**DEPARTMENT OF HEALTH SERVICES** DRAFT **STATE OF WISCONSIN**

F-01922 (03/2018)

**OPEN MEETING MINUTES**

Instructions: F-01922A

| | | | |
|---|---|---|---|
| Name of Governmental Body:<br>IRIS Adviosry Committee | | | Attending:<br>**Committee Members:**<br>Rosie Bartel, Julie Burish, Martha Chambers, Fil Clissa, Mitch Hagopian, Angie Kieffer, Kathi Miller, Maureen Ryan, Sue Urban, Vicky Gunderson, Zoe Kujawa<br>**DHS Staff:**<br>Amy Chartier, Ann Lamberg, Betsy Genz, Christine See, Grant Cummings, Elizabeth Doyle, Kiva Graves, Leon Creary, Krista Willing, Mary Sweet, Heidi Herziger, Michelle Osness, Shelly Glenn |
| Date:<br>November 16, 2021 | Time Started:<br>9:30 am | Time Ended:<br>2:00 pm | |
| Location:<br>Zoom Webinar | | | Presiding Officer:<br>Curtis Cunningham, Assistant Administrator |

**Minutes**

**Committee Members Absent**

- Amy Weiss, John Donnelly

**Meeting Call to Order**

- Introductions
  - All committee members and DHS staff present introduced themselves
  - Curtis acknowledged the contributions of Dean Choate to the committee
- Approval of September minutes
  - Martha Chambers made motion to approve minutes. Mitch Hagopian seconded the motion. The minutes were approved by members.

**Department Updates, presented by Curtis Cunningham, Kiva Graves, Amy Chartier, Kathi Miller (Ombudsman Report)**

- Electronic Visit Verification (EVV) (Curtis)
  - The Department has made the decision to extend the EVV soft launch.
  - It is the expectation that payers, employers and workers use the system as required.
  - Penalties for non-compliance will not be applied during the soft launch.
  - The Department is working with the EVV advisory group to determine the revised hard launch date.
- ARPA funding (Curtis)
  - Following the discussion with the IAC members and contractors, the Department is evaluating the recommended hybrid approach on an automatic 5% for provider agencies, followed by discussions between the participant and IC to determine updated rates for participant hired workers.
  - The memo regarding covered services will be issued today.
  - The services in the memo are broad, when getting to the code level some codes may not be covered under each of the categories.
  - Other ARPA efforts are also being reviewed. Grants for agencies related to improving and sustaining the HCBS system has been prioritized.
- Vaccine Mandates (Curtis)

- The department is following the vaccine mandate issued by OSHA regarding businesses with 100+ employees. This has been placed on hold at this time.
- Medicaid/Medicare licensed facilities are required to ensure employees are vaccinated.

- NEMT transition to Veyo (Curtis)
  - Long wait times for calls have decreased.
  - The transition is going well.
- COVID vaccination reporting (Kiva)
  - There continues to be a difference in the number of participants/members in IRIS and Family care that have received the vaccination. IRIS being significantly lower.
  - Maureen inquired if the data differentiated by setting (i.e. community based vs. residential) and wondered if that would offset the differences between programs. Kiva indicated the Department does not the ability to pull that information based on the setting where services are provided.
  - The Department will be adding a COVID Analyst position. They will focus on IRIS and vaccination rates. They may be able to pull data to respond to the question above. The goal is to increase the percentage of participants in IRIS who are vaccinated.
  - Following their efforts with IRIS, this position will support all adult long term care programs.
- Provider Enrollment Portal (Kiva)
  - The Department is working with an advisory workgroup creating a provider portal. Currently FEAs are required to enroll providers per participant. This step is duplicative and will be eliminated for FEAs with this system. Provider agencies, FEAs and MCOs are consulting on this project.
  - The efforts will move to design led my Gainwell in 2022.
  - Outreach and education will be provided to allow for a streamlined change in process.
  - The initial enrollment for providers with multiple locations may require more effort initially. Following the initial enrollment, they will not need to provide that level of information.
  - Implementation is planned for 2023
- Ombudsman Report (Kathi Miller)
  - The volume of cases remains steady, and they have not experienced any spikes.
  - A comprehensive report will be provided by the Ombudsman representatives in January.
- Staffing Updates (Amy)
  - Kim Jewett has joined the IRIS policy team and Andrea Behnke has joined our quality Assurance team.

**372 Report presented by Mary Sweet and Heidi Herziger**

- Mary presented each of the appendixes (A-D) provided in the report
  - Mitch asked what the goal is for Appendix D.4. “Number and percent of participants supported using restrictive measures with an approved and current Restrictive Measures Application. The goal is 86% to avoid remediation. Reviewers are reviewing records to determine if records are missing and if information is documented appropriately. Amy indicated that the database has restrictive measure letters available. RaeAnn creates the Restrictive Measures letters.
  - The number of service plans unmet Appendix D.1. (48.6%) is historically poor because ISSPs didn’t identify natural supports. Mary added the need for assessment overview guides for ICs in walking through the ISSP. There is a September 1st rollout date. Supplement to ISSP available to Metastar. LTC Needs Panel will be part of the ISSP moving forward.
- ***Committee Suggestions:***
  - Appreciate hearing about this and it is valuable to have regular updates

**National Core Indicators (NCI) Data presented by Michelle Osness**

- Michelle presented NCI Data and elaborated on her role as well as the project overview
- IRIS survey included sub-populations of Frail Elderly (FE) and Physically Disabled (PD). There were 259 in the FE category and 264 in the PD category.
- The 2019-2020 survey was abbreviated due to COVID. As such, states were in various stages of completion and some demographics may not be fully represented in the report. Data in the report is intended for internal state use only and should not be used as a true comparison between states or in prior years.
- Mitch inquired whether longitudinal studies could be obtained by surveying the same participants. Michelle indicated they are not structured for those studies at this time.
- Mitch requested this be a future agenda item in follow up

**Public Comment**

- Bob / Heidi – Asked a question regarding GSR restructuring
- Wendy Kaplan – On behalf of her son
    - Struggling with staffing shortages, son is suffering due to shortages
    - Need additional respite care
- Anne Rabin – provided comments and considerations for enhancements regarding ARPA 5%
- Sheryl Gerstl – written comment regarding Service Dog Memo read by Amy Chartier

**IRIS Contractor Provider Agreement Changes presented by Leon Creary**

- Leon reviewed the provider agreement substantive changes document
- Discussion regarding changes for in-person visits
    - Sue added that Ann Lamberg was helpful in providing additional information in the vulnerable high risk training with ICAs.
    - Vicky was not aware of any issues for FEAs with the change
    - Zoe indicated there will be additional training and challenges with the changes
    - Kiva indicated the change in visits was to provide additional assurances that participants are safe
    - Sheldon previously presented to contractors regarding vulnerable high risk populations
    - Amy – assist in maintaining eligibility and providing reporting

**Individual Budget Allocation (IBA) Update presented by Grant Cummings and Elizabeth Doyle**

- Grant provided the IBA update
    - Reviewed previous discussions from July
    - Updates provided on new model
    - Discussed how functional screen relates to budget
    - Regional adjustments discussed in detail
    - Last revision was done in 2016
    - Julie indicated that unpaid support is a big concern for people
    - Discussion regarding pandemic influence on rate setting and adjustments

**Topic Tracker presented by Amy Chartier**

- Amy presented current policy and topic tracker
- Mitch indicated Background checks were missing from tracker
    - Amy indicated they were in discussions with OLC regarding background checks
    - Tracker is a living document and updated regularly

**Geographic Service Regions (GSRs) presented by Betsy Genz**

- Betsy presented and reviewed the new GSR map.
- Effective dates and implementation plans were reviewed.
- There are no limits on how many GSRs a contractor can serve.
- IRIS service will continue on the certification process while Family Care will remain on an RFP.

**Committee Business/Feedback, presented by Curtis Cunningham**

- Review of 2022 Dates: discuss whether to move the September date for Rosh Hashana, and November date for Thanksgiving. September date will stay as it. November will be moved to the prior week.
- ***Committee Suggestions:***
  - NCI follow up and ADRC
  - Background check update
  - Concerns regarding PCW shortages needs to be addressed
    - Participants don't understand their authority with paying workers. Prioritize participant education. Discussion regarding range of acceptable pay.
    - SDPC has a specified limit of pay
    - Discussions are happening regarding "usual and customary"
  - Concerns expressed regarding budget adjustment process
  - Tracker and topics need to be updated with information Mitch and Maureen emailed

**Adjourn**

- Meeting unanimously adjourned at 2:00pm

Prepared by: Shelly Glenn on 12/13/2021.
These minutes are in draft form. They will be presented for approval by the governmental body on: 1/25/2022

| July1, 2019-June30, 2020 & July1, 2020-June30, 2021 | | | BOALTC IRIS Ombudsman Program Data- | | |
|---|---|---|---|---|---|
| **Summary of IRIS Contacts this reporting period** | | **New** | **Complaint Type Totals:** | | **New** |
| | **2020** | **2021** | | **2020** | **2021** |
| New Program Consults * | 674 | 1384 | Abuse/Neglect | 1 | |
| New this reporting period - opened as case | 75 | 69 | Assistance with grievance procedure | 5 | 10 |
| Number of cases continuing from previous | 4 | 5 | Assistance with state fair hearing | 13 | 2 |
| Number closed this reporting period | 72 | -60 | Billing Issue | 2 | 1 |
| **Total** | **825** | **1398** | Choice of Provider | 1 | 1 |
| **Method of First Contact*** | | | Communication probs. w/ ICA, FEA; unresponsive | 5 | 5 |
| Telephone | 803 | 1359 | Cost Share | 5 | 7 |
| E-mail | 11 | 18 | Discharge planning | 2 | 1 |
| Mail/Fax | 2 | 2 | Disenrollment | 5 | 2 |
| Face to face (warm referral) | 9 | 19 | Enrollment/Eligibility | 13 | 9 |
| **Total** | **825** | **1398** | Equipment Request/Denial | 6 | 2 |
| | | | Functional screen dispute | 3 | |
| **Contact/Referral Source For Cases** | | | Home modification (accessibility) DME | 2 | 4 |
| 211 Help Line | | | IRIS - Budget Amount | 3 | 7 |
| ADRC | 1 | 1 | IRIS - Continuity of Providers | 5 | 3 |
| Advocacy Group | | | IRIS - Enrollment | 6 | 4 |
| DRW | 2 | 1 | IRIS - FEA issue | 15 | 12 |
| DHS | 1 | | IRIS - ICA issue | 8 | 8 |
| BOALTC client previously | 1 | 1 | IRIS - transportation | 6 | 4 |
| Family Care Program | | | IRIS - support broker services | 6 | 2 |
| Friend/Family Member | 9 | 6 | IRIS - service reduction | 3 | |
| Guardian | 9 | 2 | Reponse to complaints | 3 | 4 |
| ICA/FEA | 4 | 1 | Compaints about outside agencies (non Facility) | | 2 |
| Internet | 3 | 1 | Provider Quality of Care | 3 | 10 |
| Ombudsman program | 10 | 12 | Release of Information Issue | 2 | 3 |
| Legal Aid Society/Legal Action | | | Request for additional services | 11 | 1 |
| MCO or CMU | | | Relocation | 1 | 1 |
| Medicaid Recipient Services | | | Safety | 19 | 1 |
| Metastar | | | Self-directed supports | 4 | 8 |
| Physician/Clinic/Other Provider | 1 | | Service delay | 3 | 2 |
| Public Defender | | | Service denial (additional service[s] or hours) | 11 | 2 |
| Self | 30 | 42 | Service denial (specific service) | 3 | 4 |
| Social Worker - non-FCIOP | | | Service reduction | 4 | |
| State | 1 | | Service termination | 2 | |
| Training/outreach by BOALTC | 3 | 2 | Other or SDPC/MAPC issues | 7 | 15 |
| **Total** | **75** | **69** | **Total** | **188** | **137** |

| Result / Outcome for Closed Complaints this Period | | New | New for this last year - Consultation breakdown* | NA | New |
|---|---|---|---|---|---|
| Full Satisfaction | 105 | 112 | IRIS in general | | 556 |
| Partial Satisfaction | 6 | 21 | Ombudsman Services | | 313 |
| Issue Expired client died) | 1 | 4 | Emergency Response | | 119 |
| Referral to ADRC | 10 | | Communications | | 55 |
| Referral to BOALTC OP | 0 | | Adult Protection | | 49 |
| Referred to DRW | 0 | | Long Term Care | | 35 |
| Referral to DQA | 0 | | Participant Rights | | 32 |
| Referral to IRIS Consultant | 0 | | Regulations | | 30 |
| Referral to MCO Member Advocate | 0 | | BOALTC | | 23 |
| Not resolved to client's satisfaction | 38 | | Abuse & Neglect | | 23 |
| **Total Complaints within Cases** | **160** | **137** | Complaint Process | | 19 |
| **Stage at Closing** | | | Dementia | | 14 |
| | | | Aging | | 14 |
| Informal Negotiation | 41 | 56 | Other | | 12 |
| Investigation/Monitoring | 14 | | Medicaid | | 6 |
| IRIS Consultant or Financial Service Agency | 2 | 1 | Guardianships | | 6 |
| State Fair Hearing | 6 | 1 | Mental Health | | 4 |
| Technical Assistance: | 12 | 2 | Legal | | 3 |
| **Total** | **75** | **60** | Relocation | | 1 |
| **Average Days to close a case** | **59** | **71** | Care and treatment | | 1 |
| Cases only (does not include I&A) | | | case referrals | | 69 |
| | | | **Total Consultataions not cases** | | **1384** |
| **Number of PPT's in the state 60 & older** | **7466** | **8512** | | | |
| | | | | | |

| Periods shown 7/1/2019-6/30/2020 and 7/1/2020-6/30/2021 | | | FCIOP IRIS Ombudsman Program Data | | |
|---|---|---|---|---|---|
| **Number of IRIS cases opened in this reporting period** | | New | **Issue Involved*** | **Total** | New |
| | **2020** | **2021** | | **2020** | **2021** |
| New I&A | 134 | 84 | Abuse/Neglect | 4 | 7 |
| New this reporting period - opened as case | 126 | 108 | Assistance with grievance procedure | 0 | 0 |
| Number of cases continuing from previous | 408 | 29 | Assistance with state fair hearing | 49 | 15 |
| Number closed this reporting period | 272 | 188 | Choice of provider | 8 | 19 |
| | | | Communication Problems w/ ICA, FEA staff | 6 | 17 |
| **Method of First Contact*** | | | Cost Share | 4 | 1 |
| Telephone | 251 | 180 | Discharge planning | 5 | 1 |
| E-mail | 8 | 12 | Disenrollment | 27 | 6 |
| Mail/Fax | 1 | | Denial of visitors | 0 | 0 |
| Face to face | 0 | | Enrollment/Eligibility | 16 | 15 |
| **Total** | **260** | **192** | Equipment Request/Denial | 20 | 16 |
| | | | Eviction | 0 | 3 |
| **Contact/Referral Source*** | | | Fraud investigation | 2 | 0 |
| ADRC | 28 | 20 | Home modification | 9 | 6 |
| Administrative Law Judge | | | IRIS - Budget amount | 25 | 22 |
| Advocacy Group | 2 | | IRIS - Quality | 21 | 8 |
| BOALTC | 2 | 1 | Medical treatment | 7 | 5 |
| DHS | 16 | 2 | Mental health care access | 0 | 1 |
| DRW client previously | 90 | 68 | Prescription Coverage | 0 | 2 |
| Elected Official's office | 1 | | Provider quality | 15 | 17 |
| Family Care/IRIS program info | 2 | 2 | Relocation | 17 | 17 |
| Friend/Family Member | 13 | 10 | Request for additional services | 9 | 17 |
| Guardian | 5 | 6 | Safety | 10 | 2 |
| Independent Living Center | 1 | 1 | Self-directed supports | 4 | 0 |
| Internet search | 1 | 8 | Service delay | 22 | 17 |
| IRIS Consultant | 31 | 43 | Service denial (additional services or hours) | 7 | 2 |
| Metastar | 13 | 4 | Service denial (specific service) | 18 | 15 |
| MCO or CMU | | | Service reduction | 25 | 17 |
| Medicaid Recipient Services | | | Service termination | 17 | 6 |
| NOA (Notice of Action) | 25 | 13 | Transportation | 4 | 5 |
| Outreach | | | | | |
| Physician/Clinic/Other Provider | 4 | 8 | | | |
| Private Attorney | 1 | | | | |
| Self | 18 | 5 | | | |
| Social Worker - not FC | 3 | 1 | | | |
| Unknown | 4 | | | | |
| | | | | | |
| **Total** | **260** | **192** | **Total Issues** | **351** | **259** |

| **Result / Outcome for Closed Cases this Period*** | | **New** | **Target Population** | **Total** | **New** |
|---|---|---|---|---|---|
| Full Satisfaction | 99 | 68 | Developmental Disability < 60 y/o | 61 | 54 |
| Partial Satisfaction | 23 | 22 | Physical Disability < 60 y/o | 144 | 88 |
| Issue Expired (Client withdrew, client died) | 56 | 29 | Developmental & Physical Disability < 60 y/o | 55 | 50 |
| Referral to ADRC | 29 | 15 | | | |
| Referral to BOALTC | 5 | 1 | **Stage at Opening*** | | |
| Referral to DHS or DQA | 9 | 12 | I&A | 56 | 28 |

| | | | | | |
|---|---|---|---|---|---|
| Referral to DRW P&A Staff | 1 | 0 | Informal Negotiation | 0 | 0 |
| Referral to GSC | 0 | 4 | Investigation/Monitoring | 167 | 162 |
| Referral to IRIS staff | 11 | 6 | IRIS Consultant or Financial Service Agency | 22 | 2 |
| Referral to Metastar | 7 | 3 | State Fair Hearing | 40 | 1 |
| Referral to private attorney | 0 | 0 | **Total** | **285** | **193** |
| Referral to Other | 10 | 10 | | | |
| Case lacks merit | 7 | 7 | | | |
| Not resolved to any satisfaction for recipient | 25 | 22 | | | |
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| | | | | | |
| | | | | | |
| **Total** | **282** | **199** | | | |
| | | | | | |
| **Stage at Closing*** | | | | | |
| I&A | 138 | 99 | | | |
| Informal Negotiation | 24 | 21 | | | |
| Investigation/Monitoring | 66 | 44 | | | |
| IRIS Consultant or Financial Service Agency | 14 | 12 | | | |
| State Fair Hearing | 23 | 16 | | | |
| Technical Assistance | 44 | 19 | | | |
| **Total** | **309** | **211** | **Number of IRIS PPT's in the state 18-59** | **13838** | **14508** |
| | | | | | |

*May select more than one answer for each case

# IRIS Policy Tracker January – June 2022

| On Track<br>Warning<br>Complete | Meeting<br>Off Month | IRIS Leadership (Policy and Implementation every other month; same month as IAC meeting) | | | IRIS Advisory Committee (IAC) (Meet every other month; email policy/content in off months) | | |
|---|---|---|---|---|---|---|---|
| **Policy / Content** | **Month** | **Draft Sent to Contractors** | **Present at Meeting** | **Feedback Due** (email) | **Draft Sent to IAC** | **Present at Meeting** | **Feedback Due** (email) |
| ☐ Cost Share<br>☐ SMA Review Guidelines | **January** | 1/12/22 | 1/19/22 | 2/1/22 | 1/12/22 | 1/25/22 | 2/1/22 |
| ☐ Eligibility and Enrollment<br>☐ ISSP Development: Self- directed Planning Process<br>☐ Employment | **February** | 2/21/22 | Off Month | 3/4/22 | 2/21/22 | Off Month | 3/4/22 |
| ☐ ISSP Development: Participant Service Agreements / Required Providers | **March** | 3/9/22 | 3/16/22 | 3/29/22 | 3/9/22 | 3/22/22 | 3/29/22 |
| ☐ Budget Amendments (BAs) / One-Time Expenses (OTEs)<br>☐ *Self-directed Personal Care (SDPC)* | **April** | 4/19/22 | Off Month | 4/29/22 | 4/19/22 | Off Month | 5/3/22 |
| ☐ ISSP Development: Services Overview<br>☐ BAs / OTEs | **May** | 5/11/22 | 5/18/22 | 6/1/22 | 5/11/22 | 5/24/22 | 6/1/22 |
| ☐ Participant Safeguards / Health and Safety | **June** | 6/20/22 | Off Month | 7/1/22 | 6/20/22 | Off Month | 7/1/22 |

**Policies and Content Reviewed and Published:**

- Electronic Visit Verification in IRIS (P-03113)
- IRIS Support Services Provider Training Standards (P-03071)
- Fiscal Employer Agent (FEA) Enrollments and Transfers (P-03107)



- Remote Services (P-03081) *(effective January 1, 2022)*
- Vulnerable and High Risk Participants (P-03128) *(effective January 1, 2022)*
- Reporting and Follow-up for Immediate Reportable and Critical Incidents (P-03131) (*effective January 1, 2022)*

**Still in Process:**

- Service Dog Memo

*Schedules are subject to change

| YearlyTopic Items* | | | | | | |
|---|---|---|---|---|---|---|
| | January | March | May | July | September | November |
| Committee Membership | X (New members) | | | X (recruiting) | | |
| IRIS Contractor Provider Agreement | | | | | | X |
| 372 Report | | | | | | X |
| Ombudsman Updates | X | | | | | |
| Participant Survey | | | X | | | |
| Enrollment reports | | | X | | | |
| NCI Data | | | | | | X |
| Self-Direction NCI Data | | X | | | | |
| Review Topics for Next Year | | | | | | X |

***Schedules are subject to change**

| YearlyTopic Items* | | | | | | |
|---|---|---|---|---|---|---|
| | January | March | May | July | September | November |
| IBA (Individual Budget Allocation) | | x | | | | X |
| Monthly Rate of Service (MROS) Change Reminder | | X | | | | X |
| ARPA 5% | X | | | | X | |

*Schedules are subject to change

| Current Reports | | | | | | | | Report Links |
|---|---|---|---|---|---|---|---|---|
| | Comments | January | March | May | July | September | November | |
| Enrollment numbers | could send bi-monthly with IRIS agendas | X | X | X | X | X | X | Enrollment Reports |
| 372 reports | | | | | | X | | 372 Reports |
| NCI data | | | | | | X | | NCI Data |
| Employment Data | from Act 178 | | | | | | | Employment Data |
| Participant Satisfaction | | | | X | | | | Participant Satisfaction Survey |

IRIS Advisory Committee Page
IRIS Manuals, Resources, Reports

| IAC Requested Topics | |
|---|---|
| Standardized Monthly Budget Statements | Pending - resources not available at this time. |
| Background Checks | Curtis to address 1/25/2022 |
| Relocations/Transitions | Pending - resources not available at this time. |
| P4Ps | Pending - resources not available at this time. |
| Data Requests | See below |

| Data Requests - Not Yet Implemented | | |
|---|---|---|
| | | Comments |
| ICA Referral Information | | Maureen's email - June 2021 |
| BA Timeliness | | Maureen's email - June 2021 |
| OTE Timeliness | | Maureen's email - June 2021 |
| Service Utilization by ICA | | Maureen's email - June 2021 |
| Service Utilization | | Maureen's email - June 2021 |

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

# IRIS American Rescue Plan Act (ARPA) Updates

IRIS ARPA Implementation Team

January 25, 2022

# American Rescue Plan Act (ARPA) Funding

- An estimated $350 million in federal funding will support improvements to home and community-based (HCBS) programs.
- DHS will use ARPA funds to strengthen HCBS programs, address direct care workforce issues, and develop strategies to delay the need for long-term care.
- DHS has until March 31, 2024 to invest the funding.

# ARPA Medicaid HCBS Rate Reform

- One of the nine strategic initiatives funded by ARPA.
- A 5% rate increase for home and community-based providers in Medicaid programs such as Family Care, Family Care Partnership, IRIS, PACE, the Children's Long Term Supports waiver program, SSI Managed Care, BadgerCare Plus Managed Care, and Medicaid fee-for-service state plan services.

# ARPA and IRIS: Rate Increase for Provider Agencies

- Provider organizations who provide ARPA allowable services will automatically receive a 5% increase to their rate in January 2022.
- All current authorizations for ARPA allowable services will end on January 8, 2022, and new authorizations will begin on January 9, 2022.
- FEAs will send updated service authorization letters to each provider agency to notify them of their new rate and the effective date of the rate increase.
- New provider agency rates will be shown on Individual Support and Services Plans (ISSP).

# ARPA and IRIS: Rate Increase for Provider Agencies

- Provider organizations will receive a 5% increase to their authorized rate for specific service codes within the following waiver services:
  - Adult Day Care
  - Consultative Clinical and Therapeutic Services for Caregivers
  - Counseling and Therapeutic Services
  - Daily Living Skills
  - Day Services
  - Employment
  - Environmental Accessibility Adaptations (Home Modifications) – This is referring to the providers who complete the assessment and not for providers who complete the modification

See IRIS Service Definition Manual for specific services: https://www.dhs.wisconsin.gov/publications/p00708b.pdf

# ARPA and IRIS: Rate Increase for Provider Agencies

- Provider organizations will receive a 5% increase to their authorized rate for specific service codes within the following waiver services continued:
  - Home Delivered Meals
  - Interpreter Services
  - Living Situation
  - Nursing Services
  - Participant Education and Training
  - Respite
  - Specialized Transportation (Trip)
  - Support Broker
  - Supportive Home Care
  - Training Services for Unpaid Caregivers

See IRIS Service Definition Manual for specific services: https://www.dhs.wisconsin.gov/publications/p00708b.pdf

# ARPA and IRIS: Rate Increase for Self-Directed Personal Care Workers

- In addition to the ARPA funding, the 2022–2024 budget signed by Governor Evers includes an increase in the maximum wage for SDPC.
- New Wage Range: $7.25 per hour to $16.47 per hour.
- Similar to previous SDPC wage increases, IRIS participants will work with their consultant to adjust their plan if necessary.
- Wage increases go into effect at the start of the pay period after the ISSP has been updated.

# ARPA and IRIS: Rate Increase for Participant Hired Workers

- IRIS participants may increase the rate of pay to participant hired workers providing ARPA allowable services.
- The purpose of ARPA funding is to increase participant-hired worker wages. However, if a participant decides to use it for additional services, then they will have full budget authority to do so.

# ARPA and IRIS: Rate Increase for Participant Hired Workers

- IRIS participants will work with their consultant to adjust their plan if necessary.
- Participants cannot increase participant-hired worker wages to exceed the additional ARPA funding available.
- Wage increases go into effect at the start of the pay period after the ISSP has been updated.

# ARPA and IRIS: Other Considerations

- DHS increased the current monthly budget amount and all existing budget amendments by 5% for all enrolled, suspended and referred participants.
- New budget amendments on or after January 24, 2022 will not be increased by 5% and should reflect the actual cost of the service(s) requested.

# ARPA and IRIS: Other Considerations

- Individuals who enroll in IRIS on or after January 24, 2022, will be responsible for negotiating rates with agency providers.
- For functional screens renewed after the deployment weekend (January 21, 2022) the IRIS consultant will be tasked with manually adding an additional 5% to the participant's budget estimate and recording the new amount in WISITS. If the participant requires additional funding, the IRIS consultant will assist the participant in submitting a budget amendment request.

# ARPA and IRIS: Communications and Technical Assistance

- DHS issued letters to IRIS participants the week of January 3, 2022.
- In January 2022 FEAs sent communication to provider organizations regarding ARPA increases.
- Weekly IRIS Contractor meetings to discuss any questions or issues.  Frequently Asked Questions (FAQs) updated and distributed to contractors.

# Resources

- For more information, see DHS webpage:
- https://www.dhs.wisconsin.gov/arpa/hcbs.htm
- https://www.dhs.wisconsin.gov/arpa/hcbs-ratereform.htm

- DHS is currently working on adding additional IRIS-specific frequently asked questions to the ARPA webpage.

# Eligibility and Enrollment: Eligibility: Functional (Age), Financial, Living Arrangement, Other

## Medicaid Cost Sharing

Medicaid financial eligibility is one of the requirements that must be met to be considered eligible for IRIS. Cost share is the amount of a participant's income which must be paid, each month, to maintain Medicaid financial eligibility.

### 1. Establishing Cost Share

#### a. Process Description

After the allowances and expenses are deducted (see 2.2B.2.1, Medical/Remedial Expenses), if there is any remaining income available, then the applicant will have a cost share obligation. The cost share is the amount of the participant's income that must be paid each month toward the cost of planned supports and services. No cost share payment is required when an admission to a hospital, nursing home, or ICF-IDD results in a stay long enough for the participant to incur a patient liability cost.

When the application is processed, and a cost share obligation is determined, the Income Maintenance (IM) staff "pends" the application in CARES and provides the IRIS applicant and the ADRC with the cost share information. Using the information provided by IM, the ADRC staff and the IRIS applicant discuss eligibility and cost sharing requirements. If the applicant decides to proceed with enrollment, then the ADRC staff notifies IM of the decision and makes the referral to the ICA to begin the IRIS program enrollment and service planning process.

#### b. Procedures

Establishing Cost Share

| Step | Responsible Partner(s) | Detail |
|---|---|---|
| 1 | ADRC/Participant/ Income Maintenance (IM) Worker | The participant, or the Aging and Disability Resource Center (ADRC) assisting them, files an initial application for Medicaid to the appropriate IM consortium. The IM worker enters the information into the CARES System. |
| 2 | ADRC | The ADRC sends the referral of the eligible person to the ICA and IM when the person selects the IRIS program. The ADRC includes the Medical and Remedial Expense Checklist (MRE) and the IM-estimated cost share calculation with the referral packet. |
| 3 | ICA | When the ICA meets with the participant to establish enrollment, they should discuss the cost share obligation and review the MRE documentation for accuracy. |
| 4 | IM | When the ICA sets the enrollment date, IM sends a notice to the participant informing them of the application result. The notice includes the monthly cost share obligation amount, if applicable. |

| Step | Responsible Partner(s) | Detail |
|---|---|---|
| 5 | ICA | Upon enrollment, the ICA verifies the participant's cost share and mails the Initial Cost Share letter (F-01556). The ICA then records the cost share obligation in the participant's "Financials" tab in WISITS. |
| 6 | FEA | The FEA documents the participant's cost share obligation internally, for payment documentation purposes. This information should be taken from a report pulled directly from WISITS. |
| 7 | DHS | DHS provides information to the ICAs and FEAs (six month cost share extract report and database access) on cost share obligation amounts. |

## 2. Cost Share Payment Management

### a. Process Description

The ICA documents the participant's cost share obligation as determined by IM at the time of referral. If medical/remedial expenses have been identified to offset the cost share obligation, then the IRIS consultant monitors that the participant continues to incur these expenses on an ongoing basis. The ICA reports any changes to medical or remedial expense payments to IM. The ICA is informed of the monthly status of cost share payment and the IRIS consultants discuss any concerns with the participant at the next consultant visit with the participant. Based on cost share history reports from the FEA, if a participant fails to pay more than two monthly cost share payments when due, then the ICA offers the participant the chance to repay the arrears through a repayment plan that can last no longer than 12 months. If a repayment plan proves unsuccessful, then DHS provides the ICA approval to initiate a program disenrollment for failure to pay the required cost share. Once approved by DHS, the ICA refers the person to IM to initiate the Medicaid disenrollment process. The IM office sends a formal disenrollment notice including the last date of Medicaid eligibility to the participant and informs the participant of his or her right to appeal. When the process is completed, the participant's Medicaid eligibility is ended and results in program disenrollment. The ICA may rescind a request for disenrollment only when the individual pays all cost share arrears owed ahead of their Medicaid Fair Hearing date.

### b. Procedures

Cost Share Payment Management

| Step | Responsible Partner(s) | Detail |
|---|---|---|
| 1 | Participant | The participant submits their cost share payment to their FEA by the 15th of the month. |
| 2 | FEA | The FEA deposits the payment into the designated DHS bank account. |
| 3 | FEA | The FEA records the payment received in the "Cost Share Ledger" tab within WISITS. The recorded payments are exported from WISITS into the FEAs own internal payment tracking system. |
| 4 | FEA | The FEA mails the monthly cost share statement to the participant by the 20th of the month. |

## 3. Cost Share Monitoring

## a. Process Description

Cost share payments are collected monthly and monitored by the IRIS fiscal employer agent (FEA). The payment of the cost share is required for continued program eligibility. Failure to meet the cost share obligation may result in disenrollment from the IRIS Program (see 2.0, Enrollment) and a referral to the Department of Revenue for collection of delinquent cost share.

The FEA receives the participant's cost share payments and documents the payment. Information on cost share payment history is sent monthly to the participant. The FEA forwards a record of payment history to the ICA monthly. The FEA deposits all cost share funds received and this income offsets IRIS program funded service costs.

## b. Procedures

### Cost Share Monitoring

| Step | Responsible Partner(s) | Detail |
|---|---|---|
| 1 | ICA | The ICA exports monthly cost share reports from WISITS, on or after the 11th day of the month, to verify paid cost share amounts and any delinquencies that require remediation. |
| 2 | FEA | The FEA is responsible for mailing the First Delinquent Payment letter (F-01556A) to participants who have missed a payment and do **not** have a previous balance of arrears. The FEA then uploads mailed letters into the participant's WISITS record. |
| 3 | ICA | The ICA is responsible for mailing the Second Delinquent Payment letter (F-01556B) to participants who have missed a payment and **do** have a previous balance of arrears. The ICA then uploads mailed letters into the participant's WISITS record. |
| 4 | ICA | The ICA is responsible for mailing the Previous Delinquent Payment letter (F-01556BB) to participants who no longer have a cost share obligation, but **do** have a previous balance of arrears. The ICA then uploads mailed letters into the participant's WISITS record. |
| 5 | ICA/ Participant | By the second recorded delinquency, the ICA notifies participants who are in arrears of the opportunity to negotiate a Repayment Agreement (F-01556C). The ICA monitors established Repayment Agreements. The ICA then uploads the signed agreement into the participant's WISITS record. |
| 6 | ICA | The ICA refers participants for disenrollment who have failed to pay their cost share or establish a Repayment Agreement after the arrears reach **three** missed payments. The ICA also refers participants for disenrollment who default on their Repayment Agreement (See Disenrollment). |
| 7 | DHS | DHS completes ongoing review and authorization of referrals for disenrollment to be processed (See Disenrollment). |
| 8 | FEA | When a participant chooses to transfer FEAs, the current FEA is responsible for mailing the Medicaid Cost Share – Fiscal Employer Agent Transfer letter (F-01556E) to participants that have a cost share obligation. |

# Service Authorization Requests: Review Guidelines and Tool

## A. Service Authorization Requests: Review Guidelines and Tool

The service authorization request review process ensures IRIS participants receive all necessary supports and services. This outlined process will assist participants with requests for services that require prior review and approval by the Department.

Participants can request unspecified services from the service categories detailed below. With approval, unspecified services in these categories can become a part of the participant's Individual Support and Service Plan (ISSP).

The service authorization request review process and tool will assist IRIS consultant agencies (ICA) and participants with requests for review of the required services. The review tool serves to assist the request process in a way that promotes participant self-direction and program-wide consistency. Further, the review tool improves the request review and approval process by outlining all documentation requirements.

Request, review, and approval is required for the following:

- Services that are not specifically listed in the service definition manual but may be covered with prior approval, within the following service categories:
    - Relocation—community transition services
    - Counseling and therapeutic services
    - Home modifications
    - Vehicle modifications
- Services within the individual directed goods and services category. Any service, equipment, or supply included within this service definition is subject to review by the Department, prior to service authorization and utilization.
- Services within the specialized medical equipment and supplies category. Any service, equipment, or supply included within this service definition is subject to review by the Department, prior to service authorization and utilization.

### 1. Request and Review Process

#### Request Submission

All service authorization requests are submitted to the Department through the SharePoint.

The participant will work with their ICA to identify the qualified provider that the participant wants to hire and determine the provider's payment rate. Requests for services with unqualified or ineligible providers will be denied.

To submit a request for review, the ICA will submit the Service Authorization Request Form and a narrative detailing the requested support, service, or good. The Review Tool for Service Authorization Requests will assist with the development of the narrative.

When a request is marked as "Pending Review," it is ready for Department review. The Department's quality assurance staff reviews requests that are "Pending Review." The review analyzes the request and recommends one of the following: approval, request for further information, or denial.

## Review and Decision Issuance

Once Department staff receive all required information and documentation, they complete their review within five business days.

When the review results in a service authorization, the Department approval will indicate the approved service, number of units, rate, provider, and authorization period. In cases where the request is denied, the participant has the option to request an Independent Review. The IRIS Policy and Operations Section Manager conducts the Independent Review and issues a final approval or denial. If the Independent Review results in a denial, or the participant chooses not to request an Independent Review, the IRIS participant can request a Medicaid Fair Hearing.

If a participant re-requests the same service within 120 calendar days of the original review decision, a second review request will not be considered by the Department unless there has been a change in the participant's condition or circumstances.

## Re-Request for Service Authorization

When a re-request is received within 120 days of the original review decision, the ICA staff must:

- Ask the participant what change(s) prompted the re-request.
- Ask the participant to identify a change in condition or circumstances.
    - If a change in condition has occurred, the ICA will complete a new long-term care functional screen and will assist with the submission of an updated request. Changes in condition are generally significant and sudden.
    - If a change in circumstance has occurred, the ICA will assist with the submission of an updated request.
    - If the ICA determines that no change has occurred since the original review, the ICA will document this in the participant's record. Then, the initial decision will be upheld, and no additional request is submitted.

## Expedited Requests for Service Authorization

To request an expedited review, the ICA should check the "pending expedited request" box when submitting the request in SharePoint. When the "pending expedited request" box is checked, the ICA will be prompted to justify the expedited review request. The expedited review process does not impact or lessen the service authorization request review information and documentation requirements.

Expedited review requests should be submitted as soon as practicable and without delay. There are some types of requests that may be granted an expedited review, including:

- Requests from participants who have had a sudden and significant change in condition, like discharge from a hospital or institution

- Requests from participants whose provider is no longer able to provide services, like when a provider leaves the program or goes out of business

## 2. Review Tool for Service Authorization Requests

The review tool ensures that ICA staff follow a consistent process when working with participants to prepare and submit requests for service authorizations. The review tool include a series of questions that will assist ICAs and participants with the narrative portion of the request submission. After the ICA and the participant complete all required forms and use the review tool to write the narrative portion of the request, the ICA will submit the request to SharePoint. The request review process is how the Department will approve or deny service authorization requests.

***Review Tool for Service Authorization Requests***

When evaluating whether a participant might benefit from an unlisted service or support, within the categories above, the ICA and the participant must complete the review tool below. The participant's responses should be captured as a narrative and submitted to the Department via SharePoint.

1. **Identify the long term care outcome that the requested support/service/good will help the participant achieve.**

2. **Why is the support/service/good needed?**
    - Identify and consider all potential options including the requested service or support.
    - Assess the participant's current services and supports.
    - Review previous services and supports to determine what has worked in the past.
    - Explore the role of natural services and supports, like family and friends.
    - Explore community resources, which are services and supports that are readily available to the public.
    - Explore loaner programs and rental versus purchase options.