

Family Care and IRIS Ombudsman Program

For Enrollees Ages 18-59

Year 16 Annual Report: July 1, 2023 - June 30, 2024

Report Date:
October 1, 2024

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Family Care and IRIS Ombudsman Program Overview

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.

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.

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 for this reporting period 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.

Ombudsmen are very thorough in helping to pursue a solution no matter what the obstacles. And they are very understanding and empathetic... They are the best place to go when you need emotional support.

IRIS Participant

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

Fiscal Year	Yr 1 ending 6/30/09	Yr 2 ending 6/30/10	Yr 3 ending 6/30/11	Yr 4 ending 6/30/12	Yr 5 ending 6/30/13	Yr 6 ending 6/30/14	Yr 7 ending 6/30/15	Yr 8 ending 6/30/16	Yr 9 ending 6/30/17
Developmental Disabilities	19	64	158	166	168	83	70	109	114
Physical Disabilities	63	213	255	318	297	330	354	338	327
DD & PD	9	107	79	93	115	127	139	231	204
New Info and Referral	26	79	141	157	211	186	189	265	280
New Cases	65	305	370	434	379	374	383	425	421
Cases continued from previous year	-	44	78	101	131	103	119	112	129
Cases closed this year	-	345	492	569	627	545	560	671	710
Total number of people assisted	94	381	534	577	596	545	580	657	727
Total number of service requests	98	426	606	696	735	665	690	801	830

Fiscal Year	Yr 10 ending 6/30/18	Yr 11 ending 6/30/19	Yr 12 ending 6/30/20	Yr 13 ending 6/30/21	Yr 14 ending 6/30/22	Yr 15 ending 6/30/23	Yr 16 ending 6/30/24
Developmental Disabilities	175	178	206	194	182	180	189
Physical Disabilities	337	446	534	368	397	392	446
DD & PD	213	186	196	192	223	256	310
New Info and Referral	261	300	351	256	228	193	205
New Cases	463	540	585	498	573	635	687
Cases continued from previous year	121	172	157	159	182	182	223
Cases closed this year	673	851	929	727	796	787	695
Total number of people assisted	725	844	888	744	777	789	912
Total number of service requests	845	1011	1095	913	984	1010	1115

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 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.

1005 issues were identified by enrollees in the Family Care / Family Care Partnership / PACE programs. The top seven presenting issues were:

Ombudsman kept in constant contact with me and provided great direction. She reassured me she was there to support me and my daughter. It really made a huge difference in a stressful situation.

Guardian of IRIS participant

- 175 Relocation
- 160 Communication Problems with MCO / IRIS staff
- 67 Provider Quality
- 61 Request for additional services
- 54 Equipment Request / Denial
- 51 Service Reduction
- 45 Self-directed supports

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

- 66 Communication Problems with MCO / IRIS staff
- 59 IRIS - budget amount
- 59 Assistance with state fair hearing
- 48 Service delay
- 37 Self-directed supports
- 32 Disenrollment
- 32 Home Modification

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. Communication issues can also be attributed to staffing needs and post-pandemic transitions. For more details on these and other issues handled by FCIOP, see Appendix, pages 13-19

They are always focused on the client rights and the client's best interests. It is nice to have a true client advocate involved in the case.

*Guardian of Family
Care Member*

There were over 35,440 enrollees with physical and / or intellectual / developmental disabilities in FC / FCP / PACE and 20,253 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 56,619. The total number of IRIS participants was 26,577.

Satisfaction with Ombudsman Services

When a case closes, FCIOP clients are sent a satisfaction survey to complete. This year 141 surveys were returned during the program year out of 695 cases closed. This is a 20% return rate and a 7% 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. Some answers were left blank by respondents and percentages reflect positive response of answers provided by survey recipient.

- 98% (135 of 138) were “very satisfied” or “somewhat satisfied” with the level of knowledge the ombudsman had to address the problem.
- 96% (134 of 139) indicated that the ombudsman was “very important” or “somewhat important” in solving the problem.
- 99% (139 of 140) were “very satisfied” or “somewhat satisfied” with the responsiveness of their ombudsman to calls / emails.
- 96% (131 of 136) were satisfied with the initial intake process, and
- 98% (138 of 141) would recommend the ombudsman service to a friend or family member in a similar situation.

The ombudsman provided very useful knowledge and advocacy skills above and beyond what I as guardian / parent have.

*Guardian of Family Care
Partnership member*

Of the 515 FC / FCP / PACE cases with a recording of the outcome at closing, 338 (66%) resulted in full or partial satisfaction; 122 (24%) of enrollees withdrew from the resolution process or timelines expired; 39 (8%) were not resolved to the enrollee’s satisfaction; and there were 0 (0%) for which the ombudsman program was unable to make a case to work toward resolution.

Of the 323 IRIS cases with a recording of the outcome at closing, 237 (73%) resulted in full or partial satisfaction; 50 (15%) of enrollees withdrew from the resolution process or timelines expired; 25 (8%) were not resolved to the enrollee’s satisfaction; and there were 0 (0%) for which the ombudsman program was unable to make a case to work toward resolution.

2023-2024 Family Care and IRIS Program Changes and Occurrences of Note

COVID-19 Unwinding

During this reporting period, we saw the implementation of the unwinding process for policies created during the public health emergency instituted in response to 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. 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 they saw 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.

Data regarding unwinding can be found here:

www.dhs.wisconsin.gov/medicaid/renewal-data.htm, Medicaid: Renewal Data, Wisconsin Department of Health Services.

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

In our last report, we noted an initial disparate impact on IRIS participants' enrollment. DHS implemented various strategies to mitigate the impact of this disparity. During the unwinding period, DHS would backdate IRIS coverage for some participants when it could be proven that disenrollment resulted from agency error or processing delays. One strategy was an extension of eligibility if renewal was started on time but wasn't processed in a timely manner.

FCIOP worked with individuals to understand the steps they took regarding enrollment and where they were in the process. We also worked with the ICA's on behalf of individual participants, elevated their issues for additional DHS review and provided assistance for hearings. Ombudsmen worked with participants and DHS when there was a gap in eligibility during their MA renewal process. In addition, FCIOP worked with ICAs when participants contacted us with concerns about their enrollment.

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 direct care workforce reform.

DHS began an initiative to train 10,000 caregivers as certified direct care professionals. Individuals complete a free self-paced 30-hour online training to receive certification. New developments in this program include training materials in Spanish. WisCaregiver Careers supports potential employees in this field and includes outreach to high school students.

Ombudsman was very professional and listened to every detail I had to say. She guided me through everything and made it very easy. Job well done.

Family Care member

See American Rescue Plan Act: Medicaid HCBS Direct Care Workforce Reform and Analysis, Wisconsin

Department of Health Services:

www.dhs.wisconsin.gov/arpa/hcbs-directcareworkforce.htm

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.

Corrective Action Plans

During this reporting period, DHS implemented corrective action plans for some MCOs, ICAs and FEAs. Due to noncompliance with contractual requirements, these entities were required to work with DHS to correct issues and develop plans to return to compliance. Ombudsmen worked with members and participants when they were impacted by these issues and remained in contact with DHS to share member and participant concerns.

Communication

One of the highest categories in requests for help in both Family Care and IRIS is communication problems with MCO / IRIS staff. In this reporting period, two MCOs became part of large insurance companies. Staff turnover and reviews of member centered plans led to communication challenges. Members reached out for ombudsman assistance in understanding their rights when faced with these changes. In IRIS, implementation of the revised Individual Budget Allocation process led to changes in budgets. Participants came to the ombudsmen with concerns about budget decreases and looked for support with the budget amendment process beyond what their IC had or could provide. The budget amendment process saw delays, and this also created increased communication needs as timeliness became an additional concern for participants.

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. MCOs are required to have an adequate provider network with a sufficient number, mix, and geographic distribution of providers of residential services. Networks continue to present challenges in matching distribution to the needs of individuals who want to continue to live in their communities. 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. FCIOP also works with IRIS participants when the issue of usual and customary cost arises in their search for a residential placement that meets their needs and outcomes.

Staff here helps you out immediately and cares about your issues.

PACE Member

Federal Law

Federal law impacts Wisconsin's long-term care system in multiple ways. Federal law requires state compliance in developing, maintaining, and administering processes. During this reporting period, DHS has been working on the Application for renewal of the Family Care waiver to take effect January 1, 2025.

For more information, see Family Care and Family Care Partnership Waiver Renewal, Wisconsin Department of Health Services: www.dhs.wisconsin.gov/familycare/waiver-renewal.htm

Electronic Visit Verification

The federal government's 21st 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, supportive home cares and nursing visits. 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 became EVV compliance mandatory on 1/1/24.

Ombudsman did a great job being involved; I think the other parties paid a "little" more attention [because of ombudsman involvement].

Guardian of Partnership member

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.

Information regarding EVV implementation can be found here: [Electronic Visit Verification \(EVV\), Wisconsin Department of Health Services, 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. In addition, the challenge in finding and retaining workers impacted compliance with EVV. DHS put a pause on disenrollments related to EVV compliance to give participants time to work through these challenges.

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 Home and Community-Based Services (HCBS) Settings Rule, Wisconsin Department of Health Services:
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.

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.

DHS provided updates for 1-2 bed Adult Family Homes for compliance with Home and Community Based Services settings rules. These rules require that individuals in 1-2 bed Adult Family Homes have, among other things, full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access to people not receiving Medicaid Home and Community Based Services.

For more information see May 14, 2024, WLTCAC Meeting Handouts, Long Term Care Advisory Council: www.dhs.wisconsin.gov/wltcac/handouts-20240514.pdf

The overall state plan can be viewed here:
www.dhs.wisconsin.gov/publications/p01839.pdf

Federal requirements here: Home & Community Based Services Final Regulation, Medicaid
www.medicare.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html

Ombudsmen staff are very helpful and caring. You can tell they really care about the clients and want what is best for them.

Guardian of Family Care member

Our Continuing Work...

This reporting period showed a steady increase in requests for assistance to the ombudsman program. We saw a new record high number of people reaching out for assistance. There was also a new record high number of service requests indicating they need help with multiple issues. The ongoing need for ombudsman support to navigate these programs has never been clearer.

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October 1, 2024

Family Care and IRIS Ombudsman Program: Annual Report FY2024 (7/1/2023 to 6/30/2024)

Number of Family Care by MCO	CCI	iCare	Incl	LC	MCW	No MCO	TOTAL
New I&A	37	4	26	7	36	14	124
New this year - opened as case	95	10	140	52	105	8	410
Cases continuing from last year	30	5	59	11	48	2	155
Closed this year	133	16	176	51	165	22	563

Number of IRIS cases by FEA / ICA	GT	iLife	OHS	PFMS	A4U	Conns	FPCC	MILC	PCS	TMG	IRIS-DHS	TOTAL
New I&A	3	6	1	5	2	6	3	0	3	52	0	81
New this year - opened as case	5	14	1	23	14	32	15	2	6	162	2	276
Cases continuing from last year	0	4	0	4	3	2	1	1	1	53	0	69
Closed this year	6	22	2	30	14	29	10	3	7	216	2	341

Program Type*	# Clients	Cases / I&As
Family Care	408	495
IRIS	325	365
Partnership	27	30
TOTAL	760	890

Target Population*	Count
Developmental Disability	175
Physical Disability	427
Physical Disability and Developmental Disability	288

Contact / Referral Source*	Count
ADRC	126
Adult Protective Services	2
Adult Family Home	7
Advocacy Group	5
BOALTC	8
DHS	6
DRW client previously	341
Family Care social worker	1
Family Care / IRIS program info	12
Friend / family member	57
Guardian	42
Independent Living Center	7
Internet Search	19
IRIS Consultant	73
Lawyer Referral Service (Legal AID Society)	1
Metastar	8
MCO	20
NOA (Notice of Action)	48
Nursing Home	2
Private Attorney	4
Representative's Office	2
Self	44
Service Provider	29
Social Worker - non-Family Care	22
Unknown	4
DWD	1
HC POA	1

Method of First Contact*	Count
Phone	817
Email	67
Letter	2
Face-to-face	1

Number of Clients Requiring Language Translation
5

List of Languages	
Spanish	4
Rohingya	1

Issue and MCO involved*	CCI	iCare	Incl	LC	MCW	No MCO	TOTAL
Abuse / Neglect	22	0	10	4	12	0	48
Assistance with MCO's grievance procedure	6	0	12	3	8	0	29
Assistance with state fair hearing	3	0	1	0	5	0	9
Choice of provider	6	1	12	4	6	1	30
Communication Problems with MCO / IRIS staff	47	3	42	1	39	0	132
Cost Share	2	0	2	2	3	0	9
Discharge planning	7	0	8	2	4	0	21
Disenrollment	2	0	3	0	5	0	10
Denial of visitors	1	0	1	0	1	0	3
Enrollment / Eligibility	2	1	4	0	5	22	34
Equipment Request / Denial	14	1	15	5	13	0	48
Eviction	4	0	0	0	1	0	5
Fraud investigation	0	0	0	0	0	0	0
Functional Screen Problems	0	0	0	0	0	0	0
Home modification	2	0	5	1	2	0	10
IRIS - Budget amount	2	0	0	0	1	0	3
IRIS - Quality	0	0	0	0	0	0	0
MCO terminates provider relationship	1	0	1	0	0	0	2
Medical treatment	3	0	5	2	3	1	14
Mental health care access	0	0	2	1	1	0	4
Prescription coverage	0	0	1	1	0	0	2
Provider quality	19	2	22	6	25	1	75
Relocation	54	5	39	20	45	4	167
Request for additional services	16	3	13	2	11	0	45
Safety	3	1	8	2	6	0	20
Self-directed supports	8	0	13	3	6	0	30
Service delay	15	2	13	4	10	0	44
Service denial (additional services or hours)	1	1	2	1	5	0	10
Service denial (specific service)	5	0	12	7	7	0	31
Service reduction	4	0	22	8	8	0	42
Service termination	3	1	8	0	2	0	14
Transportation	9	2	15	4	4	1	35
Total by MCO	261	23	291	83	238	30	926

*May select more than one per case

Issue and FEA or ICA involved*	GT	iLife	OHS	PFMS	A4U	Conns	FPCC	MILC	PCS	TMG	IRIS-DHS	TOTAL
Abuse / Neglect	0	0	0	0	0	0	0	0	0	5	0	5
Assistance with MCO's grievance procedure	0	0	0	0	0	0	0	0	0	0	0	0
Assistance with state fair hearing	0	0	0	0	1	7	4	0	4	35	0	51
Choice of provider	4	4	1	1	1	1	2	0	1	12	0	27
Communication Problems with MCO / IRIS staff	3	8	1	16	1	8	7	1	2	1	0	48
Cost Share	0	0	0	0	0	0	0	0	0	2	0	2
Discharge planning	0	0	0	0	1	0	0	0	1	1	0	3
Disenrollment	0	0	0	0	1	4	2	0	1	26	0	34
Denial of visitors	0	0	0	0	0	0	0	0	0	0	0	0
Enrollment / Eligibility	0	0	0	0	1	4	2	0	0	13	2	22
Equipment Request / Denial	0	0	0	0	0	4	0	0	0	15	0	19
Eviction	0	0	0	0	0	1	0	0	0	0	0	1
Fraud investigation	0	0	0	0	0	0	0	0	0	2	0	2
Functional Screen Problems	0	0	0	0	0	0	0	0	0	0	0	0
Home modification	0	0	0	0	0	3	1	0	3	24	0	31
IRIS - Budget amount	1	0	0	2	5	6	4	1	0	34	0	53
IRIS - Quality	0	1	1	5	0	0	0	0	0	2	1	10
MCO terminates provider relationship	0	0	0	0	0	0	0	0	0	0	0	0
Medical treatment	0	0	0	0	0	0	0	0	1	3	0	4
Mental health care access	0	0	0	0	0	0	0	0	0	0	0	0
Prescription coverage	0	0	0	0	0	0	0	0	0	1	0	1
Provider quality	0	0	0	3	0	0	0	0	1	9	0	13
Relocation	0	0	0	0	0	0	0	0	0	13	0	13
Request for additional services	0	0	0	0	2	0	1	1	0	15	0	19

Issue and FEA or ICA involved*	GT	iLife	OHS	PFMS	A4U	Conns	FPCC	MILC	PCS	TMG	IRIS-DHS	TOTAL
Safety	0	0	0	0	0	0	0	1	0	4	0	5
Self-directed supports	2	8	0	8	3	2	2	0	0	11	0	36
Service delay	4	5	0	13	3	3	3	1	1	23	1	57
Service denial (additional services or hours)	0	0	0	0	0	0	0	0	0	5	0	5
Service denial (specific service)	0	0	0	0	2	2	0	0	0	16	0	20
Service reduction	0	0	0	0	2	6	3	0	0	8	0	19
Service termination	0	0	0	0	0	2	1	0	1	12	0	16
Transportation	0	1	0	1	0	2	1	0	0	9	0	14
Total by FEA or ICA	14	27	3	49	23	55	33	5	16	301	4	530

**May select more than one per case*

Stage at Opening by MCO*	CCI	iCare	Incl	LC	MCW	No MCO	TOTAL
I&A	14	1	9	1	20	6	51
Informal Negotiation	2	0	2	0	1	0	5
Investigation / Monitoring	117	13	151	58	118	16	473
IRIS Consultant or Financial Service Agency	0	0	0	0	0	0	0
MCO appeal / grievance or State Fair Hearing	3	0	13	2	8	0	26

**May select more than one per case*

Stage at Opening by FEA / ICA*	GT	iLife	OHS	PFMS	A4U	Conns	FPCC	MILC	PCS	TMG	IRIS-DHS	TOTAL
I&A	0	0	0	1	0	0	1	0	2	26	0	30
Informal Negotiation	0	0	0	0	0	1	0	0	0	2	0	3
Investigation / Monitoring	8	20	2	27	16	38	17	2	6	175	2	313
IRIS Consultant or Financial Service Agency	0	0	0	0	0	2	0	0	0	1	0	3
MCO appeal / grievance or State Fair Hearing	0	0	0	0	1	5	1	0	4	22	0	33

**May select more than one per case*

Result Outcome for Closed Cases by MCO*	CCI	iCare	Incl	LC	MCW	No MCO	TOTAL
Full Satisfaction	62	3	84	29	73	4	255
Partial Satisfaction	21	1	28	5	21	3	79
Individual withdrew / DRW withdrew	24	7	42	13	43	3	132
Referred To 211	0	0	1	0	0	1	2
Referred To 988 crisis line	0	0	0	0	0	1	1
Referred To ADRC	1	1	3	2	5	9	21
Referred To APS	1	0	0	0	0	0	1
Referred To BOALTC	1	0	2	1	0	2	6
Referred To CCI member rights	2	0	0	0	0	0	2
Referred To Community Advocates	0	0	0	0	2	0	2
Referred To County APS	1	0	0	0	0	0	1
Referred To CPS	0	0	0	0	0	1	1
Referred To DATCP	0	1	0	0	1	0	2
Referred To DBS	2	0	2	0	0	0	4
Referred To DHS	1	0	1	0	1	0	3
Referred To DQA	7	0	1	4	7	0	19
Referred To DRO	0	0	0	0	0	1	1
Referred To DRW	2	0	0	0	0	0	2
Referred To DSPS	0	0	0	1	0	0	1
Referred To DVR	1	0	0	0	0	0	1
Referred To DWD	0	1	0	0	2	0	3
Referred To DOJ	0	1	0	0	0	0	1
Referred To GWAAR	3	0	2	1	0	1	7
Referred To Guardianship Support Center	3	0	0	0	0	0	3
Referred To HUD	0	1	0	0	0	0	1
Referred To ILC	0	1	0	0	1	0	2
Referred To Inclusa	0	0	2	0	1	0	3
Referred To LAW	0	1	0	0	1	0	2
Referred To Lakeland Care Team	0	0	0	1	0	0	1
Referred To Legal services org.	2	0	0	0	4	0	6
Referred To MCO	1	0	2	0	1	0	4
Referred To Metastar	1	0	0	0	0	0	1
Referred To My Choice Wisconsin	0	0	0	0	3	0	3
Referred To SSA	0	0	0	0	1	0	1

Result Outcome for Closed Cases by MCO*	CCI	iCare	Incl	LC	MCW	No MCO	TOTAL
Referred To Southern Consortium	0	0	1	0	0	0	1
Referred To Tenant Resource Center	1	1	0	0	0	0	2
Referred To Valley Transit	0	0	0	1	0	0	1
Referred To WI State Bar Lawyer Ref. Service	0	0	0	0	1	0	1
Referred To WISBAR	1	0	0	0	0	0	1
Referred To Wyndemere	0	0	1	0	0	0	1
Not resolved to any satisfaction for recipient	6	2	13	1	12	1	35

**May select more than one per case*

Result Outcome for Closed Cases by FEA or ICA*	A4U	CD	Conns	FPCC	GT	iLife	IRIS-DHS	MILC	OHS	PCS	PFMS	TMG	TOTAL
Full Satisfaction	10	0	13	6	2	11	1	0	0	2	21	96	162
Partial Satisfaction	0	0	6	2	2	5	0	1	0	1	2	34	53
Individual withdrew / DRW withdrew	4	0	7	1	2	5	1	2	2	0	4	35	63
Referred To ABC for Health	0	0	0	0	0	0	0	0	0	0	0	1	1
Referred To ADRC	1	0	0	0	0	1	0	0	0	1	0	4	7
Referred To APS	0	0	0	0	0	0	0	0	0	0	0	1	1
Referred To BOALTC	0	0	0	0	0	0	0	0	0	0	0	5	5
Referred To DATCP	0	0	1	0	0	0	0	0	0	0	0	2	3
Referred To DBS	0	0	0	0	0	0	0	0	0	0	0	4	4
Referred To DHS	0	0	0	0	0	0	0	0	0	0	0	5	5
Referred To DOJ	0	0	0	0	0	0	0	0	0	1	0	0	1
Referred To DQA	0	0	0	0	0	0	0	0	0	1	0	3	4
Referred To DRW	0	0	1	0	0	0	0	0	0	0	0	1	2
Referred To DWD	0	0	1	0	0	0	0	0	0	0	0	0	1
Referred To Eviction Free Milwaukee	0	0	0	0	0	0	0	0	0	0	0	2	2
Referred To Forward Health Member Services	0	0	0	0	0	0	0	0	0	0	0	1	1
Referred To GWAAR	0	0	0	0	0	0	0	0	0	0	0	2	2
Referred To HUD	0	0	1	0	0	0	0	0	0	0	0	1	2
Referred To ICA	0	0	0	1	0	1	0	0	0	0	0	1	3
Referred To ILC	0	0	0	0	0	0	0	0	0	0	0	1	1
Referred To iLife	0	0	0	0	0	0	0	0	0	0	1	0	1
Referred To IRIS	0	0	0	0	0	1	0	0	0	0	1	4	6
Referred To IRS	0	0	0	0	0	1	0	0	0	0	0	0	1
Referred To Independence First	0	0	0	0	0	0	0	0	0	0	0	2	2
Referred To Legal services org.	0	0	0	0	0	0	0	0	0	0	0	4	4

Result Outcome for Closed Cases by FEA or ICA*	A4U	CD	Conns	FPCC	GT	iLife	IRIS-DHS	MILC	OHS	PCS	PFMS	TMG	TOTAL
Referred To MD	0	0	0	0	0	0	0	0	0	0	0	1	1
Referred To Metastar	0	0	0	0	0	0	0	0	0	0	1	1	2
Referred To Nat. Assoc. of Consumer Advocates	0	0	0	0	0	0	0	0	0	0	0	1	1
Referred To Premiere	0	0	0	0	0	0	0	0	0	0	1	0	1
Referred To State Bar	0	0	0	0	0	0	0	0	0	0	0	1	1
Referred To TMG	0	0	0	0	0	0	0	0	0	0	0	3	3
Referred To WERD	0	0	0	0	0	0	0	0	0	0	0	1	1
Referred To Wound Clinic provider	0	0	0	0	0	0	0	0	0	0	0	1	1
Referred To WI Dept of Safety and Prof. Services	0	0	0	0	0	0	0	0	0	0	0	1	1
Not resolved to any satisfaction for recipient	0	0	1	0	0	0	0	0	0	2	1	19	23

**May select more than one per case*

Stage at Closing by MCO*	CCI	iCare	Incl	LC	MCW	No MCO	TOTAL
I&A	40	4	32	8	48	13	145
Informal Negotiation	28	6	39	2	39	0	114
Investigation / Monitoring	61	8	98	41	73	7	288
IRIS Consultant or Financial Service Agency	0	0	0	1	0	0	1
MCO appeal / grievance or State Fair Hearing	7	0	20	3	12	0	42
Technical Assistance	25	0	8	0	22	2	57

**May select more than one per case*

Stage at Closing by FEA / ICA*	GT	iLife	OHS	PFMS	A4U	CD	Conns	FPCC	MILC	PCS	TMG	IRIS-DHS
I&A	3	9	1	9	4	0	8	4	1	3	55	1
Informal Negotiation	0	1	0	8	1	0	9	2	1	0	34	0
Investigation / Monitoring	1	8	1	9	8	0	13	3	2	2	84	1
IRIS Consultant or Financial Service Agency	1	1	0	0	0	0	2	0	0	0	10	0
MCO appeal / grievance or State Fair Hearing	0	0	0	0	0	0	3	1	0	1	23	0
Technical Assistance	1	4	0	5	4	0	3	2	0	1	45	0

**May select more than one per case*

Average Days to Close a Case*
105

**Cases only, does not include I&A's*

Annual Report on Services Provided for State Fair Hearings

Total Cases Closed	695
Number Where State Fair Hearing Was Requested	119

Numbers Where State Fair Hearing Took Place

Hearing Result	Rep	Heavy TA	Light TA	N / A	TOTAL
Fully Favorable	14	6	7	0	27
Partially Favorable	0	4	1	0	5
Adverse	2	11	6	0	19
Unknown	0	4	5	1	10
				TOTAL	61

Issues brought where State Fair Hearing held*	
Change in Level of Care	4
Cost Share	1
Denial of Equipment	1
Denial of Services	8
Disenrollment	6
Eligibility	4
Fraud	0
Home Modification	10
IRIS Budget	15
Reduction of Hours	11
Relocation	1
Self-Direction	0
Transportation	1
TOTAL	62

**each State Fair Hearing may have more than one*

Number Where State Fair Hearing Ultimately Did NOT Take Place

Outcome of case issues	Rep	Heavy TA	Light TA	N / A	TOTAL
Fully Favorable	9	10	6	3	28
Partially Favorable	0	0	1	1	2
State Fair Hearing Withdrawn Before Resolution Reached	0	6	3	3	12
Creative Solution	0	0	1	3	4
Other	0	0	4	8	12
				TOTAL	58

Client Satisfaction Level	
1	17
2	0
3	4
4	3
5	35
Declined to Answer	0
Don't Know SFH Outcome	13
N / A	47
TOTAL	119