

# Family Care and IRIS Ombudsman Program

For Enrollees Age 18-59

## Year 8 Annual Report:

July 1, 2015 - June 30, 2016

Report Date:  
October 1, 2016

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Protection and advocacy for people with disabilities.

## 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 2015-2017 biennial budget, Wisconsin Statute Sec. 46.281(1n)(e).

*[The ombudsman] was excellent, very professional. Your group knows what they are doing. Our family thanks all of you. Keep up the good you all are doing.*  
Guardian of Family Care member

### FCIOP Program

The program operates as a division within Disability Rights Wisconsin. Services are provided by a staff of nine ombudsmen (8.25 FTE), supported by 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.

**Service Request Data for 8 Years of Program Implementation**  
**Number of Individuals Assisted through FCIOP**

	<b>Year 1<sup>1</sup></b> ending 6/30/09	<b>Year 2<sup>2</sup></b> ending 6/30/10	<b>Year 3<sup>2</sup></b> ending 6/30/11	<b>Year 4<sup>2</sup></b> ending 6/30/12	<b>Year 5<sup>2</sup></b> ending 6/30/13	<b>Year 6<sup>2</sup></b> ending 6/30/14	<b>Year 7<sup>2</sup></b> ending 6/30/15	<b>Year 8<sup>2</sup></b> ending 6/30/16
Developmental Disabilities	19	64	158	166	168	83	70	109
Physical Disabilities	63	213	255	318	297	330	354	338
DD & PD	9	107	79	93	115	127	139	231
New Info & Referral	26	79	141	157	211	186	189	265
New Cases	65	305	370	434	379	374	383	425
Cases continued from previous year	-	44	78	101	131	103	119	112
Cases closed this year	-	345	492	569	627	545	560	671
<b>Total number of people assisted<sup>3</sup></b>	<b>94</b>	<b>381</b>	<b>534</b>	<b>577</b>	<b>596</b>	<b>545</b>	<b>580</b>	<b>657</b>
<b>Total number of service requests<sup>3</sup></b>	<b>98</b>	<b>426</b>	<b>606</b>	<b>696</b>	<b>735</b>	<b>665</b>	<b>690</b>	<b>801</b>

<sup>1</sup>November 1, 2008 - June 30, 2009 for year 1

<sup>2</sup>July 1- June 30 for each subsequent year

<sup>3</sup>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 can occur for those the system is designed to serve. 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 related to Family Care, Family Care Partnership or IRIS.

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.

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. Ombudsmen 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.

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.

*[The ombudsman] was wonderful—she knew what kind of documentation we needed and contacted my providers to get it. She also helped me decide what to say and how to present myself at the appeal. I could not have won my appeal without her help! [The ombudsman] was also very patient with me in explaining and answering my many questions. Thank you!*

*Family Care member*

## Requests for Help

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

- 301 Denial or delay of new request for service, medication or equipment denial
- 188 Reduction or termination of existing services
- 90 Enrollment/Eligibility/Disenrollment problems
- 90 Quality issues with provider
- 83 Relocation (due to contract/rate dispute with MCO or due to desire to leave skilled setting)
- 67 Choice of Provider

For more detail on these and other issues handled by FCIOP, see Appendix, pages 7-9.

## Satisfaction with Ombudsman Services

Of 74 satisfaction surveys returned during the program year (out of 801 requests for assistance), 57 or 77% indicated that the ombudsman was “very important” in solving the problem. Fifty-seven or 77% were “very satisfied” with the overall results of assistance received. Sixty-seven or 91% would call an ombudsman again, and 65 or 88% would recommend the ombudsman service to a friend.

## FCIOP Program Changes

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Over the years of the FCIOP program, there has been a gradual increase in number of ombudsmen. There were also an increase in the number of counties and geographic areas offering Family Care and IRIS, an increase in the complexity of cases, an increase in the number of enrollees requesting state fair hearings, and a number of policy changes. All of these elements resulted in the need for additional attorney support for ombudsmen.

The Department of Health Services approved an additional support attorney, an additional ombudsman, and a Fox Valley office for the ombudsman program. These changes have made a huge difference and have highlighted how much work the ombudsmen and single program attorney were engaged in before! We are grateful to the Department of Health Services for recognizing and responding to this need.

*I'm very thankful for the help I got from DRW. I have mental and physical health concerns, and it makes me quite anxious and depressed at times when trying to advocate for myself without assistance.*

*Family Care member*

To respond to a desire to show quality metrics and case trends, the ombudsman program is finding ways to pull improved and more targeted data from its database. Designing a data system change takes time, and we are eager for the results.

## 2015-2016 Family Care and IRIS Program Changes and Occurrences of Note

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### State Budget Proposes Changes to Family Care and IRIS

Wisconsin's legislature passed its biennial budget in 2015, which proposed changes to Family Care and IRIS. The budget language directed the Department of Health Services to submit updates and a final concept paper on the new adult long term care system, dubbed Family Care/IRIS 2.0. The Department received significant stakeholder input and outlined a program designed to meet the requirements of the legislation. The key concepts of the budget bill, and therefore the final Concept Paper included:

- Primary and acute health care would be integrated into a single benefit package, rather than accessed using the Forward Card, as is the practice in Family Care and IRIS.
- The program would be managed by private Integrated Health Agents (IHAs), rather than Managed Care Organizations (MCOs) as is the current structure.
- A "self-directed" program would be integrated into the structure under the management of IHAs, and IRIS as a separate alternative to managed care would be eliminated.
- Family Care/IRIS would be offered statewide (after the implementation of Family Care and IRIS in northeast Wisconsin, seven non-Family Care/IRIS counties remain).
- There would be at least three IHAs in each of three geographic service areas.

Before it came to a vote by the Committee on Joint Finance, the Concept Paper was withdrawn in June, 2016. Proposals to change Family Care and/or IRIS may be made in the future.

### **Managed Care Organizations – Changes to Business Structure**

In order to compete in the anticipated market, some MCOs needed to change their business structures. Some had been formed as public “long term care districts”. One MCO was connected to a county. The new IHA concept required a private business entity. For this and other reasons, MCOs that would not qualify to compete in the new market began to restructure their business models. We expect to see the results of these changes in FCIOP’s new program year.

### **Family Care and IRIS to be Implemented in Rock County**

Prior to the proposed changes to the state’s budget (Family Care/IRIS 2.0), officials in Rock County had voted to implement Family Care and IRIS. The implementation is scheduled to begin July 1, 2016. As it had done in northeast Wisconsin, the Department held community forums and worked closely with the Rock County Aging and Disability Resource Center, MCOs, IRIS agencies and ombudsman programs to ensure a smooth transition for all enrollees.

### **IRIS – Changes to Program Structure and Policy**

#### **Multiple IRIS Agencies**

Since the inception of IRIS, two statewide agencies have served enrollees. One is an IRIS Consultant Agency (ICA), which helps IRIS participants set up and update their plans, and helps them understand policies and their responsibilities with employer authority and budget authority. The ICA has been operated by The Management Group (TMG).

The other is a Fiscal Employment Agent (FEA<sup>1</sup>), which assists IRIS participants as employers. The FEA conducts background checks for potential employees, takes timesheets, manages payroll taxes, prints and sends payroll checks, and provides updated information to participants about the status of their budget usage. The FEA has been operated by iLife<sup>2</sup>.

Under the Department’s new structural concept, additional ICAs and FEAs are being added to the list of options for participants. The first to join the arena are Connections<sup>3</sup> ICA and GT Independence FEA. For a complete current list of options, including geographic areas served, see <https://www.dhs.wisconsin.gov/iris/directory.htm>. Enrollees can also learn about ICA options by going to the ADRC and they can learn about FEA options by talking with their IRIS Consultants.

*All of my questions were answered and I felt [the ombudsman] was very knowledgeable and helpful.  
Guardian of IRIS participant*

<sup>1</sup> In prior years this agency was called a Financial Services Agency (FSA).

<sup>2</sup> iLife is the business separation from Milwaukee Center for Independence (MCFI).

<sup>3</sup> Connections is the business separation from Lutheran Social Services.

## **WISITS**

The new database system WISITS (Wisconsin's Self-Directed Information Technology System) makes integrated communication between IRIS agencies possible. While protecting the privacy rights of participants' data, it uses the same platform for all agencies. It allows more accurate and timely responses to claims processing and budget management. Further improvements will be made, including a much anticipated participant portal that will allow enrollees to receive instant in-time information so they can better manage their employees and budgets.

## **Changes to IRIS Policies**

A number of significant changes, updates and adjustments to IRIS policies and practices were issued during the year. Some of these were:

- Continued work on improving the policy for paid caregivers for participants who qualify for Private Duty Nursing (PDN);
- Issuance of a rule that requires all workers to limit their weekly paid hours to 40 with some exceptions;
- A rule prohibiting guardians from being paid caregivers (later rescinded after an updated interpretation by the Centers for Medicare and Medicaid Services [CMS]);
- A process designed to manage reductions in monthly budget estimates that preserves due process rights;
- Changing monthly authorizations to weekly authorizations for Self-Directed Personal Care (SDPC);
- Restructured requirements for emergency backup plans;
- Clearer critical incident reporting;
- Updated policy on background checks for participant hired workers; and
- New guidelines and requirements for allowing restrictive measures.

*Nothing else [could have been done to serve me better] because the service I received was 100% to my satisfaction. Thank you for your help!*

*IRIS participant*

Wisconsin's IRIS program as a free standing self-directed option is unique in the country. The program has evolved since its inception, and the Department has recognized over the past few years the need to rework policies and procedures that protect participants and the integrity of the program. It takes significant interpretations of rules and designing of policies to ensure that the experience of this program is one that supports the needs and well-being of its participants, and yet allows independence in self-direction

It isn't a surprise that the implementation of some of the policies and procedures has been rocky. The processes are new and it can be difficult to predict how they will be interpreted and how they will impact members. The Department has been open to feedback by FCIOP, by the IRIS Advisory Committee, and by agencies and advocates. DHS has made many adjustments to policies in order to protect participants. There are many opportunities to create smoother policy implementations, and there is definitely more work to do to ensure the protection of participants' health and safety, along with their due process rights and access to independent decision making. We look forward to a continued collaboration toward these goals.

### **New Employee Paperwork**

The timeline to hire new employees has been onerously long for many years. The problem is exacerbated by complicated paperwork and slow background check processes. When onboarding new employees takes too long, the people that the participant is trying to hire find jobs elsewhere before the hiring process can be completed. The largest FEA, iLife, began evaluating and improving its background check system and processing to allow faster onboarding of new participant hired workers.

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

A new system for detecting, investigating and pursuing fraud allegations in IRIS was implemented in the prior program year. Cases where participants have been accused of fraud have been part of the FCIOP casework this year. Through the cases we have had, we have been able to improve some due process rights, including access to records. An allegation of fraud is significant, and due to its importance, we repeat the cautions we wrote in last year's FCIOP Annual Report (ending 6/30/15).

*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.*

### **Workforce Shortage**

The FCIOP program has been hearing across programs and agencies that there is a real difficulty in finding caregiving workers. Many of the providers contracting with MCOs, the Family Care members who self-direct, and IRIS participants are beginning to experience this void. Program policies and practices may need to be reviewed to ensure adequate coverage can be provided where needed.

*[The ombudsman] did such an awesome job. I enjoyed working with him and hope that if I ever need him again he would be there.*

*Parent/guardian of Family  
Care member*

### **Our Continuing Work...**

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Wisconsin's unique systems for providing long term care services continues to evolve. Efforts to find efficiencies must be carefully balanced with individuals' needs for adequate care and the ability to make everyday choices. It is an important challenge and one that Wisconsin's innovative spirit will be able to achieve.

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October 1, 2016

**Appendix**  
**Report of Cases—July 1, 2015 - June 30, 2016**

**Number of cases in this reporting period**

New I&A	257
New this reporting period - opened as case	425
Number of cases continuing from previous report	112
Number closed this reporting period	654

**Target Population\***

Developmental Disability	109
Physical Disability	338
Developmental Disability & Physical Disability	231

**Contact/Referral Source\***

ADRC	44
Adult Family Home	6
Advocacy Group	5
County	1
DRW client previously	195
DRW non-FCIOP staff	4
Family Care Program	131
Friend/family member	66
Guardian	41
Guardianship Support Center	1
ILC (Independent Living Center)	5
Internet	2
IRIS Consultant	33
MCO	22
Metastar	6
Nursing Home	1
Private Attorney	3
Provider	3
Self	85
Social Worker - non-Family Care	18
Support Group	1
Unknown	10

**Method of First Contact\***

Telephone	663
E-mail	10
Mail	0
Face to face	6



*Family Care and IRIS Ombudsman Program  
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<b>Issue and MCO/IRIS<sup>5</sup> involved</b>	<b>CW</b>	<b>CCCW</b>	<b>CCI</b>	<b>Contns</b>	<b>C-Us</b>	<b>iCare</b>	<b>iLife</b>	<b>IRIS</b>	<b>LCD</b>	<b>My Ch</b>	<b>TMG</b>	<b>WWC</b>	<b>No MCO</b>	<b>TOTAL</b>
Abuse/Neglect	2	2	4	0	2	0	0	1	0	1	1	0	0	13
Assistance with MCO's grievance procedure	4	0	1	0	1	0	2	0	2	1	1	0	1	13
Assistance with SFH	5	0	0	0	1	0	0	1	2	0	1	0	0	10
Choice of Provider	14	1	15	0	6	4	0	11	2	8	4	0	2	67
Communication probs. with MCO - IRIS staff	2	0	0	0	1	0	0	0	0	0	0	0	0	3
Confidentiality Violations	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Cost Share	5	0	2	0	1	0	0	6	0	0	0	0	0	14
Denial of prescription meds	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Denial of visitors	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Dental treatment	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Discharge planning	4	1	3	1	3	0	0	0	1	0	0	0	0	13
Disenrollment	4	0	2	0	1	2	0	14	0	2	1	1	0	27
DQA complaint process	0	0	1	0	0	0	0	0	0	0	0	1	0	2
Employment – job coach issues	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Enrollment/Eligibility	7	0	4	0	3	3	1	22	1	10	0	2	7	60
Equipment Request/Denial	6	1	7	0	3	1	0	6	1	5	1	1	0	32
Functional screen problems	0	0	0	0	0	0	0	1	0	1	1	0	1	3
Home modification (access)	0	0	0	0	2	0	0	3	0	0	0	0	0	6
Housing	0	0	0	0	1	1	0	0	0	0	0	0	0	2
IRIS - Budget Amount	0	0	0	0	0	0	0	90	0	0	0	0	1	91
MCO terminates provider relationship	2	0	0	0	0	0	0	0	0	0	0	0	0	3
Medical treatment	14	1	1	0	3	0	0	1	2	1	0	0	0	23
Mental health care access	1	0	1	0	2	0	0	0	0	0	5	0	0	4
Policy changes affecting services	0	0	0	0	0	0	0	10	0	0	0	0	0	15
Prescription denial	1	0	0	0	0	0	0	0	0	0	3	0	0	1
Provider quality	23	2	24	0	8	1	5	14	2	0	0	2	0	90
Relocation	24	3	21	1	10	0	1	6	2	8	0	7	0	83
Rep Payee problems	0	0	0	0	0	0	0	0	1	0	1	0	0	1
Request for additional services	5	1	4	1	1	3	1	9	2	1	1	1	0	30
Safety	1	1	10	0	4	1	1	18	1	1	1	1	0	40
Self-directed supports issues	2	1	2	0	2	1	3	38	2	0	0	1	0	53
Service animal issues	0	0	0	0	0	0	0	1	0	0	2	0	0	1
Service delay	6	3	10	0	8	0	6	46	1	3	0	7	0	92
Service denial (additional service[s] or hours)	10	2	4	0	4	0	0	32	0	0	1	0	0	52
Service denial (specific service)	16	3	8	0	10	0	1	22	1	4	5	5	0	71
Service reduction	9	4	16	0	8	2	1	61	4	9	0	4	0	123
Service termination	10	1	3	0	7	4	1	33	0	6	0	0	0	65
Spending \$\$--accting by AFH	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Supportive Home Care wage	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Timeliness of paperwork	0	0	0	0	0	0	2	2	0	0	0	0	0	4
Transportation	1	0	1	0	1	0	0	1	1	0	0	0	0	5
<b>Total by MCO</b>	<b>182</b>	<b>27</b>	<b>144</b>	<b>3</b>	<b>93</b>	<b>23</b>	<b>25</b>	<b>453</b>	<b>28</b>	<b>67</b>	<b>29</b>	<b>34</b>	<b>12</b>	<b>1120</b>

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

I&R	116
Informal Negotiation	30
Investigation/Monitoring	493
Work with IRIS Consultant or Financial Service Agency	54
MCO appeal/grievance or State Fair Hearing	47

**Referrals:**

Referral to ADRC	37
Referral to BOALTC	6
Referral to Court – Guardianship issues	1
Referral to DHA	4
Referral to DHS	11
Referred to DQA	5
Referral to DRW P&A staff	5
Referral to Guardian	1
Referral to Guardianship Support Center	3
Referral to ILC	2
Referral to FEA staff	6
Referral to ICA staff	24
Referral to LAW	1
Referral to MCO Team	9
Referral to MCQS	9
Referral to Medicare Complaint Process	1
Referral to MetaStar	1
Referral to National MS Society	1
Referral to PACT	1
Referral to private attorney	1
Referral to Rebuild Together	1
Referral to State Bar Lawyer Referral	2
Referral to Tenant Resource Center	2
Referral to TMG	7

**Average Days to close a case**

Cases only (does not include I&R)	99
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**<sup>5</sup> MCO/IRIS Acronyms**

CW	=	Care Wisconsin
CCCW	=	Community Care Connections of Wisconsin
CCI	=	Community Care, Inc.
Contns	=	Connections
C-Us	=	ContinuUs
iCare	=	iCare
iLife	=	iLife
IRIS	=	Include, Respect, I Self-directed (self-directed alternative to Family Care)
LCD	=	Lakeland Care District
My Ch	=	My Choice
TMG	=	The Management Group
WWC	=	Western Wisconsin Cares
No MCO	=	Not enrolled with an MCO or IRIS