FCIOP) can be accessed for a variety of challenges that program recipients or potential enrollees are experiencing. There may be 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.

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 by the ombudsman. They then "investigate" by collecting and analyzing information and records to better understand what happened, the technicalities of the case, and any regulatory rules or statutes that may apply. They explain the options available for due process up to and including State Fair Hearing. They work with the individual to try to achieve the advocacy goals, using any tools available.

> *I don't have any complaints and probably couldn't have had a better experience. [The ombudsman] was a complete joy to work with; she was very thorough and assisted us til the very end.*
> *IRIS applicant*

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 Agency [ICA] and the Fiscal Employment Agent [FEA]), 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.

### Requests for Help

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

- 128 Service, medication or equipment denial of a new request
- 122 Service reduction or termination of existing services
- 95 Enrollment/Eligibility/Disenrollment problems
- 75 Quality issues with provider
- 72 Relocation (due to rate dispute with MCO or due to desire to leave skilled setting)
- 45 Help with appeals or grievance process

For more detail on these and other issues handled by FCIOP, see Appendix, pages 6-8.

### Satisfaction with Ombudsman Services

Of 70 satisfaction surveys returned during the program year, 54 or 77% indicated that the ombudsman was "very important" in solving the problem. Fifty-seven or 81% were "very satisfied" with the overall results of assistance received. Sixty-three or 90% would call an ombudsman again, and 60 or 86% would recommend the ombudsman service to a friend.

## 2014-2015 Program Changes and Occurrences of Note

### HCBS Final Rule

In January of 2014, the Centers for Medicaid and Medicare Services (CMS) published its final rule on integrated settings for Home and Community Based Services (HCBS). This rule places compliance requirements on states that make sure that residential and nonresidential settings in which recipients of HCBS waivers (FC, FC-P, IRIS, legacy waivers) receive services must meet new standards of community integration. In other words, individuals must have the ability to make decisions and have the highest degree of independence possible. Settings must not have the characteristics of institutions.

More information about the rule can be found at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html. Wisconsin, along with all other states, had to submit transition plans. Over the next five years, the state must assess current provider settings and work toward meeting the new requirements. The results of the state's assessment and subsequent adjustments in provider settings, may result in some changes in the provision of services over the next few years.

> *[The ombudsman] was very up front and straightforward with me all along. How can this be improved?*
> *Family Care Partnership member*

### Structural Redesign of IRIS

The alternative to Family Care, IRIS (Include, Respect, I Self-Direct) began implementing its redesign. These changes include:

- Single IT system that, once fully implemented, 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. Dubbed WISITS (Wisconsin's Self-Directed IT System), the new platform was scheduled to begin operating between contractors beginning July 1, 2015. Leading up to the conversion, the ICA and the FEA transitioned their participant plans and payment information into WISITS.
- Expansion of participant support to multiple IRIS Consultant Agencies (ICAs) which will be designated as an IRIS service, rather than an administrative cost. The Management Group (TMG) has been the single statewide ICA since IRIS began. A new ICA, Connections, began providing services in northeast Wisconsin on June 1, 2015. Both TMG and Connections will grow into the implementation area of the seven northeast Wisconsin counties.
- Expansion of participant support to multiple Fiscal Employer Agents (FEAs) which will also be designated as an IRIS service. The Milwaukee Center for Independence (MCFI) has run the single statewide Fiscal Services Agency since the inception of IRIS. With the new structure, MCFI renamed the [now called] Fiscal Employment Agent, and gave it the name iLife. Additional FEAs will likely become certified over the next year.
- A change in approving ICAs and FEAs—instead of RFP procurement processes, agencies who meet certification criteria will be so approved and designated to provide the services.

- Policies under development all year. The ombudsman program is appreciative of the collaborative spirit with which these policies have been created and adjusted. Stakeholder involvement has been extensive.

### Private Duty Nursing Policy for IRIS Participants

The state and its contractors worked to meet federal Medicaid and state requirements to meet the needs of IRIS participants with highly complex and intense medical needs. Implementation of the new policy addressing Private Duty Nursing (PDN), including when it must be used as opposed to other categories of services, went through quite a bit of readjustment. We worked closely with the Department of Health Services and with the IRIS Consultant Agency to resolve issues where the policy caused disruption in service provision.

### Fraud Allegation Review and Assessment (FARA) Process in IRIS

The Department of Health Services, along with the FEA and ICA, put a comprehensive process in place to prevent fraud, and to detect and deal with fraud allegations. They worked to develop better information and education to participants, provide avenues of reporting, collect supporting information and documents, and deal with reports of fraud. They created a distinction between unintentional mistakes that might be made by participants' workers, such as incorrectly completed timesheets and outright efforts to defraud the program.

> *We deeply appreciate the help we received from [the ombudsman]. Our problem would not have been resolved without her.*
> *Parent/guardian of Family Care member*

The penalty of being found intentionally fraudulent is severe—involuntary disenrollment from the program, which would lead to a total loss in services. Egregious fraudulent activity can even be referred for criminal prosecution. Because of these significant impacts, it is particularly important to be mindful of due process rights of participants. The ombudsman program met with the Department to ensure participants' rights and acknowledgment and communication of those rights would be in place. The ombudsman program also worked with the Department to ensure participants have adequate notification of Fraud Allegation Review and Assessment (FARA) activity and timely access to all relevant records. The ombudsman program worked for the ability for participants to mitigate fraud allegations when at all possible. In some cases, the ombudsmen represented participants involved in the FARA process.

### Managed Care Organization Expansions

MCOs have continued to overlap in different Geographic Service Areas. The most current map for Family Care can be found at https://www.dhs.wisconsin.gov/familycare/gsrmap.pdf, and a map for Family Care Partnership is at https://www.dhs.wisconsin.gov/familycare/partnershippacemap.pdf.

### DHS Forums in Northeast Wisconsin

The Department of Health Services conducted member forums in each of the seven counties in northeast Wisconsin that will be converting to Family Care and IRIS beginning July 1, 2015. These counties include Brown, Door, Kewaunee, Marinette, Menominee, Oconto and Shawano. Organizations that will be serving the area or the individual counties, including the ombudsman program, participated. The two MCOs in the area will be Care Wisconsin and Lakeland Care

District. The IRIS agencies that are certified at this point are TMG (ICA), Connections (ICA, and iLife (FEA). Much planning has been invested to ensure a smooth transition of enrollees.

### State Budget

When the Governor announced his proposed budget in February, there were tremendous changes in store for Family Care and IRIS. Among many other items, IRIS would be eliminated and Family Care would move to an insurance-based model. Currently designated Geographic Service Areas (GSRs) would be eliminated and the program would be managed by insurance companies that covered the state. Half of the existing Managed Care Organizations (those designated as long term care districts) would immediately be eliminated and the other half would need to find a footing in the insurance market in order to continue to be players. To do this, they would need to hold much higher risk reserves (insurance companies have higher requirements, and the imperative to provide statewide coverage would increase that even more).

As the year drew to a close, the Governor's budget was largely approved with some key changes. While the program would still convert to an insurance-based system, the budget allowed the state to designate GSRs, though no number was specified. This might allow current MCOs to compete in the new market. Long term care districts were no longer automatically eliminated. The new Family Care would have a strong and comprehensive self-directed option. Additional requirements were included for the Department of Health Services to increase stakeholder involvement and report to the legislature.

> *[The ombudsman] was very informative and spent a lot of quality time helping us. Do not know what we would have done without her assistance.*
>
> *Guardian of Family Care member*

## To Our Continuing Work…

With this, we close our seventh year of providing services to participants in Wisconsin's Family Care and IRIS long term care programs. We appreciate the positive efforts toward resolving issues that we have experienced from Managed Care Organizations, the IRIS Consultant Agency, the IRIS Financial Employment Agent, Aging and Disability Resource Centers, providers and the Department of Health Services. We anticipate many changes in the creation of the new system. Given the care that Wisconsin has taken in the past to honor the value of lives, we are sure collaborations will continue to ensure the needs and rights of individuals with disabilities will be a priority in its development.

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October 1, 2015

# Appendix
## Report of Cases—July 1, 2014 - June 30, 2015

| | |
|---|---|
| **Number of cases in this reporting period** | |
| New I&A | 189 |
| New this reporting period - opened as case | 383 |
| Number of cases continuing from previous report | 119 |
| Number closed this reporting period | 560 |
| | |
| **Target Population*** | |
| Developmental Disability | 70 |
| Physical Disability | 354 |
| Developmental Disability & Physical Disability | 139 |
| | |
| **Contact/Referral Source*** | |
| ADRC | 36 |
| Adult Family Home | 5 |
| Advocacy Group | 1 |
| BOALTC | 2 |
| BPDD | 1 |
| DRW client previously | 208 |
| DVR | 1 |
| Family Care Program | 114 |
| Friend/family member | 27 |
| Guardian | 27 |
| ILC | 4 |
| Internet | 3 |
| IRIS Consultant | 16 |
| MCO | 23 |
| Medicare | 1 |
| Metastar | 8 |
| Provider | 5 |
| Self | 1 |
| Public Defender | 62 |
| Social Worker - non-Family Care | 11 |
| Unknown | 10 |
| | |
| **Method of First Contact*** | |
| Telephone | 554 |
| E-mail | 9 |
| Mail | 0 |
| Face to face | 1 |

| Issue and MCO/IRIS[5] involved | CW | CCCW | CCI | C-Us | iCare | IRIS | LCD | MCDFC | WWC | No MCO | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Abuse/Neglect | 2 | 1 | 1 | 2 | | 1 | | 2 | | | **9** |
| Assistance with MCO's grievance procedure | 6 | | 6 | 3 | 1 | | 4 | 2 | 2 | | **24** |
| Assistance with state fair hearing | 4 | | 2 | | 1 | 7 | | 5 | 2 | | **21** |
| Choice of Provider | 9 | 2 | 7 | 9 | 7 | 14 | 4 | 8 | 1 | 1 | **62** |
| Communication probs. with MCO - IRIS staff | 2 | 1 | | | | 3 | | | 1 | | **7** |
| Cost Share | 3 | | 5 | 2 | 1 | 5 | | 2 | | | **18** |
| Denial of prescription/nonprescrip meds | 2 | | | 1 | | | | | | | **3** |
| Discharge planning | 4 | 1 | 2 | 1 | 0 | 2 | 1 | 5 | 1 | | **17** |
| Disenrollment | 2 | | 6 | | 2 | 11 | | 4 | | | **25** |
| Enrollment/Eligibility | 1 | 4 | 8 | 2 | 4 | 21 | 1 | 17 | 1 | 11 | **70** |
| Equipment Request/Denial | 8 | 1 | 12 | 5 | 5 | 9 | 4 | 6 | 3 | | **53** |
| Estate Recovery | 1 | | | | | | | | | | **1** |
| FEA - problems with payments/peperwork | | | | | | 15 | | | | | **1** |
| Functional screen problems | 1 | 1 | | | | 2 | | | | | **4** |
| Guardianship questions | | | | | | 1 | | | | | **1** |
| Home modification (accessibility) | | | | 1 | | 4 | 1 | | 1 | | **7** |
| IRIS - Budget Amount | | | 1 | | | 29 | | | | | **30** |
| MCO terminates provider relationship | | | | | 1 | | | | | | **1** |
| Medical treatment | 4 | | 1 | 2 | | 1 | | | | | **8** |
| Mental health care access | 1 | | 1 | | | | | | | | **2** |
| Provider quality | 9 | 1 | 16 | 8 | 4 | 16 | 3 | 16 | | 2 | **75** |
| Relocation | 11 | 3 | 16 | 13 | 1 | 8 | 4 | 12 | 3 | 1 | **72** |
| Rep Payee problems | | | | | | | 1 | | | | **1** |
| Request for additional services | 2 | 1 | 10 | 1 | 1 | 4 | 4 | 1 | | | **24** |
| Safety | | 1 | 4 | 5 | | 1 | 1 | 1 | | | **13** |
| Self-directed supports issues | | | 1 | 1 | | 5 | | 2 | | | **9** |
| Service delay | 3 | | 6 | 3 | 1 | 5 | | 3 | 2 | | **23** |
| Service denial (additional service[s] or hours) | 3 | | 7 | 6 | 1 | 4 | 3 | 2 | 1 | 1 | **28** |
| Service denial (specific service) | 8 | 1 | 12 | 6 | 2 | 6 | 2 | 4 | 3 | | **44** |
| Service reduction | 7 | | 16 | 7 | 5 | 26 | | 3 | | | **64** |
| Service termination | 7 | | 12 | 3 | 6 | 18 | | 10 | 2 | | **58** |
| Transportation | | | | 2 | | 2 | | 1 | 1 | | **6** |
| **Total by MCO** | **100** | **18** | **152** | **83** | **43** | **220** | **33** | **106** | **24** | **16** | **781** |

| **How the case was resolved (may select more than one)** | |
|---|---|
| Informal Negotiation | 41 |
| Investigation/Monitoring | 484 |
| Work with IRIS Consultant or Financial Service Agency | 52 |
| MCO appeal/grievance or State Fair Hearing | 44 |

| **Referrals:** | |
|---|---|
| Referral to ADRC | 39 |
| Referral to APS | 10 |
| Referral to BOALTC | 4 |
| Referral to Corp Counsel | 1 |
| Referral to County CSP | 1 |
| Referral to DHA | 1 |
| Referral to DHS | 2 |
| Referred to DQA | 11 |
| Referral to DVR | 2 |
| Referral to Guardianship Support Center | 6 |
| Referral to ILC | 4 |
| Referral to iLife | 3 |
| Referral to IRIS staff | 12 |
| Referral to LAW | 4 |
| Referral to MARC program | 1 |
| Referral to MCQS | 25 |
| Referral to MetaStar | 4 |
| Referral to P&A staff | 4 |
| Referral to Tenant Resource Center | 3 |
| Referral to TMG | 2 |
| Referral to State Bar Referral line | 6 |

| **Average Days to close a case** | |
|---|---|
| Cases only (does not include I&A) | 87 |

***[5] MCO/IRIS Acronyms***

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