

# Family Care and IRIS Ombudsman Program

For Enrollees Ages 18-59

## Year 15 Annual Report: July 1, 2022 - June 30, 2023

Report Date:  
September 29, 2023

## **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 [www.dhs.wisconsin.gov/long-term-care-support.htm](http://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.

These resources include state officials and the state’s contractors. Sometimes people may want or need an independent advocate to help them resolve challenges, both informally and formally. For people ages 60 or older, the Board on Aging and Long-Term Care (BOALTC) is available as that resource. For people ages 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.

Ombudsman was very helpful and responsive to my questions. I enjoyed working with him because he was very understanding. I really appreciate him and the program for what he and all of them do. They are very nice people to work with.

*Family Care Member*

### **FCIOP Program**

FCIOP is state funded by a contract between the Wisconsin Department of Health Services (DHS) and Disability Rights Wisconsin (DRW). FCIOP 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 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  
2022-2023 Annual Report*

	<b>Yr 1<sup>1</sup></b> ending 6/30/09	<b>Yr 2<sup>2</sup></b> ending 6/30/10	<b>Yr 3<sup>2</sup></b> ending 6/30/11	<b>Yr 4<sup>2</sup></b> ending 6/30/12	<b>Yr 5<sup>2</sup></b> ending 6/30/13	<b>Yr 6<sup>2</sup></b> ending 6/30/14	<b>Yr 7<sup>2</sup></b> ending 6/30/15	<b>Yr 8<sup>2</sup></b> ending 6/30/16	<b>Yr 9<sup>2</sup></b> ending 6/30/17	<b>Yr 10<sup>2</sup></b> ending 6/30/18	<b>Yr 11<sup>2</sup></b> ending 6/30/19	<b>Yr 12<sup>2</sup></b> ending 6/30/20	<b>Yr 13<sup>2</sup></b> ending 6/30/21	<b>Yr 14<sup>2</sup></b> ending 6/30/22	<b>Yr 15<sup>2</sup></b> ending 6/30/23
Developmental Disabilities	19	64	158	166	168	83	70	109	114	175	178	206	194	182	180
Physical Disabilities	63	213	255	318	297	330	354	338	327	337	446	534	368	397	392
DD & PD	9	107	79	93	115	127	139	231	204	213	186	196	192	223	256
New Info & Referral	26	79	141	157	211	186	189	265	280	261	300	351	256	228	193
New Cases	65	305	370	434	379	374	383	425	421	463	540	585	498	573	635
Cases continued from previous year	-	44	78	101	131	103	119	112	129	121	172	157	159	182	182
Cases closed this year	-	345	492	569	627	545	560	671	710	673	851	929	727	796	787
<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>727</b>	<b>725</b>	<b>844</b>	<b>888</b>	<b>744</b>	<b>777</b>	<b>789</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>	<b>830</b>	<b>845</b>	<b>1011</b>	<b>1095</b>	<b>913</b>	<b>984</b>	<b>1010</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.

From the first phone call, everyone was so upbeat and helpful. The situation started to be changed as soon as the ombudsman got involved.

*Guardian of IRIS  
participant*

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 the individual’s 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**

FCIOP service to individual requests for help starts at the intake stage. Intake staff speak with individuals and listen to their concerns. These concerns are discussed, and issues identified to determine potential assistance an ombudsman may provide. One individual may have multiple issues to be addressed. Ombudsmen develop separate service requests for each issue, if possible, but some service requests may still 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.

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

- 224 Relocation
- 170 Denial or delay of new request for service, medication, or equipment
- 160 Communication Problems with MCO staff
- 59 Abuse/Neglect
- 57 Provider Quality
- 56 Self-directed supports
- 41 Transportation

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

- 59 Denial or delay of new request for service, medication, or equipment
- 44 IRIS - budget amount
- 40 Self-directed supports
- 38 Communication Problems with IRIS staff
- 29 Enrollment/Eligibility/Disenrollment problems
- 20 Assistance with state fair hearing
- 17 Provider Quality

Both the number of individuals who contacted FCIOP and the number of issues they presented increased compared to last reporting year. FCIOP continued to see an increase in overall number of cases opened during this reporting period. Service requests increased and are now comparable to pre-pandemic levels. Cases where State Fair Hearings were requested also increased.

Underlying the work of this reporting period are issues that are familiar. The caregiver crisis and its impact on residential relocation and possible abuse/neglect remains significant. Delays of a new request for service, medication or equipment can also be attributed to staffing and other shortages coming out of the pandemic.

As we move away from the pandemic, desire for increased integration into the community has brought more requests for services, medication, and equipment. In IRIS, this has also led to an increase in questions and issues regarding IRIS budget amounts, self-directed supports, and communication with ICA staff.

In Family Care and Family Care Partnership, relocation cases are the most common and remain often lengthy and complicated. These are complex cases that are typically open for months at a time as a search continues for an appropriate residential setting. For more detail on these and other issues handled by FCIOP, see Appendix, pages 11-15.

There were over 35,860 enrollees with physical and / or intellectual / developmental disabilities in FC / FCP / PACE and 19,806 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 57,844. The total number of IRIS participants was 25,765.

Ombudsman was amazing!  
She was able to articulate in a very professional and direct way our needs. It was comforting to know she was on our side.

*Guardian of Family  
Care Member*

Ombudsman was very quick to get all agencies involved. I truly believe the actions and responses of this case were because of her involvement and professionalism. There was quick, official, and effective involvement and responses.

*Guardian of Family Care  
Partnership member*

## **Satisfaction with Ombudsman Services**

When a case closes, FCIOP clients are sent a satisfaction survey to complete. This year 106 surveys were returned during the program year out of 787 cases closed. This is an 8% 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% (104 of 106) were “very satisfied” or “somewhat satisfied” with the level of knowledge the ombudsman had to address the problem.
- 96% (102 of 106) indicated that the ombudsman was “very important” or “somewhat important” in solving the problem.<sup>4</sup>
- 98% (104 of 106) were “very satisfied” or “somewhat satisfied” with the responsiveness of their ombudsman to calls/emails.
- 93% (99 of 106) were satisfied with the initial intake process<sup>5</sup>, and
- 96% (102 of 106) would recommend the ombudsman service to a friend or family member in a similar situation.

Of the 592 FC / FCP / PACE cases with a recording of the outcome at closing, 309 (59%) resulted in full or partial satisfaction; 115 (19%) of enrollees withdrew from the resolution process or timelines expired; 31 (5%) were not resolved to the enrollee’s satisfaction; and there were 1 (0.2%) for which the ombudsman program was unable to make a case to work toward resolution.

Of the 240 IRIS cases with a recording of the outcome at closing, 115 (48%) resulted in full or partial satisfaction; 39 (16%) of enrollees withdrew from the resolution process or timelines expired; 17 (7%) 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.

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<sup>4</sup> This question was left blank on multiple surveys. We will review and revise the question format to work toward better responsiveness.

<sup>5</sup> This question was also left blank on multiple surveys. We will review and revise the question format to work toward better responsiveness.

## **2022-2023 Family Care and IRIS Program Changes and Occurrences of Note**

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### **COVID-19 Unwinding**

During this reporting period, we moved toward the end of the public health emergency instituted during the Covid 19 pandemic. The end of the public health emergency brought about the unwinding of temporary policies created to maintain supports and services during the public health emergency. The term “unwinding” is used to describe the process of ending those temporary policies and a return to regular management systems regarding benefits including eligibility and enrollment. Included in this change was the end of Medicaid continuous enrollment on March 31, 2023. For Medicaid recipients on Family Care, Family Care Partnership, PACE and IRIS, this meant one of two things. Either they faced an enrollment process they may never have encountered if they joined these programs during the public health emergency or a return to enrollment processes they had not needed to complete since before the public health emergency.

Such a comprehensive re-enrollment plan involved extensive planning, communication, and organization by DHS. It also required coordination with external partners such as FCIOP to provide support and consistent information about the renewal process. Individuals were assigned a renewal month and window of time to submit documentation. These renewal time frames were spread over a 14-month period to balance the increased need for support through this time.

Learn more about Unwinding Renewal Status here:  
[www.dhs.wisconsin.gov/forwardhealth/renewalstatus.htm](http://www.dhs.wisconsin.gov/forwardhealth/renewalstatus.htm)

Members could sign up for renewal reminders and reach out to their MCO care team or IC for additional information. FCIOP met and worked with DHS, MCOs, and ICAs to understand processes and coordinate resources to support individuals.

There has been an initial disparate impact on IRIS participants losing enrollment that DHS has worked to mitigate by extending enrollment or expediting re-enrollment in order that participants don't have to return to ADRCs to re-enroll. FCIOP worked with ICAs when participants contacted us with concerns about their enrollment.

Ombudsman helped me keep all the pieces of this big puzzle in place. I had too many things to think about and really didn't know enough about each area. She was always so organized and knowledgeable.

*Family Care member*



The American Rescue Plan Act (ARPA) gave states federal funding for recovery efforts from the Covid 19 pandemic. Wisconsin used that funding in a variety of ways to support home and community-based services (HCBS). Family Care, Family Care Partnership, IRIS, PACE and Children’s Long-Term Support are HCBS programs. One way Wisconsin utilized some of those funds was to offer grant opportunities. The State of Wisconsin distributed approximately \$30 million across the state to entities with proposals to use this funding to support individuals involved in these programs.

For more details, see *American Rescue Plan Act Funding for Wisconsin’s Health*: [www.dhs.wisconsin.gov/arpa/index.htm](http://www.dhs.wisconsin.gov/arpa/index.htm)

### Caregiver Crisis

Access to caregiving remains very challenging in Wisconsin. Both individuals and agencies find it difficult to find and retain workers. ARPA funding has also been utilized to respond to the caregiver crisis. Last year’s FCIOP report highlighted ARPA funded workforce surveys and a new online portal to connect employers and potential employees. Below are two additional efforts that made significant progress this reporting period.

I am very satisfied with the outcome from disability rights ombudsman.

*Partnership Member*

DHS began an initiative to train 10,000 caregivers as certified direct care professionals. Individuals complete a self-paced 30-hour online training to receive certification. This effort will hopefully draw people toward caregiving as a career. In addition, there is a hiring bonus and 6-month retention bonus offered.

Learn more about Medicaid HCBS Direct Care Workforce Reform and Analysis: [www.dhs.wisconsin.gov/arpa/hcbs-directcareworkforce.htm](http://www.dhs.wisconsin.gov/arpa/hcbs-directcareworkforce.htm)

Another way to combat the caregiver crisis is a pilot project to increase supports for people to live independently in their communities longer. The Independent Living Supports Pilot program is for people who are not on Medicaid long term care but who may need some services similar to those available on Family Care or IRIS. This pilot program is in select counties across the state; 14 ADRCs will administer the program. ADRC staff will help individuals enroll and coordinate one time and ongoing services. One of the goals of the pilot is to better understand possible barriers to access to services. Another is to better understand how to provide information about services.

The caregiver crisis continues to have an effect throughout FCIOP case work. Clients in this reporting period, as in the last, identify caregiver concerns relating abuse, neglect, and provider quality. Additionally, concerns about caregiving may also be a

factor in relocation cases as residential options have changed due to staffing issues. FCIOP supports clients by discussing how to share and report their concerns and with referrals to report issues to appropriate oversight agencies. We review their rights to live in the least restrictive setting that meets their needs and what those options could look like. We also discuss how to find and hire new workers.

### **Residential Relocation**

Like our last reporting period, residential relocation remains the most common issue for Family Care cases brought to FCIOP by clients. Closures and insufficient staffing have limited the number and type of residential options. While MCOs are required to have an adequate provider network with a sufficient number, mix, and geographic distribution of providers of residential services, residential providers themselves have been challenged to stay in business in the current economic climate. As a result, a member may be asked to move to a residence outside of their community. Members also continue to face staying at a hospital or nursing home while such a stay is not medically necessary while MCO teams look to find an appropriate community residential setting.

The ARPA funding projects should help impact relocation issues as more workers become trained and available, but this reporting period continued to be a very challenging time for people needing to relocate. Ombudsmen help individuals by advocating for residential options that meet their outcomes and address their needs. FCIOP works with members and their MCO to support a member's right to live as independently as possible and in their community of choice.

### **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 (EVV), applies to services provided in Medicaid programs. EVV does not mean a change in the care people receive. EVV currently applies to personal cares and some supportive home cares. Live-in workers can be exempt from this requirement.

Wisconsin moved to a hard launch phase of implementing EVV on May 1, 2023. The start of the hard launch phase meant that compliance with EVV rules for certain cares became mandatory on that day. Employers are required to make sure that their workers follow EVV rules. This applies to both Family Care and IRIS. Failure to comply can result in denial of claims and disenrollment. Additional home health care services will become EVV compliance mandatory on 1/1/24.

My ombudsman was so supportive and a light in my journey. I can't thank her enough.

*IRIS Participant*

Like the unwinding, the rollout of the hard launch phase necessitated communication with the individuals affected and the systems involved to maximize a smooth transition. IRIS participants, in their role as employer, have a particularly intensive path as they are tasked with educating their workers and ensuring compliance. DHS developed a four-month process for compliance to provide time and education for this to unfold.

Details of this four-month process can be found in the *Electronic Visit Verification: Guidance for IRIS Consultants* publication here: [www.dhs.wisconsin.gov/publications/p03056.pdf](http://www.dhs.wisconsin.gov/publications/p03056.pdf)

Other information regarding Electronic Visit Verification implementation can be found here: [www.dhs.wisconsin.gov/evv/index.htm](http://www.dhs.wisconsin.gov/evv/index.htm)

IRIS participants have been challenged not only by instructing workers to comply with this new system but also by the electronic systems themselves. DHS has monitored Fiscal Employment Agencies (FEAs) which are the agencies responsible for administering EVV compliance. DHS has focused on FEA responsiveness to participants. Participants reach out for more information from FEAs in order to make sure their workers are using technology correctly.

### **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. The federal requirements are available here: [public-inspection.federalregister.gov/2020-24758.pdf](http://public-inspection.federalregister.gov/2020-24758.pdf)

CMS published a proposed rule titled *Medicaid Program: Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality* (the “Proposed Rule”), available at 88 Fed. Reg. 28092 (May 3, 2023) here:

[www.federalregister.gov/documents/2023/05/03/2023-08961/medicaid-program-medicare-and-childrens-health-insurance-program-chip-managed-care-access-finance](http://www.federalregister.gov/documents/2023/05/03/2023-08961/medicaid-program-medicare-and-childrens-health-insurance-program-chip-managed-care-access-finance).

It suggests significant changes regarding structure around payment and tracking access to and quality of services. Comments on this Proposed Rule were due to CMS on July 3, 2023.

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 the strategy document here:

[www.dhs.wisconsin.gov/dms/2021-managed-care-quality-strategy.pdf](http://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. The rule went into effect on March 17, 2023.

Wisconsin's plan for meeting the rule's requirements is described in the Home and Community-Based Services Settings Rule:

[www.dhs.wisconsin.gov/hcbs/index.htm](http://www.dhs.wisconsin.gov/hcbs/index.htm).

DHS submitted Wisconsin's plan to CMS for final approval of the Plan in December 2021. CMS requested revisions and a final revised plan was submitted to CMS in December 2022.

One of the features of the settings rule is the focus on access to activities in the community. The settings rule states that financial support for access to the community is the responsibility of the MCO or ICA, not the service provider. See paragraph II., page 4.

Ombudsman worked fast and hard [at] the issue and created positive results. I am very happy with the service I received and will recommend this service to others that are also struggling. Just a big THANK YOU for all of your help!

*Guardian of Family  
Care member*

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:  
[www.dhs.wisconsin.gov/publications/p01839.pdf](http://www.dhs.wisconsin.gov/publications/p01839.pdf)

Federal requirements can be viewed here:  
[www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html](http://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html)

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

The COVID-19 pandemic unwinding permeated every facet of our work this year. We continued to mask in offices through Spring 2023, and we continue our hybrid work schedules. While we have reinstated in person client meetings, outreach, and conferences, we also continue to use technology, particularly Teams and Zoom, equally regularly. Clients have embraced digital communication and it often increases our timeliness in communicating with them. As the pandemic ends and we look toward in-person contacts, we appreciate the technology tools we have to connect with others to support client goals effectively and passionately.

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Family Care and IRIS Ombudsman Managing Attorney  
September 29, 2023

## Appendix: Report of Cases — July 1, 2022 - June 30, 2023

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### Number of Cases in this Reporting Period

#### Family Care / FC Partnership / PACE

Type of Case	Number of Cases
New I & A	139
New this reporting period – opened as case	449
Number of cases continuing from previous report	135
Number closed this reporting period	569

#### IRIS

Type of Case	Number of Cases
New I & A	54
New this reporting period – opened as case	186
Number of cases continuing from previous report	47
Number closed this reporting period	218

#### By Target Population\*

Target Population	Number of Cases
Developmental Disability	180
Physical Disability	392
Developmental Disability & Physical Disability	256

**Contact or Referral Source\***

<b>Contact / Referral Source</b>	<b>Number of Cases</b>
ADRC	102
Adult Family Home	6
Advocacy Group	4
BOALTC	8
DHS / DHA / ALJ	5
Doctor	1
DRW client previously	316
Family Care social worker	6
Family Care / IRIS program info	19
FEA	1
Friend / family member	60
Guardian	53
GWAAR	2
Housing Authority	2
Income Maintenance	1
Independent Living Center	6
Internet Search	14
IRIS Consultant	55
MetaStar	5
MCO	23
NOA	40
Nursing Home	3
Police Dept	1
Private Attorney	5
Representative's Office	1
Self	46
Service Provider	21
Social Worker - not Family Care	18

*Family Care and IRIS Ombudsman Program  
2022-2023 Annual Report*

**Issue involved at Time of Request and MCO**

*NOTE: more than 1 issue can be selected per client*

	<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	20	23	0	10	6	1	<b>60</b>
Assistance with MCO's grievance procedure	3	4	0	4	0	0	<b>11</b>
Assistance with SFH	1	0	0	1	0	0	<b>2</b>
Choice of Provider	12	2	3	11	0	1	<b>29</b>
Communication issues with staff	52	41	5	43	1	0	<b>142</b>
Cost Share	4	4	1	2	2	0	<b>13</b>
Discharge planning	10	7	0	9	3	1	<b>30</b>
Disenrollment	1	1	0	1	0	0	<b>3</b>
Denial of visitors	0	0	0	0	0	0	<b>0</b>
Enrollment / Eligibility	8	2	0	5	1	13	<b>29</b>
Equipment Request / Denial	23	7	1	16	2	0	<b>49</b>
Eviction	2	3	1	3	3	0	<b>12</b>
Fraud investigation	0	0	0	0	0	0	<b>0</b>
Functional screen problems	0	0	0	0	0	0	<b>0</b>
Home modification (access)	6	1	0	8	1	0	<b>16</b>
IRIS Budget Amount	0	1	0	0	0	0	<b>1</b>
MCO terminates provider relationship	2	2	0	0	0	0	<b>4</b>
Medical treatment	4	4	0	4	0	0	<b>12</b>
Mental health care access	3	2	1	0	0	0	<b>6</b>
Prescription coverage	1	0	0	1	0	0	<b>2</b>
Provider quality	15	19	3	12	8	0	<b>57</b>
Relocation	77	55	7	52	31	2	<b>224</b>
Request for additional services	24	13	3	11	4	0	<b>55</b>
Safety	6	7	0	2	1	0	<b>16</b>
Self-directed supports issues	25	6	0	23	2	0	<b>56</b>
Service delay	12	6	0	12	2	0	<b>32</b>
Service denial (additional service[s] or hours)	5	3	1	3	1	0	<b>13</b>
Service denial (specific service)	11	2	0	6	6	0	<b>25</b>
Service reduction	8	8	1	12	1	1	<b>31</b>
Service termination	1	3	0	13	2	0	<b>19</b>
Transportation	14	9	3	13	2	0	<b>41</b>
<b>Total by MCO</b>	<b>350</b>	<b>235</b>	<b>30</b>	<b>277</b>	<b>79</b>	<b>19</b>	<b>990</b>



*Family Care and IRIS Ombudsman Program  
2022-2023 Annual Report*

**Issue involved at Time of Request and IRIS Agency (ICA or FEA) or DHS-IRIS**

	Fiscal Employer Agent					IRIS Consultant Agency						DHS-IRIS	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		
<i>NOTE: more than 1 issue can be selected per client</i>													
Abuse / Neglect	0	0	0	0	0	0	0	0	0	2	2	0	4
Assistance with SFH	0	0	0	0	0	0	2	0	0	0	19	0	21
Choice of Provider	1	1	0	0	0	0	0	0	0	0	6	0	8
Communication issues with staff	2	11	0	5	1	0	1	1	1	0	1	0	23
Cost Share	0	1	0	1	0	0	0	0	0	0	4	0	6
Discharge planning	0	0	0	0	0	0	0	0	0	0	1	0	1
Disenrollment	0	1	0	0	0	0	1	1	0	2	8	0	13
Enrollment / Eligibility	0	1	0	1	0	0	1	0	0	0	9	0	12
Equipment Request / Denial	0	0	0	0	0	0	2	0	0	0	10	0	12
Eviction	0	0	0	0	0	0	0	1	0	0	0	0	1
Fraud investigation	0	0	0	1	0	0	0	0	0	0	1	0	2
Functional screen	0	0	0	0	0	0	0	0	0	0	0	0	0
Home modification (access)	0	0	0	0	3	0	2	0	1	0	8	0	14
IRIS - Budget Amount	0	2	0	1	2	0	5	2	1	2	31	0	46
IRIS Quality	0	5	1	1	1	0	0	0	0	0	2	1	11
Medical treatment	0	0	0	0	0	0	0	0	0	0	1	0	1
Mental health care access	0	0	0	0	0	0	0	0	0	0	1	0	1
Prescription coverage	0	1	0	0	0	0	1	0	0	0	0	0	2
Provider quality	1	1	0	1	0	0	0	1	0	2	11	0	17
Relocation	0	0	0	0	0	0	1	2	0	2	6	0	11
Request for additional services	0	0	0	0	2	0	3	0	0	1	11	0	17
Safety	0	0	0	0	0	0	0	0	0	0	0	0	0
Self-directed supports issues	1	16	1	4	2	0	2	0	0	0	14	0	40
Service delay	1	0	0	0	2	0	0	0	0	0	7	0	10
Service denial (additional service[s] or hours)	0	0	0	0	0	0	1	0	0	0	7	0	8
Service denial (specific service)	0	0	0	0	1	0	1	0	1	0	12	0	15
Service reduction	0	0	0	0	0	0	0	1	0	0	12	0	13
Service termination	0	0	0	0	0	0	0	0	0	1	14	1	16
Transportation	0	0	0	0	0	0	0	0	0	0	7	0	7
<b>Total by IRIS Agency</b>	<b>6</b>	<b>40</b>	<b>2</b>	<b>15</b>	<b>14</b>	<b>0</b>	<b>23</b>	<b>9</b>	<b>4</b>	<b>12</b>	<b>205</b>	<b>2</b>	<b>332</b>

**How the case was resolved with MCOs**

(More than 1 may be selected.)

<b>Case Type</b>	<b>Number of Cases</b>
I&R	157
Informal Negotiation	113
Investigation / Monitoring	315
MCO appeal / grievance or State Fair Hearing	30
Technical Assistance	51

<b>Referral Destination</b>	<b>Number of Cases</b>
Referral to ABC for Health	1
Referral to ADRC	14
Referral to BOALTC	3
Referral to County Transit Agency	1
Referral to DHA	1
Referral to DHS	5
Referral to DQA	17
Referral to DRW P&A	4
Referral to Guardianship Support Center	5
Referral to ILC	2
Referral to legal services organization	2
Referral to MCO staff	31
Referral to MCQS	1
Referral to Milwaukee Crisis Services	1
Referral to Private Bar	3
Referral to SSA	1
Referral to WI Governor/Senator	1

**How the case was resolved with ICAs / FEAs**

(More than 1 may be selected.)

<b>Case Type</b>	<b>Number of Cases</b>
I&R	70
Informal Negotiation	24
Investigation/Monitoring	100
DHS review or State Fair Hearing	17
Technical Assistance	29

<b>Referral Destination</b>	<b>Number of Cases</b>
Referral to ADRC	9
Referral to BOALTC	1
Referral to DATCP	2
Referral to DHS	6
Referral to DOL	0
Referred to DQA	7
Referral to DRW P&A	3
Referral to DWD	0
Referral to Guardianship Support Center	1
Referral to IRIS staff	12
Referral to legal services organization	0
Referral to MCQS	0
Referral to Medical Provider	1
Referral to MetaStar	1
Referral to Private Bar	0
Referral to Voces de la Frontera	1

### Average days to close a case

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Cases only (does not include I&R)	114
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### Number of Clients Requiring Language Translation

<b>Language</b>	<b>Number of Clients</b>
Spanish	8
ASL	2
Kurdish/Syrian	1
Arabic/Persian	1
Hmong	1

### Method of Contact

<b>Method of Contact</b>	<b>Number of Cases</b>
Telephone	765
E-mail	55
Mail	2
In-person	1

## Annual Report on Services Provided for State Fair Hearings

### Definitions

- SFH = State Fair Hearing
- Rep = Representation
- TA = Technical Assistance
- Creative Solution = Found another way to solve the problem that was satisfactory to the client

### Cases with State Fair Hearing Involvement

Case Type	Number of Cases
Cases Closed with SFH Involvement	582
Where SFH was requested	60
Where SFH took place	35

### Hearing Results in Cases with State Fair Hearing Involvement

Hearing Result	Rep	Heavy TA	Light TA	N/A	Total
Fully favorable	9	4	1	0	<b>14</b>
Partially favorable	0	0	0	0	<b>0</b>
Adverse	4	7	2	0	<b>13</b>
Unknown	0	5	2	1	<b>8</b>
<b>Overall Total</b>					<b>35</b>

**Issues brought where a State Fair Hearing was held**

<b>Type of Issue</b>	<b>Number of Cases</b>
IRIS Budget	13
Denial of Equipment	7
Denial of Services	7
Home Modification	5
Eligibility	3
Cost Share	2
Reduction of Hours	2
Self-Direction	1
Disenrollment	1
<b>TOTAL</b>	<b>41</b>

**Cases where a State Fair Hearing ultimately was not held**

<b>Outcomes</b>	<b>Rep</b>	<b>Heavy TA</b>	<b>Light TA</b>	<b>N/A</b>	<b>Total</b>
Fully Favorable	3	5	2	5	<b>15</b>
Partially Favorable	0	1	1	0	<b>2</b>
SFH withdrawn before resolution reached	0	1	3	1	<b>5</b>
Creative Solution	1	0	0	0	<b>1</b>
Other	0	0	0	2	<b>2</b>
<b>Overall Total</b>					<b>25</b>