



Family Care and IRIS Ombudsman Program

For Enrollees Ages 18-59

Year 17 Annual Report:

July 1, 2024 - June 30, 2025

Report Date:
October 1, 2025

MADISON

1502 W. Broadway
Suite 201
Madison, WI 53713
608 267-0214
833 635-1968 FAX

MILWAUKEE

1205 S. 70th St.
5th Floor
Milwaukee, WI 53214
414 773-4646
414 773-4647 FAX

disabilityrightswi.org

800 928-8778

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.

Ombudsman was extremely professional how he handled and understood both sides of the issue.

IRIS Participant

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 2023-2025 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 2024 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
2024-2025 Annual Report*

	Yr 1 ¹ ending 6/30/09	Yr 2 ² ending 6/30/10	Yr 3 ² ending 6/30/11	Yr 4 ² ending 6/30/12	Yr 5 ² ending 6/30/13	Yr 6 ² ending 6/30/14	Yr 7 ² ending 6/30/15	Yr 8 ² ending 6/30/16	Yr 9 ² ending 6/30/17	Yr 10 ² ending 6/30/18	Yr 11 ² ending 6/30/19	Yr 12 ² ending 6/30/20	Yr 13 ² ending 6/30/21	Yr 14 ² ending 6/30/22	Yr 15 ² ending 6/30/23	Yr 16 ² ending 6/30/24	Yr 17 ² ending 6/30/25
Developmental Disabilities	19	64	158	166	168	83	70	109	114	175	178	206	194	182	180	189	329
Physical Disabilities	63	213	255	318	297	330	354	338	327	337	446	534	368	397	392	446	456
DD & PD	9	107	79	93	115	127	139	231	204	213	186	196	192	223	256	310	249
New Info & Referral	26	79	141	157	211	186	189	265	280	261	300	351	256	228	193	205	215
New Cases	65	305	370	434	379	374	383	425	421	463	540	585	498	573	635	687	797
Cases continued from previous year	-	44	78	101	131	103	119	112	129	121	172	157	159	182	182	223	420
Cases closed this year	-	345	492	569	627	545	560	671	710	673	851	929	727	796	787	695	801
Total number of people assisted³	94	381	534	577	596	545	580	657	727	725	844	888	744	777	789	912	990
Total number of service requests³	98	426	606	696	735	665	690	801	830	845	1011	1095	913	984	1010	1115	1218

¹ November 1, 2008 - June 30, 2009 for year 1

² July 1- June 30 for each subsequent year

³ Number of service requests is higher than number of people assisted because one person could make more than one request for assistance.

Case 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.

Process was clear & straight forward; response time was quick.

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.

1027 issues were identified by enrollees in the Family Care / Family Care Partnership / PACE programs. The top eight presenting issues were:

- 169 Communication Problems with MCO/IRIS staff
- 131 Relocation
- 69 Service reduction
- 61 Request for additional services
- 58 Provider quality
- 52 Assistance with MCO's grievance procedure
- 46 Choice of provider
- 46 Service denial (specific service)

786 issues were identified by enrollees in the IRIS program. The top eight presenting issues were:

- 145 IRIS - Budget amount
- 69 Communication Problems with MCO/IRIS staff
- 65 Self-directed supports
- 59 IRIS - Quality
- 56 Disenrollment
- 54 Assistance with state fair hearing
- 45 Service reduction
- 37 Service denial (specific service)

Both the number of individuals who contacted FCIOP and the number of issues they presented increased compared to last year's report. FCIOP continued to see an increase in overall number of cases opened during this reporting period. Service requests and total number of people assisted are at an all-time high for this program.

Response time was fantastic.
Kind, caring, great listeners.

*Guardian of Family Care
Member*

Underlying the work of this reporting period are issues that remain familiar. The caregiver crisis and its impact on residential relocation and possible abuse/neglect remains significant. Communication issues can relate to a variety of needs and often are rooted in the complexity of these programs. The need for IRIS budget amendments increased and so therefore did calls to the ombudsman program. For more details on these and other issues handled by FCIOP, see Appendix, pages 11-15.

There were over 35,903 enrollees with physical and/or intellectual/developmental disabilities in FC/FCP/PACE and 20,918 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 57,379. The total number of IRIS participants was 27,674.

Satisfaction with Ombudsman Services

When a case closes, FCiOP clients are sent a satisfaction survey to complete. This year 101 surveys were returned during the program year out of 801 cases closed. We provide an online option for survey responses for client convenience. On February 15, 2025, we removed Survey Monkey and now utilize Microsoft Forms. This update is designed to keep responses safer as a part of our ongoing efforts to improve data security practices. 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% (99 of 101) were “very satisfied” or “somewhat satisfied” with the level of knowledge the ombudsman had to address the problem.

- 97% (98 of 101) indicated that the ombudsman was “very important” or “somewhat important” in solving the problem.
- 98% (99 of 101) were “very satisfied” or “somewhat satisfied” with the responsiveness of their ombudsman to calls/emails.
- 94% (95 of 101) were satisfied with the initial intake process, and
- 98% (99 of 101) would recommend the ombudsman service to a friend or family member in a similar situation.

Prompt intervention and timely communication on my concerns. Very professional. Good advocates.

*Guardian of Family Care
Partnership member*

Of the 492 FC/FCP/PACE cases with a recording of the outcome at closing, 264 (54%) resulted in full or partial satisfaction; 118 (24%) of enrollees withdrew from the resolution process or timelines expired; 27 (5%) 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 514 IRIS cases with a recording of the outcome at closing, 298 (58%) resulted in full or partial satisfaction; 84 (16%) of enrollees withdrew from the resolution process or timelines expired; 47 (9%) 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.

2024-2025 Family Care and IRIS Program Changes and Occurrences of Note

COVID-19 Unwinding

During this reporting period, we saw the conclusion 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. 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 FCIOF 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 renewals can be found here: Medicaid: Renewal Data, Wisconsin Department of Health Services, www.dhs.wisconsin.gov/medicaid/renewal-data.htm

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. In June 2025, DHS announced a new policy effective July 1, 2025, that a member’s existing health care coverage would be maintained while their renewal is processed by an Income Maintenance Agency. Prior to this policy, Ombudsmen worked with participants and DHS when there was a gap in eligibility during their MA renewal process. Subsequent to this policy, FCIOF saw a decrease in calls and cases as eligibility was kept while going through the renewal process.

Caregiver Crisis

Access to caregiving remains very challenging in Wisconsin. Both individuals and agencies find it difficult to find and retain workers. ARPA funding was utilized to respond to the caregiver crisis. DHS continues its efforts to increase trained caregivers in the Wisconsin workforce through WisCaregivers CDCP, Direct Care Professional Certifications: www.wiscaregivercdcp.com/

Individuals complete a free self-paced 30-hour online training to receive certification. A \$500 bonus is available after certification. New developments in this program include training materials in Hmong in addition to Spanish. WisCaregiver Careers includes

I'm thankful that the
Ombudsman resolved my
case and appreciate it.

Family Care member

outreach to high school students and connects caregivers to potential employers. See also American Rescue Plan Act: Medicaid HCBS Direct Care Workforce Reform and Analysis, Wisconsin DHS: www.dhs.wisconsin.gov/arpa/hcbs-directcareworkforce.htm

The caregiver crisis continues to have an effect throughout FCIOOP case work. Clients in this reporting period, as in the last, identify caregiver concerns relating to relocation, self-directed

support, communication concerns with MCO/IRIS staff and provider quality. FCIOOP helps clients by discussing how to share and report their concerns, identifying their rights and responsibilities 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 ways 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. In particular during this reporting period were FEA related issues. Participants faced problems with digital based timekeeping and timeliness of worker payments. Ombudsmen worked with participants when they were impacted by these issues and remained in contact with DHS to share their concerns and work toward effective resolution.

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.

Ombudsman was
knowledgeable and easy to
talk to. He made me feel
less anxious for the
hearing and that was
awesome

IRIS Participant

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

The knowledge and help
was amazing.

Guardian of IRIS Participant

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.

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 IRIS waiver to take effect January 1, 2026. For more information about the process and proposed changes, see IRIS Waiver Renewal, Wisconsin Department of Health Services: www.dhs.wisconsin.gov/iris/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. According to Electronic Visit Verification (EVV), Wisconsin DHS (<https://www.dhs.wisconsin.gov/evv/index.htm>), EVV currently applies to:

- Personal care and supportive home care services (PCS)
 - Medicaid and Badger Care Plus fee-for-service (Forward Health card)
 - Badger Care Plus and Medicaid SSI HMOs
 - Family Care and Family Care Partnership

- IRIS (Include, Respect, I Self-Direct)
 - Home health care services (HHCS)*
 - Medicaid and Badger Care Plus fee-for-service (Forward Health card)
 - Badger Care Plus and Medicaid SSI HMOs
 - Family Care and Family Care Partnership
- * The IRIS (Include, Respect, I Self-Direct) program does not require EVV for HHCS because IRIS is not a payer for these services.

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. IRIS participants in particular have found EVV compliance to be difficult. Due to challenges in instructing workers in the EVV system, ongoing work with FEAs to maintain compliance and the existing caregiver shortage which impacts ability hire workers, DHS continues to put a pause on disenrollments related to EVV compliance to give participants time to work through these challenges. Additional home health care services became EVV compliance mandatory on 1/1/24.

Having the support to navigate a system that is complicated was helpful.

*Guardian of Partnership
member*

Information regarding EVV implementation can be found here:

www.dhs.wisconsin.gov/evv/index.htm

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. An overview of the HCBS Settings Rule can be found here: www.dhs.wisconsin.gov/hcbs/index.htm

The HCBS settings rule requires states to develop a transition plan for reaching and maintaining compliance. Wisconsin's transition plan was finalized as of January 20, 2023 and can be found here: www.dhs.wisconsin.gov/publications/p01839.pdf

New to Wisconsin is a requirement that all adult long-term care service providers and vendors for Family Care and IRIS must enroll as Medicaid providers. This requirement does not affect individual self-directed support or participant-hired workers. However, all other providers need to complete an enrollment application or risk disruption to payment on January 1, 2026. Enrollment can be a lengthy process and providers have been encouraged to enroll as soon as possible to avoid disruption. DHS has developed

trainings and toolkits to support understanding and compliance with this requirement. See also Home and Community-Based Services (HCBS) Settings Rule, Wisconsin Department of Health Services for links to those resources:
www.dhs.wisconsin.gov/hcbs/index.htm

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.

Prepared by: Leslie Stewart, leslies@drwi.org
Family Care and IRIS Ombudsman Managing Attorney
October 1, 2025

Data Tables

Number of Family Care Case by MCO	CCI	iCare	Incl	LC	MCW	No MCO	Total
New I&As	21	1	21	13	38	6	100
New Cases Opened	84	6	140	62	117	8	417
Number Continued from previous period	166	16	236	109	175	18	720
Number Closed this period	113	10	171	77	144	18	533

Number of IRIS cases by FEA or ICA	A4U	CD	Conns	FPCC	GT	iLife	IRIS-DHS	MILC	OHS	PCS	PFMS	TMG	TOTAL
New I&As	2	0	8	1	3	29	3	2	0	5	7	55	115
New Cases Opened	10	0	19	17	6	51	1	2	1	12	12	249	380
Number Continued from previous period	33	0	54	33	7	35	0	4	1	26	10	357	560
Number Closed this period	13	0	36	25	8	74	4	4	1	20	16	279	480

Contact or Referral Source - New this period	Total
ADRC	71
Administrative Law Judge	15
DHS	4
Advocacy Group	3
DRW client previously	259
Adult Family Home	2
Family Care social worker	4
BOALTC	7
Friend/family member	50
Adult Protective Services	1
DRW Letter	1
Doctor	1
Family Care / IRIS program info	9

Contact or Referral Source - New this period	Total
DD Council	1
DWD	42
Guardian	62
Independent Living Center	4
Internet Search	17
IRIS Consultant	78
MCO	24
Metastar	19
NOA (Notice of Action)	37
Lawyer Referral Service	0
Legal AID Society	0
Nursing Home	2
Private Attorney	0
Representative's Office	0
Self	47
Service Provider	25
Social Worker - non-Family Care	17
Unknown	205
Other-Capital Consortium	1
Other - FEA	1
Other - Support Group	2
Other - Registrar of probate	1
Other - Support Broker	1

Program – New this period	Client Count	I&As	Cases	Record Count
Family Care	414	95	398	493
IRIS	420	6	11	493
Family Care Partnership	16	115	378	17
Other	3	1	2	2
Total	853	217	789	1006

Issues Involved by MCO - New this period	CCI	iCare	Incl	LC	MCW	No MCO	TOTAL
Abuse/Neglect	9	2	5	1	5	0	22
Assistance with MCO's grievance procedure	6	0	17	9	20	0	52
Assistance with state fair hearing	2	1	2	2	6	0	13
Choice of provider	10	0	12	5	19	0	46
Communication Problems with MCO/IRIS staff	37	2	47	30	53	0	169
Cost Share	2	0	1	1	3	0	7
Denial of visitors	0	1	0	0	0	0	1
Discharge planning	7	0	4	3	10	0	24
Disenrollment	5	0	4	0	4	1	14
Electronic Visit Verification (EVV)	0	0	0	0	0	0	0
Enrollment/Eligibility	2	0	4	0	5	13	24
Equipment Request/Denial	7	0	12	7	11	0	37
Eviction	3	0	2	2	0	0	7
Fraud investigation	1	0	0	0	0	0	1
Functional Screen Problems	1	0	1	0	0	0	2
Home modification	0	0	4	3	3	0	10
IRIS - Budget amount	2	0	0	1	0	0	3
IRIS - Quality	1	0	0	0	1	0	2
MCO terminates provider relationship	0	0	1	3	2	0	6
Medical treatment	3	0	6	2	11	1	23
Mental health care access	1	0	2	4	4	0	11
Partnership/Medicare	0	0	0	0	0	0	0
Prescription coverage	1	0	1	0	0	0	2
Provider quality	18	3	10	6	21	0	58
Relocation	32	3	37	18	41	0	131
Request for additional services	13	0	23	11	14	0	61
Safety	5	0	14	8	14	1	42
Self-directed supports	5	0	6	6	5	0	22
Service delay	6	0	7	8	16	1	38
Service denial (additional services or hours)	4	0	11	5	6	0	26
Service denial (specific service)	4	0	20	12	10	0	46
Service reduction	8	1	34	11	15	0	69
Service termination	3	1	6	4	5	0	19
Transportation	4	0	11	3	18	0	36
Other - 24/7 In Home Care	0	0	0	0	1	0	1
Other - Out-of-State Travel	1	0	0	0	0	0	1
Total	203	14	304	166	323	17	1026

Issues Involved by FEA or ICA – New this period	A4U	CD	Conns	FPCC	GT	iLife	IRIS- DHS	MILC	OHS	PCS	PFMS	TMG	TOTAL
Abuse/Neglect	0	0	0	0	0	0	1	0	0	1	2	1	5
Assistance with MCO's grievance procedure	0	0	0	0	0	0	0	0	0	0	0	0	0
Assistance with state fair hearing	0	0	0	2	0	0	4	1	0	4	16	27	54
Choice of provider	1	0	2	1	1	1	0	0	0	1	1	12	20
Communication Problems with MCO/IRIS staff	2	2	4	0	4	8	2	1	1	3	12	30	69
Cost Share	0	0	0	0	0	1	0	0	0	0	1	3	5
Denial of visitors	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharge planning	0	0	0	0	0	0	0	0	0	0	0	0	0
Disenrollment	1	0	2	3	0	1	2	0	0	1	10	36	56
Electronic Visit Verification (EVV)	0	3	0	0	0	2	0	0	0	0	2	0	7
Enrollment/Eligibility	3	1	1	0	1	0	0	1	1	0	6	12	26
Equipment Request/Denial	0	0	2	0	0	0	0	0	0	1	4	11	18
Eviction	0	0	0	0	0	0	0	0	0	0	0	0	0
Fraud investigation	0	0	0	0	3	0	0	0	0	0	1	1	5
Functional Screen Problems	1	0	0	0	0	0	0	0	0	1	0	5	7
Home modification	0	0	0	0	1	0	0	0	1	2	0	12	16
IRIS - Budget amount	2	0	5	6	1	23	1	1	0	5	20	81	145
IRIS - Quality	1	0	2	1	3	19	0	0	0	1	9	23	59
MCO terminates provider relationship	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical treatment	0	0	0	0	0	0	0	0	0	0	0	3	3
Mental health care access	0	0	0	0	0	0	0	0	0	0	0	1	1
Partnership/Medicare	0	0	0	0	0	0	0	0	0	0	0	0	0
Prescription coverage	0	0	0	0	0	0	0	0	0	0	1	1	2
Provider quality	0	0	0	0	0	1	2	0	0	1	3	0	7
Relocation	0	0	1	0	1	0	1	0	0	2	3	4	12
Request for additional services	0	0	3	0	0	0	1	0	0	2	3	11	20
Safety	0	0	1	0	1	0	0	0	0	0	0	5	7

Issues Involved by FEA or ICA – New this period	A4U	CD	Conns	FPCC	GT	iLife	IRIS- DHS	MILC	OHS	PCS	PFMS	TMG	TOTAL
Self-directed supports	0	6	1	1	3	28	0	1	1	0	9	15	65
Service delay	0	3	1	1	3	2	0	2	0	0	12	12	36
Service denial (additional services or hours)	0	0	0	0	0	0	0	0	0	3	1	11	15
Service denial (specific service)	0	0	0	1	1	0	2	1	1	1	6	24	37
Service reduction	2	0	1	3	0	0	2	1	0	0	10	26	45
Service termination	0	0	0	0	1	0	0	0	0	0	8	22	31
Transportation	0	0	1	0	0	0	0	0	0	1	5	5	12
Other - Homeless	0	0	0	0	0	0	0	0	0	0	0	1	1
Total	13	15	27	19	24	86	18	9	5	30	145	395	786

Target Population – New this period	Client Count
Developmental Disability	326
Physical Disability	435
Physical Disability and Developmental Disability	224

Method of Contact – New this period	Record Count
Phone	910
Email	79
Other	16
Letter	1

Clients Requiring Translation
11

Language	Client Count
Rohingya	3
Spanish	3
ASL	2
Hmong	2
Vietnamese	1

Stage at Opening by MCO – New this period	CCI	iCare	Incl	LC	MCW	No MCO	TOTAL
I&A	12	0	16	4	24	3	59
Informal Negotiation	0	0	1	1	1	0	3
Investigation/Monitoring	93	7	145	70	130	11	456
IRIS Consultant or Financial Service Agency	0	0	0	0	0	0	0
MCO Appeal	0	0	0	1	1	0	2
MCO Grievance	0	0	0	0	0	0	0
State Fair Hearing	0	0	0	0	0	0	0
MCO appeal/grievance or State Fair Hearing	0	0	0	0	1	0	1
Technical Assistance	0	0	0	0	1	0	1
Total	105	7	162	76	158	14	522

Stage at Opening by FEA or ICA – New this period	A4U	CD	Conns	FPCC	GT	iLife	IRIS-DHS	MILC	OHS	PCS	PFMS	TMG	TOTAL
I&A	1	0	4	1	0	4	3	0	0	4	0	25	42
Informal Negotiation	0	0	0	0	0	0	0	0	0	0	0	5	5
Investigation/Monitoring	11	0	23	16	9	75	1	4	1	11	19	273	443
IRIS Consultant or Financial Service Agency	0	0	0	0	0	6	0	0	0	0	2	4	12
MCO Appeal	0	0	0	0	0	0	0	0	0	0	0	0	0
MCO Grievance	0	0	0	0	0	0	0	0	0	0	0	0	0
State Fair Hearing	0	0	0	1	0	0	0	0	0	0	0	1	2
MCO appeal/grievance or State Fair Hearing	0	0	1	0	0	0	0	0	0	3	0	8	12
Technical Assistance	0	0	1	0	0	0	0	0	0	0	0	0	1
Total	12	0	29	18	9	85	4	4	1	18	21	316	517

Outcome Results by MCO – Closed this period	CCI	iCare	Incl	LC	MCW	No MCO	TOTAL
Full Satisfaction	39	3	62	29	55	6	194
Partial Satisfaction	18	1	23	10	18	0	70
Individual withdrew/DRW withdrew	18	3	37	22	35	3	118
Referred To ABC for Health	0	0	1	0	0	0	1
Referred To ADRC	5	0	2	3	10	1	21
Referred To APS	1	0	1	0	0	0	2

Outcome Results by MCO – Closed this period	CCI	iCare	Incl	LC	MCW	No MCO	TOTAL
Referred To Asst living facility	1	0	0	0	0	0	1
Referred To BOALTC	1	0	0	0	0	0	1
Referred To CCS	0	0	0	0	0	1	1
Referred To CSP	0	0	0	0	0	1	1
Referred To CYSHCN Regional Center	0	0	1	0	0	0	1
Referred To Capital Consortium	0	0	0	0	1	0	1
Referred To DATCP	1	0	0	0	0	0	1
Referred To DHS	1	0	1	0	0	0	2
Referred To DQA	4	0	1	0	7	0	12
Referred To ERD	1	0	0	0	0	0	1
Referred To FFS Ombudsman	0	0	0	0	1	0	1
Referred To GWAAR	2	0	2	1	1	0	6
Referred To HUD	1	0	0	0	0	0	1
Referred To IDT	1	0	0	0	0	0	1
Referred To ILC	0	0	1	0	0	0	1
Referred To Inclusa Member Relations	0	0	1	0	0	0	1
Referred To Independence First	0	0	0	0	1	1	2
Referred To Judicare	0	0	1	0	0	0	1
Referred To Legal Action	0	0	1	0	0	0	1
Referred To MCO	2	0	0	0	1	0	3
Referred To MCW	0	0	0	0	2	0	2
Referred To Mediation services	1	0	0	0	0	0	1
Referred To Medicare Ombudsman	0	0	0	0	1	0	1
Referred To Member Rights	1	0	0	0	1	0	2
Referred To Milwaukee Rental Housing Resource Center	0	0	0	0	1	0	1
Referred To OCR	1	0	0	0	0	0	1
Referred To WI Guardianship Association	1	0	0	0	0	0	1
Referred To WI State Bar	1	0	2	1	2	0	6
Case lacks merit	0	0	3	0	0	1	4
Not resolved to any satisfaction for recipient	5	1	10	5	5	1	27
Total	106	8	150	71	142	15	492

Outcome Results by FEA or ICA – Closed this period	A4U	CD	Conns	FPCC	GT	iLife	IRIS- DHS	MILC	OHHS	PCS	PFMS	TMG	TOTAL
Full Satisfaction	4	0	19	12	2	40	1	1	0	5	10	137	231
Partial Satisfaction	3	0	1	5	5	13	1	0	0	3	3	33	67
Individual withdrew/DRW withdrew	3	0	8	4	1	12	0	1	1	3	1	50	84
Issue Expired - individual died	0	0	0	1	0	0	0	0	0	0	0	1	2
Referred To ADRC	1	0	1	0	1	3	0	0	0	0	0	14	20
Referred To BOALTC	0	0	0	0	0	0	0	0	0	0	0	1	1
Referred To Caregiver agency	0	0	0	0	0	1	0	0	0	0	0	0	1
Referred To DATCP	0	0	1	0	0	0	1	0	0	0	0	0	2
Referred To DBS	0	0	1	0	0	1	0	0	0	0	0	3	5
Referred To DHA	0	0	0	0	0	0	0	0	0	0	0	2	2
Referred To DHS	0	0	0	0	1	1	0	0	0	1	0	2	5
Referred To DQA	0	0	0	0	0	0	1	0	0	1	0	1	3
Referred To ERD	0	0	1	0	0	0	0	0	0	0	0	0	1
Referred To FEA	0	0	0	0	0	1	0	0	0	0	1	0	2
Referred To Fiscal Employment Agency	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	1	0	0	1
Referred To HUD	0	0	1	0	0	0	0	0	0	0	0	0	1
Referred To IC	0	0	0	0	0	1	0	0	0	0	0	1	2
Referred To ICA	0	0	0	0	0	1	0	0	0	0	0	4	5
Referred To IRIS	0	0	1	0	0	2	0	0	0	0	1	1	5
Referred To Independence First	0	0	0	1	0	0	0	0	0	0	0	0	1
Referred To Independent Living Resources	0	0	0	0	0	0	0	0	0	0	0	1	1
Referred To LOV Inc.	0	0	0	0	0	0	0	0	0	1	0	0	1
Referred To Metastar	0	0	0	0	0	0	0	0	0	0	0	1	1
Referred To NSM	0	0	1	0	0	0	0	0	0	0	0	0	1
Referred To TMG	0	0	0	0	0	0	0	0	0	0	1	4	5
Referred To WI State Bar	0	0	0	0	0	0	0	0	0	0	0	1	1
Referred To Wisconsin regulatory agency	0	0	0	0	0	0	0	0	0	0	0	1	1
Referred To iLife	0	0	0	0	0	4	0	0	0	0	0	0	4

Outcome Results by FEA or ICA – Closed this period	A4U	CD	Conns	FPCC	GT	iLife	IRIS- DHS	MILC	OHHS	PCSS	PFMS	TMG	TOTAL
Case lacks merit	0	0	0	0	0	1	0	0	0	0	0	9	10
Not resolved to any satisfaction for recipient	2	0	4	3	0	2	0	2	0	6	2	26	47
Total	13	0	39	26	10	83	4	4	1	21	19	294	514

Stage at Closing by MCO - Closed this period	CCI	iCare	Incl	LC	MCW	No MCO	Total
I/R Information & Referral	26	3	27	14	40	7	117
Informal Negotiation	28	2	48	14	37	4	133
Investigation/Monitoring	57	4	83	39	57	8	248
IRIS Consultant or Financial Service Agency	0	0	0	0	0	0	0
MCO Appeal	1	0	12	6	8	0	27
MCO Grievance	2	0	2	1	6	0	11
State Fair Hearing	5	0	15	3	0	0	23
MCO appeal/grievance or State Fair Hearing	0	0	3	0	1	1	5
Technical Assistance	11	3	14	4	11	2	45
Total	130	12	204	81	160	22	609

Stage at Closing by FEA or ICA - Closed this period	A4U	CD	Conns	FPCC	GT	iLife	IRIS- DHS	MILC	OHHS	PCSS	PFMS	TMG	Total
I/R Information & Referral	4	0	9	2	4	33	3	2	0	6	8	55	126
Informal Negotiation	1	0	7	7	1	8	0	0	0	0	2	61	87
Investigation/Monitoring	6	0	14	11	1	39	1	0	1	2	8	107	190
IRIS Consultant or Financial Service Agency	1	0	2	1	0	16	0	0	0	0	2	4	26
MCO Appeal	0	0	0	0	0	0	0	0	0	0	0	0	0
MCO Grievance	0	0	0	0	0	0	0	0	0	0	0	0	0
State Fair Hearing	1	0	8	4	1	4	0	2	0	8	0	61	89
MCO appeal/grievance or State Fair Hearing	0	0	1	2	0	0	0	0	0	2	0	4	9
Technical Assistance	2	0	6	8	2	9	1	0	0	1	1	51	81
Total	15	0	47	35	9	109	5	4	1	19	21	343	608

Average Days to Close Case
98

Travel for Client Work	Cases	Miles
Total	5	99.73

Services Provided for State Fair Hearing

State Fair Hearing Case Help	Total
Total Cases Closed	800
Number Where SFH Was Requested	207

Total Where State Fair Hearing Took Place	121
--------------------------------------------------	-----

Hearing Outcome	Representation	Heavy TA	Light TA	N/A	TOTAL
Fully favorable	10	14	4	1	29
Partially favorable	0	2	0	0	2
I don't know	0	21	23	1	45
Negative	6	19	19	0	44
N/A	0	0	1	0	1
Total	16	56	47	2	121

Issues Brought (Each case may have more than one)	Total
IRIS Budget	38
Denial of Services	24
Disenrollment	20
Reduction of Hours	15
Change in Level of Care	9
Eligibility	4
Relocation	1
Denial of Equipment	8
Fraud	1
Home Modification	11
Self Direction	0
Cost Share	1
Total	132

Total Where State Fair Hearing Did NOT Take Place	84
----------------------------------------------------------	-----------

Case Issues Outcome	Representation	Heavy TA	Light TA	N/A	TOTAL
1. Fully favorable- agency makes desired action	0	18	14	3	35
2. Partially favorable- settlement/negotiation reached with agency	0	2	2	2	6
3. Client withdraws/chooses not to proceed with appeal	1	4	9	3	17
4. Creative solution (switch MCO, program, etc)	0	4	1	3	8
5. Other (death, hospitalization, etc)	0	2	1	8	11
N/A	0	0	1	6	7
Total	1	30	28	25	84

Client Satisfaction Level	TOTAL
(not at all satisfied) 1	40
2	5
3	1
4	10
(completely satisfied) 5	62
Declined to Answer	0
Don't Know SFH Outcome	41
N/A	48
Total	207