

# Family Care and IRIS Ombudsman Program

For Enrollees Ages 18-59

## Year 14 Annual Report:

July 1, 2021 - June 30, 2022

Report Date:  
September 30, 2022

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## Family Care and IRIS Ombudsman Program Overview

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### 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>.

These programs are designed to support individuals with long term care needs. Challenges may arise related to these programs. Individuals may have questions or concerns about their supports and services. They may find themselves with issues regarding functional or financial eligibility. Fortunately, multiple resources are available to support solutions to any of these questions, concerns, or issues.

*Progress was finally made when I became aware of the ombudsman program. Ombudsman made good steady progress and pushed to move forward until there was full resolution.*

*Family Care Member*

These resources include state officials and the state's contractors. Sometimes people may 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 explains FCIOP and the work it has done this reporting period.

### FCIOP Program

FCIOP is state funded and contracted by the Wisconsin Department of Health Services (DHS) with Disability Rights Wisconsin (DRW). It is authorized and funded by the 2021-2023 biennial budget, Wisconsin Statute Sec. 46.281(1n) (e). DRW has been awarded the contract since the inception of this ombudsman program. The current contract is from a 2019 procurement.

FCIOP operates as a distinct division within Disability Rights Wisconsin. Services are provided by a staff of 12 ombudsmen (11.5 FTE), supported by two part-time dedicated intake specialists, two supervising attorneys and a managing attorney. Services are offered throughout the state. FCIOP has staff in DRW group offices in Milwaukee and Madison and staff working from home offices in Western, Northwest and Northeast Wisconsin. Advocacy services are provided at no cost to program recipients or potential enrollees.

*Family Care and IRIS Ombudsman Program  
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	<b>Yr 1</b> <sup>1</sup> ending 6/30/09	<b>Yr 2</b> <sup>2</sup> ending 6/30/10	<b>Yr 3</b> <sup>2</sup> ending 6/30/11	<b>Yr 4</b> <sup>2</sup> ending 6/30/12	<b>Yr 5</b> <sup>2</sup> ending 6/30/13	<b>Yr 6</b> <sup>2</sup> ending 6/30/14	<b>Yr 7</b> <sup>2</sup> ending 6/30/15	<b>Yr 8</b> <sup>2</sup> ending 6/30/16	<b>Yr 9</b> <sup>2</sup> ending 6/30/17	<b>Yr 10</b> <sup>2</sup> ending 6/30/18	<b>Yr 11</b> <sup>2</sup> ending 6/30/19	<b>Yr 12</b> <sup>2</sup> ending 6/30/20	<b>Yr 13</b> <sup>2</sup> ending 6/30/21	<b>Yr 14</b> <sup>2</sup> ending 6/30/22
Developmental Disabilities	19	64	158	166	168	83	70	109	114	175	178	206	194	182
Physical Disabilities	63	213	255	318	297	330	354	338	327	337	446	534	368	397
DD & PD	9	107	79	93	115	127	139	231	204	213	186	196	192	223
New Info & Referral	26	79	141	157	211	186	189	265	280	261	300	351	256	228
New Cases	65	305	370	434	379	374	383	425	421	463	540	585	498	573
Cases continued from previous year	-	44	78	101	131	103	119	112	129	121	172	157	159	182
Cases closed this year	-	345	492	569	627	545	560	671	710	673	851	929	727	796
<b>Total number of people assisted</b> <sup>3</sup>	<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>727</b>	<b>725</b>	<b>844</b>	<b>888</b>	<b>744</b>	<b>777</b>
<b>Total number of service requests</b> <sup>3</sup>	<b>98</b>	<b>426</b>	<b>606</b>	<b>696</b>	<b>735</b>	<b>665</b>	<b>690</b>	<b>801</b>	<b>830</b>	<b>845</b>	<b>1011</b>	<b>1095</b>	<b>913</b>	<b>984</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 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 face. Challenges may include issues such as questions about residential relocation, a change in an individual's service and support plan, a denial of a new request for equipment, concerns about potential impact of a change in provider, or any number of other issues related to Family Care (FC), Family Care Partnership (FCP), PACE or IRIS.

Ombudsmen advocate with program recipients and potential enrollees in a variety of ways to resolve concerns. Ombudsmen talk with individuals who have contacted FCIOP to determine what the issue is from the individual's perspective, what they want to do about it, and how much assistance they want from the ombudsman. With their permission, ombudsmen talk to other people involved. Ombudsmen also 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.

Ombudsmen help people understand possible options to meet their goals and the assistance that ombudsmen can provide within the scope of the ombudsman program. The ombudsman's work then proceeds based on the preferences of the person being helped. Ombudsmen can help by answering questions, verifying information, supporting communication to help sort out situations that have gotten complicated, ensuring due process rights have been preserved, and assisting with appeals and grievances. Ombudsmen use these and other advocacy pathways to work with the individual to try to achieve their advocacy goals.

Throughout their advocacy, ombudsmen seek informal resolution. Ombudsmen maintain positive working relationships with staff responsible for potential enrollee, member and participant rights and supports 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, DHS, service providers, advocacy associations, mental health and specialty service providers, income maintenance consortia, county staff and others. These working relationships create a framework for accurate information and assistance to the program recipient or potential enrollee and often help to move cases toward resolution.

## Requests for Help

Ombudsmen handled a wide variety of cases during this reporting period. 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. Ombudsman work to develop separate service requests by issue but some service requests may have multiple issues. As a result, the following list of presenting issues is a higher number than the number of people asking for assistance and higher than the number of service requests shown in the chart on page 2.

*Ombudsmen are very knowledgeable and help people in difficult situations when people are not heard by some organizations or when people are treated unfairly. It is good to know we are not alone and that we have a program to support us.*

*Guardian of IRIS participant*

1032 issues were identified by enrollees in the Family Care / Family Care Partnership / PACE programs. The top seven presenting issues were:

- 209 Relocation
- 175 Denial or delay of new request for service, medication, or equipment
- 149 Communication Problems with MCO Staff
- 81 Quality issues with provider
- 73 Abuse or Neglect
- 47 Transportation
- 45 Choice of Provider

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

- 66 Denial or delay of new request for service, medication, or equipment
- 36 Self-directed supports
- 26 Communication Problems with IRIS Staff
- 23 Enrollment/Eligibility/Disenrollment problems
- 22 Budget amount
- 21 Quality issues with IRIS
- 18 Choice of Provider

Both the number of individuals who contacted FCIOP and the number of issues they presented increased compared to last reporting year. This reporting period brought the same major issues to our case work as we have seen over the past few years. People continued to contact us with concerns related to Covid-19, residential relocation, and the caregiver crisis. The top issues listed above-- relocation, self-directed supports, denials or delays of new requests and communication problems reflect those major issues.

FCIOP had an increase in both overall number of cases and service requests as compared to the last reporting period yet a slight decrease in State Fair Hearings. These changes are likely related to two factors.

One, the Public Health Emergency in place due to the Covid-19 pandemic during this reporting period requires a mandatory hold on involuntary disenrollment. As such, we have far fewer requests for assistance with disenrollment and the State Fair Hearings often associated with that issue.

*The Ombudsman maintained amicable discussions throughout. The focus was on solutions and the best way to achieve them. When necessary, additional resources were brought in to add to the "brain trust."*

*Guardian of Family Care  
Member*

Two, services and supports were less frequently changed during the height of the pandemic and sometimes increased to help individuals support their needs. However, during this current reporting period FCIOP saw an increase in issues regarding changes to services and supports. Sometimes efforts to obtain new equipment were adversely affected by supply chain issues. Other times it became difficult to receive timely evaluations and assessments as staffing is an issue not only regarding caregivers but across other

types of providers as well. FCIOP cases regarding denial or delay of a new request for a service, medication or equipment are likely to continue to grow.

Relocation cases were the most common type of case in FC/FCP/PACE. These are complex cases that are often open for months at a time as a search continues for an appropriate residential setting. In IRIS, the most frequent issue brought to FCIOP was a denial or delay of a new request for a service, medication, or equipment. These cases reflect issues mentioned above regarding delayed timing due to supply chain and staffing needs as well as the challenges in fulfilling detailed requirements to demonstrate need for these requests.

There were over 35,824 enrollees with physical and/or intellectual/developmental disabilities in FC/FCP/PACE and 19,087 enrollees in IRIS by the end of the program year. Note that these numbers exclude enrollees in the frail elderly target group, because they receive ombudsman services through the Board on Aging and Long Term Care. The total number of individuals in FC/FCP/PACE at the end of the program year was 56,636. The total number of IRIS participants was 24,200. For more detail on these and other issues handled by FCIOP, see Appendix, pages 10-14.

*I think this is an extremely valuable service provided to people who need it the most. I can't express enough how comforting it is to have someone there to help when it feels like all hope is gone and there is nowhere left to turn... We will always have a special place in our heart for our ombudsman.*

*Guardian of Family Care  
member*

### **Satisfaction with Ombudsman Services**

When a case closes, FCIOP clients are sent a satisfaction survey to complete. This year 98 surveys were returned during the program year out of 796 cases closed. This is a 25% increase in returned surveys as compared to the last reporting period. On May 1, 2021, we added Survey Monkey as an online option for survey responses. In addition, we added the survey option to our closing letters to help support the opportunity to return the survey closer to the end of the case work with the ombudsman. Below are statistics regarding the surveys we received from our clients:

- 98% (96 of 98) were “very satisfied” or “somewhat satisfied” with the level of knowledge the ombudsman had to address the problem.
- 90% (88 of 98) indicated that the ombudsman was “very important” or “somewhat important” in solving the problem. \*  
\*This question was left blank on multiple surveys. We will review and revise the question format to work toward better responsiveness.
- 98% (96 of 98) were “very satisfied” or “somewhat satisfied” with the responsiveness of their ombudsman to calls/emails.
- 93% (91 of 98) felt their issue or problem was resolved after they contacted the ombudsman program.
- 97% (95 of 98) were satisfied with the initial intake process, and
- 97% (95 of 98) would recommend the ombudsman service to a friend or family member in a similar situation.

Of the 607 FC/FCP/PACE cases with a recording of the outcome at closing, 363 (60%) resulted in full or partial satisfaction; 139 (23%) of enrollees withdrew from the resolution process or timelines expired; 25 (4%) were not resolved to the enrollee's satisfaction; and there were 10 (2%) for which the ombudsman program was unable to make a case to work toward resolution.

Of the 185 IRIS cases with a recording of the outcome at closing, 97 (52%) resulted in full or partial satisfaction; 41 (22%) of enrollees withdrew from the resolution process or timelines expired; 12 (6%) were not resolved to the enrollee's satisfaction; and there were 2 (1%) for which the ombudsman program was unable to make a case to work toward resolution.

## **2021-2022 Family Care and IRIS Program Changes and Occurrences of Note**

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### **COVID-19**

The COVID-19 pandemic continued to have a remarkable impact on individuals and how they interact with these programs' supports and services during this reporting period. Vaccines and boosters became available yet had varying requirements that impacted access. Free rapid testing became available both administered by a third party and with self-testing kits to use at home. Mandatory masking varied by location and situation. Varying isolation and quarantine requirements when testing positive for Covid-19 also occurred. All of these developments interacted with services and supports and led to questions and a need for thoughtful navigation of concerns with each client.

We cautiously returned to in person meetings and outreach opportunities. We always prioritize client safety and goals in these settings. The COVID-19 pandemic continues to impact issues surrounding community integration, living in a group setting and adequate staffing. These were common topics brought to FCIOP by callers and in our case work.

The American Rescue Plan Act (ARPA) was created to combat some of the financial impact of Covid-19. The State of Wisconsin has distributed some of those funds and plans for granting additional funds were implemented during this time. For more details, see [American Rescue Plan Act Funding for Wisconsin's Health | Wisconsin Department of Health Services](#).

*Your help has always been  
invaluable to me and my  
MCO team. Thank you.*

*Family Care member*

Given these significant and varied developments related to Covid-19, it is not surprising individuals reached out to the ombudsman program for understanding and support. As we have throughout the pandemic, FCIOP continues to rely on our working relationships with DHS and other entities to provide detailed, reliable, and current information to individuals to understand and resolve issues impacted by COVID-19.

## Caregiver Crisis

Like Covid-19, the caregiver crisis continued to be an issue during this reporting period. Individuals still struggle to find and retain workers as do agencies that supply workers to individuals. In January 2022, DHS began distribution of the ARPA Medicaid HCBS Rate Reform Initiative. A 5% rate increase for home and community-based service providers began January 1, 2022. Additional efforts have begun regarding minimum fee schedules for adult HCBS services as well. See [American Rescue Plan Act: Medicaid HCBS Rate Reform Initiative | Wisconsin Department of Health Services](#).

Planning began in order to utilize ARPA funds in other ways to address the crisis. See [American Rescue Plan Act: Medicaid HCBS Direct Care Workforce Reform and Analysis | Wisconsin Department of Health Services](#). These efforts include a staff stability survey to understand the fundamental elements impacting turnover and retention, developing a statewide career certification system to offer workers a professional career ladder in this field and creating a statewide workforce digital platform to offer a centralized way to access career opportunities and share staffing needs.

As these efforts get underway, the caregiver crisis remains. While these ARPA funded projects represent a unique effort to address needs, the caregiver crisis and its impact across services continues. The [Governor's Task Force on Caregiving](#) remains an important tool in understanding the issues and potential solutions for Wisconsin.

FCIOP continues to receive calls for assistance regarding quality of caregiving, ability to hire workers and safety concerns related to understaffing or overworked staff. We work with clients to report concerns, discuss how to find workers and consider ways to demonstrate a need to increase worker pay.

## Residential Relocation

Like the previous two topics, issues surrounding residential relocation remain complex and ongoing. As in our last reporting period, relocation from one residence to another or from a hospital or skilled nursing facility back into the community have been impacted by the caregiver crisis, COVID-19 restrictions, and limited residential options. Unfortunately, residential relocation is at the top of the list for our most common issue seen in case work for Family Care members.

Individuals face relocation challenges for a variety of reasons. Their group home setting is unexpectedly closing. They often face long wait times to find a residence that meets their needs. They must consider moving from their home community because of lack of viable options nearby. Again, ARPA funding should contribute to bring positive change to these difficult situations. As of right now, the challenges remain significant.

*Ombudsman was very aware of my conditions and able to communicate as I needed. Very factual and to the point without extra unneeded information.*

*Partnership Member*



## Changes in Federal Rules

Federal rules impact Wisconsin's long-term care system in multiple ways. These rules require state compliance in developing, maintaining, and administering processes. The more significant rules and recent changes are listed here. More detail can be found at the indicated sites.

### Electronic Visit Verification

The federal government's 21<sup>st</sup> 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, applies to services provided in Medicaid programs. EVV does not mean a change in the care people receive. Wisconsin is in the process of implementing EVV for Medicaid programs.

During this reporting period, DHS provided communication and support as entities created tools and implemented EVV requirements. DHS support for this process included guidance for individuals and providers via a website, videos, online meetings, newsletters, and a call center. In addition, DHS offers "Key Conversations." These are informal monthly drop-in sessions for provider agency administrators. FCIOP continues to have callers question the validity of EVV and question its complexity. We refer them to the DHS educational resources listed above for support.

*Everyone truly cared about our concerns. I will always remember how you went above and beyond for us. Thank you.*

*IRIS Participant*

The types of services affected currently are Medicaid-covered personal care and supportive home care services. Implementation has been at a "soft launch" stage as providers work out details and individuals get used to the new systems. The "hard launch" stage, when hours entered will be connected to program consequences, does not have a launch date as of the end of this reporting period. If EVV data is not captured for required services after the hard launch date the following consequences could occur:

- Claim denial
- Exclusion from future capitation rate setting development
- Possible disenrollment for IRIS participants

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 rule creates a variety of requirements for states to administer their managed care programs. Individual requirements have different deadlines for implementation.

Feedback that the 2016 Final Rule was overly burdensome to states led CMS to create a work group which suggested additional proposed rulemaking in 2018. 2020 saw the finalization of policies from the 2018 proposals. See: [Federal Register: Medicaid Program; Medicaid and Children's Health Insurance Program \(CHIP\) Managed Care](#).

The federal requirements are available here:

<https://public-inspection.federalregister.gov/2020-24758.pdf>

States are required to update a quality strategy every three years. The State of Wisconsin Medicaid Managed Care Quality Strategy was updated June 2021. See:

<https://www.dhs.wisconsin.gov/dms/2021-managed-care-quality-strategy.pdf>

### **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. The HCBS settings rule requires states to develop a transition plan for reaching and maintaining compliance.

Wisconsin's plan for meeting the rule's requirements is described in the [Statewide Transition Plan for Compliance with Medicaid Home and Community-Based Setting Requirements, P-01839 \(PDF\)](#). DHS submitted to CMS for final approval of the Plan in December 2021 and CMS requested revisions that are in progress at this time.

DHS completed the statewide assessments on residential settings and began enforcing compliance in March 2019. Nonresidential setting in-person assessments were paused in March 2020 and resumed during this reporting period.

The overall state plan can be viewed here:

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

Federal requirements here:

<https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html>

*Ombudsman was efficient, knowledgeable, and caring, and kept us informed every step of the way. She saw to it that our requests were honored according to the protocol of the Family Care. I would recommend her to any family that needed assistance.*

*Guardian of Family  
Care member*

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

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COVID-19 remains an ongoing challenge in our work. We have returned to offices but maintain masking in offices and in client meetings. We have instituted hybrid schedules to meet the needs of our staff. We have utilized technology to make our processes easier for clients. These include digital signatures for documents, digital surveys, and virtual meetings all while following HIPAA and other protocols to maintain confidentiality. Ombudsmen remain innovative advocates by meeting a client's needs and goals in ways the client desires. As the pandemic continues, we value our professional partnerships to support enrollees, members and participants yet remain a dedicated independent advocacy resource committed to each individual's goals.

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September 30, 2022

## Appendix

### Report of Cases—July 1, 2021 - June 30, 2022

<b>Number of cases in this reporting period</b>	
<b>Family Care/FC Partnership/PACE</b>	
New I&A	162
New this reporting period – opened as case	437
Number of cases continuing from previous report	149
Number closed this reporting period	609
<b>IRIS</b>	
New I&A	66
New this reporting period – opened as case	136
Number of cases continuing from previous report	33
Number closed this reporting period	187
<b>Target Population*</b>	
Developmental Disability	182
Physical Disability	397
Developmental Disability & Physical Disability	223
<b>Contact/Referral Source</b>	
ADRC	105
Adult Family Home	1
Adult Protective Services	6
Advocacy Group	4
BOALTC	12
DHS/DHA/ALJ	3
Doctor	2
DRW client previously	301
Family Care social worker	1
Family Care/IRIS program info	7
Friend/family member	65
Guardian	54
Independent Living Center	2
Internet Search	15
IRIS Consultant	54
Lawyer Referral Service	1
Metastar	5
MCO	21
NOA	19
Nursing Home	3
Private Attorney	2
Representative's Office	1
Self	75
Service Provider	24
Social Worker - not Family Care	14
<b>Method of First Contact*</b>	
Telephone	736
E-mail	65
Mail	0

<b>Issue involved at Time of Request and MCO</b> <i>(NOTE: more than 1 issue can be selected per client)</i>	<b>My Choice Wisconsin</b>	<b>Community Care, Inc.</b>	<b>iCare</b>	<b>Inclusa</b>	<b>Lakeland Care, Inc.</b>	<b>No MCO</b>	<b>TOTAL</b>
Abuse/Neglect	33	18	2	11	7	2	<b>73</b>
Assistance with MCO's grievance procedure	10	2	2	5			<b>19</b>
Assistance with SFH		2	1			1	<b>4</b>
Choice of Provider	22	9		10	1		<b>42</b>
Communication issues w/staff	62	29	6	38	1		<b>136</b>
Cost Share	6	7		1	2		<b>16</b>
Discharge planning	12	8		4	3	1	<b>28</b>
Disenrollment		1			2	2	<b>5</b>
Denial of visitors					1		<b>1</b>
Enrollment/Eligibility	6	2		3		21	<b>32</b>
Equipment Request/Denial	20	7	6	6	1		<b>40</b>
Eviction	4	5	1	1	6		<b>17</b>
Fraud investigation							
Functional screen problems							
Home modification (access)	8			1	1	1	<b>11</b>
IRIS budget amount		1					<b>1</b>
MCO terminates provider relationship		1					<b>1</b>
Medical treatment	2	2	2			1	<b>7</b>
Mental health care access	7	2		1		1	<b>10</b>
Prescription coverage	3		2	1			<b>6</b>
Provider quality	39	15	2	18	7		<b>81</b>
Relocation	86	62	4	31	26		<b>209</b>
Request for additional services	28	14	4	7	4		<b>57</b>
Safety	8	10		5	8		<b>31</b>
Self-directed supports issues	22	1	2	13	4		<b>42</b>
Service delay	26	15	2	10	2		<b>55</b>
Service denial (additional service[s] or hours)	7	1		4			<b>12</b>
Service denial (specific service)	6	5		5	1		<b>17</b>
Service reduction	4	1	2	2	1		<b>10</b>
Service termination	7	6		4	2		<b>19</b>
Transportation	19	10	5	11	2		<b>47</b>
<b>Total by MCO</b>	<b>447</b>	<b>235</b>	<b>43</b>	<b>192</b>	<b>82</b>	<b>30</b>	<b>1029</b>

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Issue involved at Time of Request and IRIS Agency (ICA or FEA) or DHS-IRIS <i>(NOTE: more than 1 issue can be selected per client)</i>	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									1	4		5	
Assistance with SFH							1		1	6		8	
Choice of Provider	1	1			3		2	1	1	11		20	
Communication issues w/staff		10		1	1		3	1	1	1		19	
Cost Share										4		4	
Discharge planning					1					3		4	
Disenrollment					1					2		3	
Enrollment/Eligibility					3		1		1	10	1	16	
Equipment Request/Denial							1		1	11		13	
Eviction										2	1	3	
Fraud investigation				1						1		2	
Functional screen													
Home modification (access)					1					5		6	
IRIS - Budget Amount		3		1			2		1	15		22	
IRIS Quality		12	2	2			2			2	1	21	
Medical treatment										2		2	
Mental health care access										1		1	
Prescription coverage										2		2	
Provider quality		2		1					1	2		6	
Relocation					2		2		1	8		13	
Request for additional services							3			7		10	
Safety		1								4		5	
Self-directed supports issues		11	1	4	3		1	1		15		36	
Service delay	1	8		4			1		1	2	13	30	
Service denial (additional service[s] or hours)										6		6	
Service denial (specific service)		1			2				1	4		8	
Service reduction							2			8		10	
Service termination		2			1		1		1	5		10	
Transportation		1			1		1					3	
<b>Total by IRIS Agency</b>	<b>2</b>	<b>52</b>	<b>3</b>	<b>14</b>	<b>19</b>	<b>0</b>	<b>23</b>	<b>3</b>	<b>2</b>	<b>13</b>	<b>154</b>	<b>3</b>	<b>288</b>

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

I&R	178
Informal Negotiation	150
Investigation/Monitoring	292
MCO appeal/grievance or State Fair Hearing	24
Technical Assistance	73

**Referrals:**

Referral to ADRC	28
Referral to BOALTC	2
Referral to DHA	0
Referral to DHS	8
Referral to DOL	0
Referred to DQA	14
Referral to DRW P&A	4
Referral to DWD	0
Referral to FISC	0
Referral to Guardianship Support Center	8
Referral to IRIS staff	0
Referral to legal services organization	3
Referral to MCO staff	19
Referral to MCQS	0
Referral to MetaStar	2
Referral to Private Bar	2

**How the case was resolved with  
ICAs/FEAs  
(more than 1 may be selected)**

I&R	70
Informal Negotiation	20
Investigation/Monitoring	77
DHS review or State Fair Hearing	17
Technical Assistance	34

**Referrals:**

Referral to ADRC	15
Referral to BOALTC	0
Referral to DHA	0
Referral to DHS	10
Referral to DOL	0
Referred to DQA	6
Referral to DRW P&A	0
Referral to DWD	0
Referral to FISC	0
Referral to Guardianship Support Center	2
Referral to IRIS staff	3
Referral to legal services organization	1
Referral to MCO staff	1
Referral to MCQS	0
Referral to MetaStar	0
Referral to Private Bar	0

**Average Days to close a case**

Cases only (does not include I&R)	112
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### Annual Report on Services Provided for State Fair Hearings

<b>Cases Closed with SFH Involvement</b>	552
# where SFH was requested	55
# where SFH took place	34

Hearing Result	Rep	Heavy TA	Light TA	N/A	TOTAL
Fully favorable	11	4	0	0	15
Partially favorable	2	0	0	0	2
Adverse	3	9	4	0	16
Unknown	0	0	1	0	1
				<b>TOTAL</b>	<b>34</b>

Issues brought where SFH held	
Denial of Services	9
Hours Reduction	8
IRIS Budget	8
Denial of Equipment	5
Eligibility	1
Cost Share	1
Home Modification	1
Relocation	1
<b>TOTAL</b>	<b>34</b>

#### # SFH ultimately Not Held

Outcomes	Rep	Heavy TA	Light TA	N/A	TOTAL
Fully Favorable	3	1	3	1	8
Partially Favorable	0	1	1	0	1
SFH withdrawn before resolution reached	0	1	1	1	3
Creative Solution	0	0	0	0	0
Other	0	0	1	8	9
				<b>TOTAL</b>	<b>21</b>

SFH = State Fair Hearing

Rep = Representation

TA = Technical Assistance

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