



Annual Ombudsman Report

IRIS Advisory Committee Meeting

March 26, 2024

Leslie Stewart and Kathi Miller

Our Different Agencies

disability**rights** | WISCONSIN

- **Ages 18-59**
DRW

Leslie Stewart

- **Ages 60+**
BOALTC

Kathi Miller



What is an "Ombudsman?"

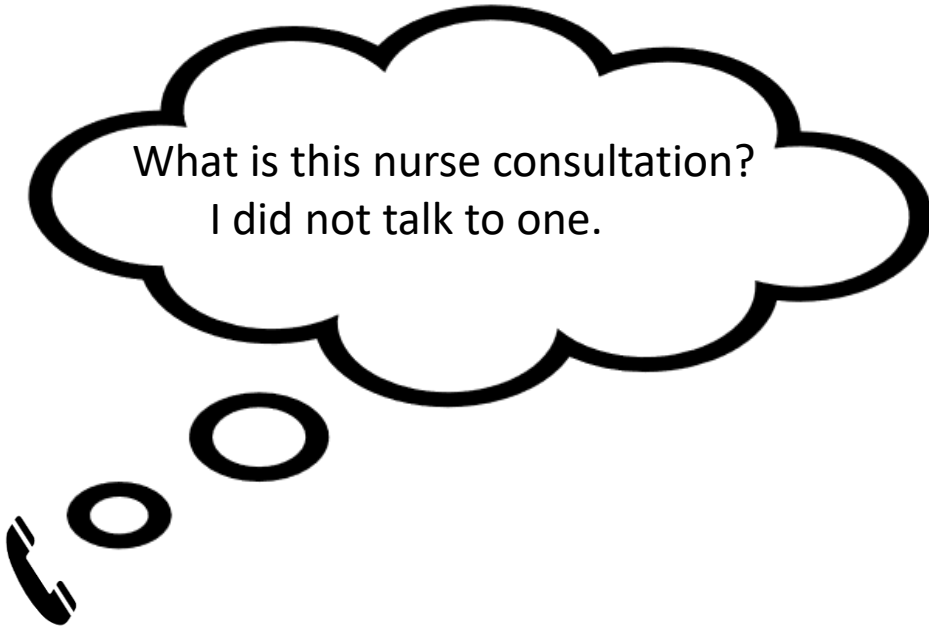
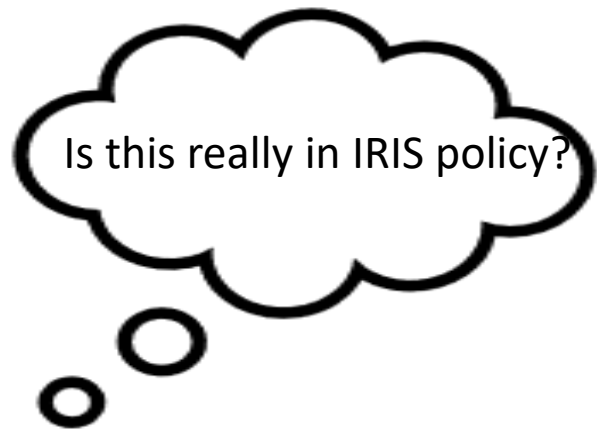
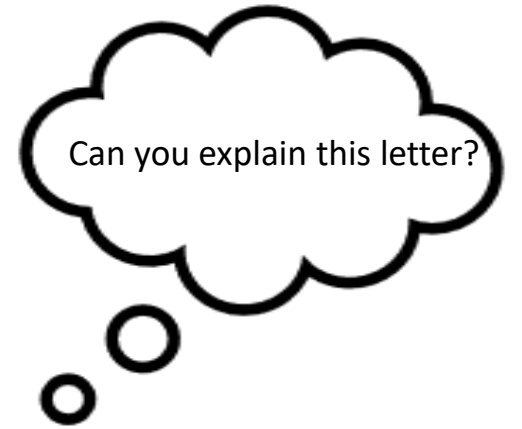
The word Ombudsman (Om-budz-man) is Scandinavian.

In North America this has come to mean "helper," advocate or "voice of the people."

26,076



IRIS Participants
March 1, 2024





Top 3 Outside Referral Sources

DRW

1. Friend/Family/Self/Guardian
2. IRIS Consultants/FEA/ADRCs
3. Notices of Action

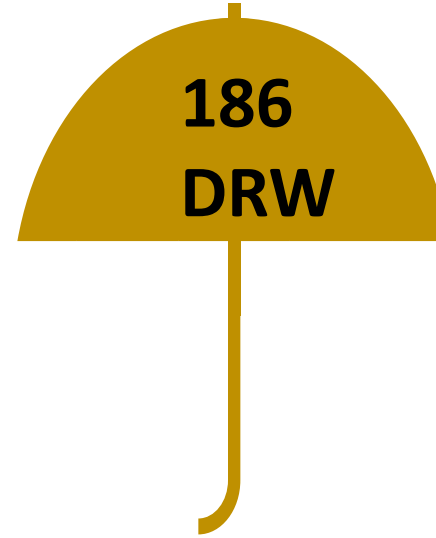
BOALTC

1. Friend/Family/Self/Guardian
2. IRIS Consultants/FEA/ADRCs
3. Outside Advocacy Groups & Agencies

Top 7 Concerns



1. Denial or delay of new requests for service, medication, or equipment.
2. IRIS- budget amount.
3. Self-directed supports.
4. Communication problems with IRIS staff.
5. Enrollment/Eligibility/Disenrollment problems.
6. Assistance with state fair hearing process.
7. Provider quality.



Cases

“This would’ve been overwhelming without your professional assistance.”

“My Ombudsman was so supportive and a light in my journey. I can’t thank her enough.”

“Ombudsman was prompt, respectful, and so on top of things. Very pleasant to work with.”

“It is good to know we are not alone and that we have a program to support us.”

“You’ve made things less complicated for me to understand.”

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

What are the People saying?

“It’s easier to think more clearly without so much stress.”



Leslie Stewart

DRW

Disability Rights Wisconsin

800-928-8778

Disabilityrightswi.org

Kathi Miller

BOALTC

The Board on Aging and Long Term Care

800-815-0015

Longtermcare.wi.gov

Our Contact Information

IRIS Resource Update: Budget Amendment Policy

Kyle Novak

IRIS Program and Policy Analyst

March 26th, 2024



Wisconsin Department of Health Services
Division of Medicaid Services

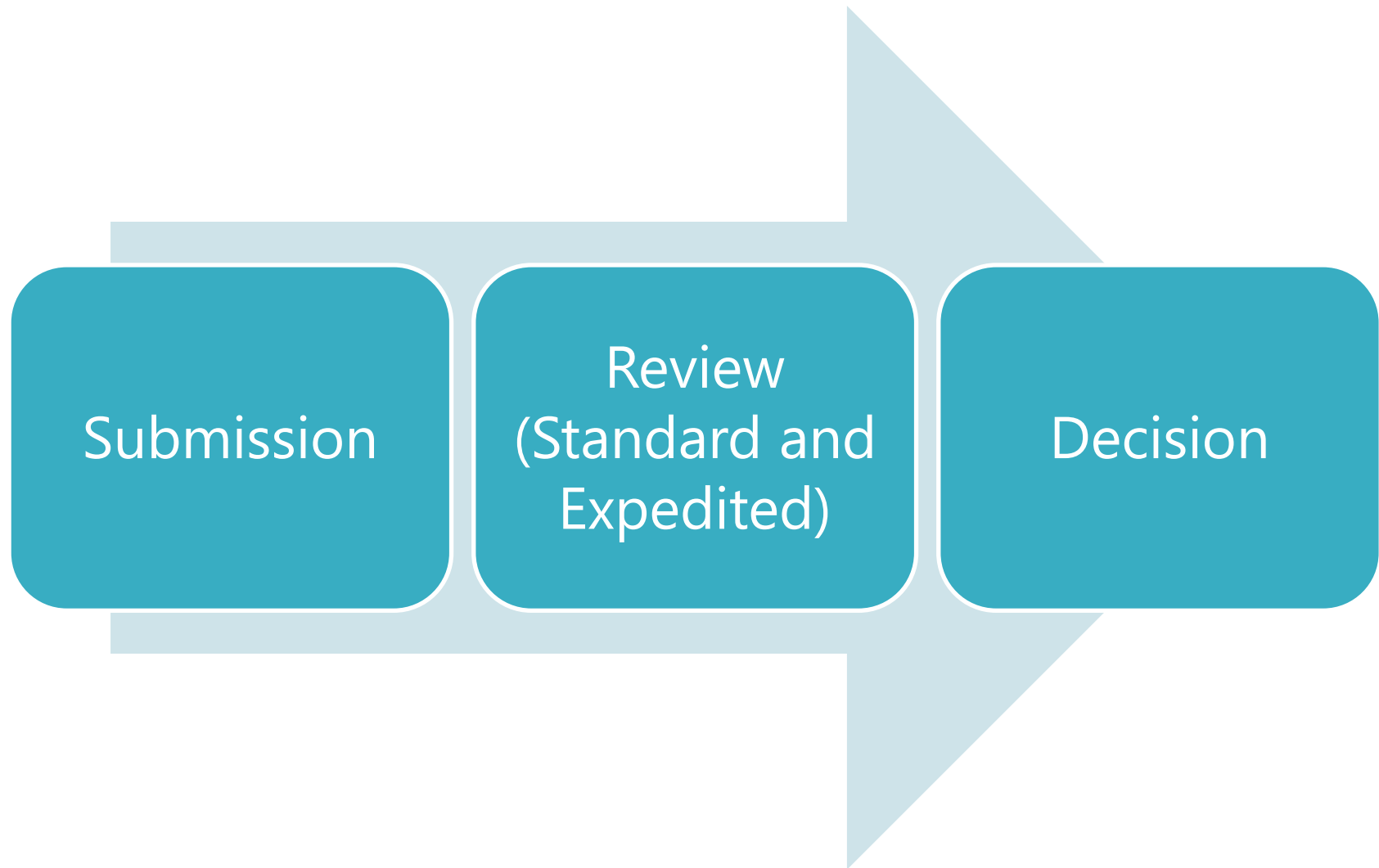
General Resource Update Reminders

- The Department is re-drafting all program policies, with the following goals:
 - Alignment with the current waiver and program practices
 - Developing new policies as needed
 - Combining the current Policy Manual and Work Instructions documents to create a single resource

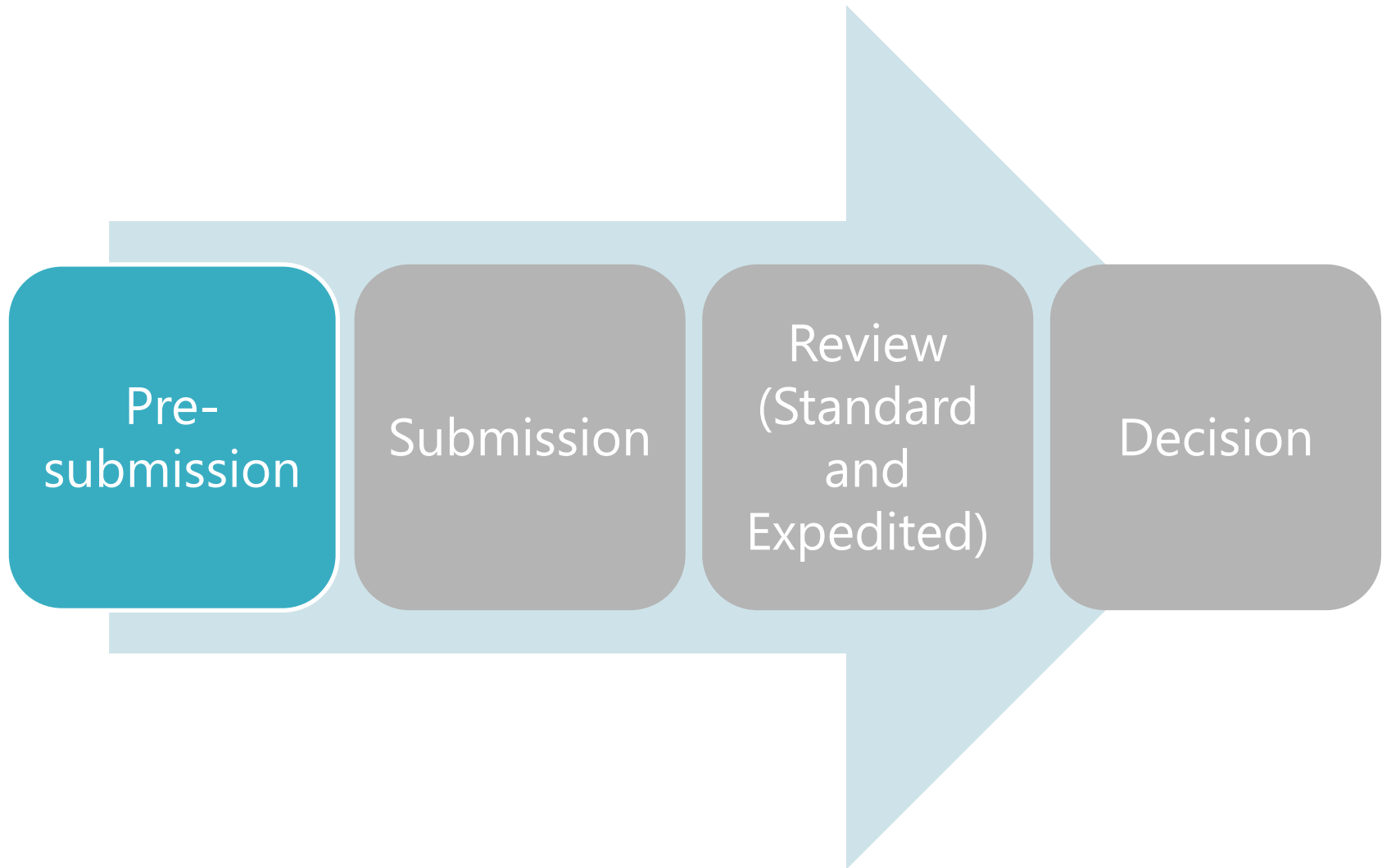
Budget Amendment (BA) Policy Update Goals

- Provide guidance on creating an allowable BA request
- Create language for existing processes that were undocumented, vague, or unclear
- Updated language to focus on ICA's role in the BA process
- Updated process for upcoming system integration

Old Budget Amendment Process



New Budget Amendment Process



Section A.1(a): Pre-submission Process

- Developed to clarify existing processes and create clear expectations for BA request preparation
- Created the “pre-submission process”
 - Identified sub-steps within the existing process
 - Provided guidance around request completion
 - ICA quality assurance review prior to submission

Section A.1(b): Submission Process

- Developed to connect the pre-submission process and the review process
 - Identifies related communication between DHS and ICAs

Section A.2(a): Standard Request Review

- Developed a summary of the standard request review process
 - Included more details around communication, including documentation requirements
 - Provided information about ICA responsibility around the BA request decision
 - Provided process steps specific to standard requests (in section A.2[d])

Section A.2(b): Expedited Request Review

- Developed a summary of the expedited request review process
- Provided expectations for expedited status (i.e., urgent issues related to health and safety)
 - Clarified that ICAs may reach out to DHS to verify expedited status prior to submission
 - Included information about when an expedited status is not appropriate (e.g., ICA error)
 - Provided process steps specific to expedited requests (in section A.2[d])

Section A.2(c): Decision Issuance

- Developed to clarify types of decisions and the required steps for each
- Clarified the two categories of decisions and the process steps separately:
 - Approved (including Approved with Modifications)
 - Provided details for what is included in an approval letter
 - Denied
 - Provided updated information regarding Independent Reviews
 - Appeals process not addressed, as this will be in upcoming Appeals chapter

Summary of Significant Changes

- Addressed BA submission issues and expectations
- Updated language to focus on ICA's role in the BA process
- Separated the BA process into steps to clarify roles and tasks
- Updated process to allow for system integration

Next Steps...

- DHS is revising forms related to this policy
- DHS is documenting and noting areas for education and information for participants
- DHS is developing an implementation plan for this policy, including:
 - System integration testing
 - DHS-provided ICA training



Additional Funding Requests

A. Budget Amendment Requests

Budget Amendment (BA) requests are additional funding requests for service costs that exceed a participant's established base budget (as calculated by their Individual Budget Allocation [IBA]). BAs are requested when a participant has identified additional needs that cannot be met by their existing base budget amount. If approved, BAs increase the participant's spending allocation for the specific long-term care service requested in the BA, on either a time-limited or ongoing basis.

To ensure an appropriate, effective, and efficient BA request is being made, these general requirements exist around service plans and the BA request process:

- Department approval for a BA request is required before any of the service units can be authorized on a participant's plan. This means that services which exceed the amount coverable by the participant's IBA may not be authorized on a plan without completing the submission process described below and receiving an approval.
- All funds requested and approved through the BA process must be used for the service(s) that were requested and cannot be transferred to a different service or service type (e.g., community transportation vs. respite), or different provider type (e.g., agency vs. PHW).
- Available funds in a participant's base budget must be used first, and a BA may only be submitted for excess costs not covered by the base budget. Additionally, any unallocated amount (amount not currently authorized) within the base budget that exceeds \$25 per month (or \$300 annually) should be considered and applied to the BA request prior to submission.
- Unused BA funds cannot be applied to a new service; the previously approved BA amount should be updated to reflect actual use and a new BA must be submitted for the new service.
- A request for a provider's general and uniform rate increase must be evaluated within each participant's service plan and should not be considered automatic grounds for the submission of a BA request.

To ensure that a BA request is the most effective and efficient way to meet a participant's need, the participant's IRIS Consultant (IC) assists them throughout the BA request process. The BA request process includes the pre-submission and submission processes, as well as the review of the request and decision issuance.

1. Pre-Submission and Submission

a. Pre-Submission Process

The participant's ICA assists them with the preparation of the BA request, which will be submitted to the Department for review once complete. To prepare a thorough BA request, the IC guides the participant through the pre-submission process, where the ICA gathers all necessary information to understand the participant's unique needs as it relates to their request. This is also where the ICA will evaluate whether a request is necessary and/or appropriate.

Before the ICA begins the pre-submission process, the ICA also needs to ensure the participant is eligible to request a new BA. If a participant meets any of the following criteria, they are not eligible to request a new BA and the ICA should move forward with a denial:

- Referred for disenrollment from the program for any reason.
- Actively delinquent by one full month in cost share payments with no repayment agreement established, and/or is not compliant with an existing repayment agreement.
- Actively being investigated for credible allegations of fraud.

i. Identifying the Need

If a participant is eligible for a BA, the first stage in the pre-submission process is identifying the need, assessing the participant's current needs or circumstances, and evaluating a participant's existing IRIS Service Plan (ISP) for ways to address the newly identified need. The pre-submission process is initiated when a participant identifies an unmet need that exceeds their existing IBA and contacts their ICA to discuss ways to meet their need. Once the participant identifies the need and contacts their ICA, the ICA is responsible for completing the following activities with the participant to establish whether a BA request is appropriate:

- Determine if there is a change in the participant's condition, and whether a new Functional Screen (referred to as a rescreen or change in condition screen) is necessary. However, a rescreen (or change in condition screen) is not needed if:
 - The participant's screen (or rescreen) has been completed within the last 90 days.
 - The participant has had no change in condition.
- Determine if there has been a change to the participant's circumstances (e.g., changes in provider access or loss of informal supports).
- Evaluate the participant's ISP to ensure:
 - The Needs Panel is current and reflects all needs identified on the Functional Screen.
 - The Individual Supports and Service Plan (ISSP) is current and reflects all IRIS-funded services, supports, and goods that the participant receives.
- Assess the participant's service plan, informal supports, other Medicaid (non-waiver) services, and any additional services to determine if there is another way to address the participant's request utilizing their existing IBA.

After the ICA completes these activities with the participant, the ICA determines whether a BA request is appropriate. If it is determined that a BA request is needed, the ICA will move onto the next stage of the pre-submission process. If the ICA is unable to complete the request because it does not meet program or request criteria, a Notice of Action (NOA) and appeal rights must be issued by the ICA.

ii. Participant Education

Once it is determined that a BA request is necessary to meet a participant's needs and meets the criteria described in this policy, an ICA educates the participant on the BA

request process, utilizing the IRIS Participant Education: Budget Amendments form (F-01205B). See section A.1.a.iii below for more information on the PE form requirements.

The ICA provides the participant with a summary of the BA process and general expectations for BA submission, review, and decision issuance. This may vary, but should typically consist of, at minimum:

- A summary of the pre-submission, submission and review, and decision process.
- Information on the expedited request process, if applicable.
- Information regarding the independent review and appeals processes.
- Request-specific documentation and information needed.

iii. Justifying the Request

The next step in the BA pre-submission process is to begin gathering the information to justify the BA request. Any request submitted to the Department must be justified through need and directly related to participant's identified need and associated long-term care outcome. Additionally, a participant's plan must address needs in the order of priority, according to the ISP Development chapter, including ensuring non-waiver services and informal supports are captured in the plan.

When evaluating the justification for a BA request, an ICA must consider the following criteria prior to completing a request:

- Is the request needs-based (i.e., identified on the screen) and outcome-driven (i.e., an allowable long-term care outcome)?
- Is this request allowable and cost-effective for this long-term care Medicaid program?
- Is this request addressing an unmet need, rather than duplicating an existing service on the plan?

If the participant's request does not meet the program criteria or cannot be justified per this policy, the ICA does not complete or submit a BA request to the Department and should issue the participant a Notice of Action (NOA) and appeal rights.

iv. Completing the Request

Once an ICA determines that a request should be submitted and the request justification has been developed, a BA request must be completed, including the process of gathering accompanying documentation to be submitted to the Department for review. The participant must be informed and involved throughout the duration of the pre-submission process, including the completion of the request.

To complete a BA request, the following information and/or documentation must be prepared per instructions and provided during initial submission:

- **BA Request:** This includes all information regarding the existing service plan, the identified need, and the steps taken to evaluate if this need is already being met or if it could be met through existing services or supports. It also includes details regarding the specific service being requested and the justification for the request.
- **Participant Education (PE) form:** This includes a signed Budget Amendment PE form, reflecting all related educational information required under section A.1.a.ii

above. If the Budget Amendment PE form has been completed at least 90 days prior to the date that the request is submitted, another one does not need to be signed. Instead, the ICA creates a case note to indicate that they had a refresher conversation with the participant, as instructed in section A.1.a.ii of this policy.

- **Provider Quote Comparison (PQC) form:** This includes provider-related information, comparing eligible providers and their quotes for the specific participant's request. Except for requests where the provider will be a PHW, the request must be accompanied by a PQC detailing the quotes of three providers in the service area. If there is not a minimum of three providers available to the participant, the attempt to secure three quotes must be documented and evidenced on the provider quote documentation. The PQC is required to be individualized to the specific participant's needs and the request being made. For instances where a PQC form may not be appropriate (i.e., unique services only provided by one provider or a budget reduction), the ICA may reach out to the Department's QAS reviewers to confirm whether this form is appropriate or necessary.

Additional documentation may also be required to submit a request. Documentation requirements are dependent on the type of request being made. This means that requests containing certain services, providers, or other unique factors may require additional information or documentation to be provided. When applicable to the requested service or when requested by the Department, additional documentation is expected to be provided before the request can be considered ready for review by the Department. To better understand what documentation may be required for a specific request, refer to the BA request documentation resource.

If any required documentation is missing or it is not specific to the participant or their request, the Department will send the request back to the ICA and the request process will be delayed as a result. Requests may also be denied upon receipt if found to be excessively incomplete or inaccurate.

v. ICA Quality Review

Once the participant's ICA assists them through the completion of the BA request pre-submission process, the BA request is reviewed for quality and compliance prior to submission. Depending on the operational structure of the ICA, this review may be completed by a secondary reviewer, supervisor/manager, or by a dedicated BA submitter. This preliminary quality and compliance review of the BA request is intended to verify that it meets the pre-submission and submission requirements of this policy.

The ICA's BA quality reviewer is also responsible for verifying that each request is accurate, complete, and meets program requirements. While performing the quality review, if the ICA determines they are unable to verify or submit the request for any reason that cannot be remediated, they must issue a Notice of Action (NOA) and appeal rights to the participant.

b. Submission Process

Once the BA request's pre-submission process is completed, including the ICA's quality review, the request is submitted to the Department for review. The Department's quality assurance staff (QAS) reviews the BA request and evaluates if it meets program

requirements, including the request’s appropriateness, reasonableness, and cost effectiveness. The QAS reviewers will evaluate each request as they are submitted to the Department. Incomplete or inaccurate requests will be sent back to the ICA and may be denied, if appropriate, as stated in section A.1.a.iii above.

While reviewing the request, the QAS reviewer may request additional information from the ICA as necessary to better evaluate the request. Once the review is complete, the reviewer will issue a decision regarding the request, as detailed in section A.2 of this policy.

c. Procedures

Pre-submission Process

Step	Responsible Partner(s)	Detail
1	ICA	<p>Once a potential need has been identified, the ICA ensures the participant is eligible for a BA request.</p> <p>If a ICA determines that a participant is not eligible for a BA request or the ICA is unable to complete the request because it does not meet program or request criteria, the ICA must a Notice of Action (NOA) and appeal rights.</p>
2	ICA	<p>The ICA identifies the request, per section A.1.a.i above. This includes reviewing the participant’s current base budget, service plan, natural supports, and other available funding sources, to determine whether IRIS-funded services are the best way to meet the participant’s need. The ICA will also evaluate any change in condition or circumstances that may require additional review during this step.</p>
3	ICA	<p>The ICA then justifies the request and educates the participant on the request process and expectations, per section A.1.a.ii above. This includes ensuring the participant has been provided and has signed the Participant Education: Budget Amendments (F-01205B) form.</p> <p>If a PE form has been reviewed and signed in the last 90 days, the ICA does not need to acquire another signature. Instead, the ICA documents the recapped education discussion that took place in the participant’s case within the Department’s enterprise care management system.</p>
4	ICA	<p>The ICA then completes the BA request, per section A.1.a.iii above. This includes filling out the BA request fields in the Department’s enterprise care management system, the PQC form, verifying the PE form has been addressed, and gathering any other required information based on the request being made.</p> <p>The ICA should review the BA documentation resource to ensure that the specific request that is being made has all documentation requirements met to be considered complete.</p>

Step	Responsible Partner(s)	Detail
5	ICA	Once all information has been gathered and documentation completed, the request is validated for quality, accuracy, and completion. They also ensure the request meets all applicable program requirements, including this policy, the service definition manual requirements specific to the service being requested, and any other policy that may be applicable (e.g., remote services policy, service authorization policy, etc.).
6	ICA	Once the request has been reviewed and verified for submission, the ICA submits the request (and all accompanying documentation) to the Department utilizing the Department's enterprise care management system.

2. Review and Decision Issuance

a. Standard Request Review

Once the request has been submitted to the Department, a QAS reviewer is assigned to the request and begins the review process. While evaluating the request, the QAS reviewer may request additional information from the ICA, as necessary. The reviewer and the ICA may exchange communications (calls, emails, etc.) to support the review process and decision issuance. Any communications that provide necessary or significant information are required to be logged within the request documentation by the party that initiated the communication.

As mentioned earlier in the policy, if a request is not fully complete, it will be sent back to the ICA and is unable to be prioritized according to its initial submission. This may mean there is a delay in reviewing and issuing a decision for the request.

Once the review is complete, the QAS reviewer will issue a decision regarding the request and the ICA will issue the decision documentation to the participant. Decision documentation is comprised of the decision letter, a NOA and appeal rights (if applicable), and any other necessary documentation that may apply to the unique request submitted. The decision types and the associated processes are detailed in the section below.

b. Expedited Request Review

When a BA request is identified as being an urgent need, an expedited review may be requested when the ICA submits the BA request. The ICA may request an expedited review when waiting for a decision could jeopardize the participant's health and safety or when they have reached out to the Department QAS to confirm that the unique request is eligible for an expedited review.

Expedited review requests should be submitted as soon as practicable and without delay. The expedited review process does not impact or lessen the request criteria and documentation requirements. When the ICA indicates that an expedited review is requested, the ICA will be prompted to justify the expedited review request. If the request for an

expedited review is verified, the QAS reviewer completes their review of the request within five business days of receipt of a complete and accurate request.

Generally, the Department will not allow requests for expedited review when the request is based on ICA employee turnover, the ICA's failure to submit documents timely, the ICA being unaware of expired BA or provider rate changes, or an already over-spent base budget. Additionally, any requests for expedited review due to provider rate increase will not be considered. If a request for expedited review is not permitted, the ICA will not need to resubmit the BA request. Instead, the Department's QAS will process the BA request according to the date of its initial submission, in the order it was received in.

c. Decision Issuance

i. Approved (Including Approved with Modifications)

Once the QAS reviewer completes their review, they update the request to indicate that a decision has been issued. Within the request, the QAS reviewer includes a decision letter to the ICA indicating the details regarding the approval, including the duration (time limited vs. ongoing), approved rate, approved provider, and any necessary details specific to the request approval. The ICA will send that letter to the participant, informing them of the request's approval.

In cases where a BA request is approved, with or without modifications, the total of the base budget is modified to include the BA amount and it is documented in the participant's service plan. The ICA is responsible for ensuring that the approved amount is incorporated into the base budget accurately and that the participant's service plan reflects the approved BA request.

ii. Denied

Once the QAS reviewer completes their review, they update the request to indicate that a decision has been issued. Within the request, the QAS reviewer includes a decision letter and a Notice of Action (NOA) to the ICA indicating the details regarding the denial, including the reason for denial. The ICA sends the decision letter, the NOA, and appeal rights to the participant, informing them of the request's denial.

In cases where a BA request is denied and the participant receives a Notice of Action, they may request follow-up actions in response to the denial. Participants can request an independent review by the Department and/or they can appeal the decision through the State Fair Hearing process.

When a participant requests an independent review through the Department, a secondary reviewer assesses the request and decision issued by the initial QAS reviewer. This secondary reviewer either decides to uphold the initial QAS reviewers' decision to deny, or they may decide to approve the request. Independent reviews and decisions issued are detailed in the process steps below.

When a participant appeals the decision through the State Fair Hearing process, they follow the instructions on the Request for a State Fair Hearing-IRIS form (F-00236B) and submit the completed form to the Division of Hearings and Appeals (DHA). For additional information on appealing a decision, please see the [Appeals chapter \(placeholder\)](#).

d. Procedures

Standard Request Review Process

Step	Responsible Partner(s)	Detail
1	DHS	Once complete and submitted, the Department evaluates each request in the order it is received (unless the request is expedited). Note: If a request is incomplete or inaccurate, it will be sent back to the ICA and is unable to be prioritized according to its initial submission. Additionally, if DHS identifies that the participant is not eligible for a BA request, the QAS reviewer will return the request to the ICA with a request for withdrawal. The ICA will issue a Notice of Action (NOA) and appeal rights to the participant.
2	DHS	If more information is necessary to support the request being made or to issue a decision, the QAS reviewer will reach out to the ICA for additional information.
3	ICA	If the QAS reviewer reaches out seeking additional information from the ICA, the ICA works with the QAS reviewer to obtain all necessary information to complete the request.
4	DHS	Once the review is complete, the QAS reviewer issues the decision and uploads the decision letter within the Department's enterprise care management system.
5	ICA	The ICA sends the decision documentation to the participant within three business days to formally notify them of the decision. Refer to the Approved and Denied processes below, as necessary, for more details on post-decision requirements.

Expedited Request Review Process

Step	Responsible Partner(s)	Detail
1	ICA	The ICA completes the standard pre-submission and submission processes, as described in this policy.
2	ICA	While completing the request, the ICA identifies that the request requires an expedited review, as an average review period may jeopardize the participant's health and safety. The ICA indicates that an expedited review is needed during submission, which requires the ICA to provide a justification necessitating the expedited review. The ICA submits the request as usual. Note: If the ICA identifies a request in need of an expedited review for a reason unrelated to health and safety, the ICA needs to receive confirmation from the Department's QAS reviewers that an expedited review is appropriate.
3	DHS	The Department verifies that the request for an expedited review is appropriate and necessary.
4	DHS	The Department will review the request and issue a decision within five business days. Refer to the Approved and Denied processes below, as necessary, for more details on post-decision requirements.

Decision Issuance: Approved

Step	Responsible Partner(s)	Detail
1	DHS	When the request is approved, the Department issues an approval letter to the ICA. The Department updates the request's status to "Decision issued."
2	ICA	The ICA sends the decision documentation to the participant, indicating the request approval, within three business days.
3	ICA	The ICA then updates the request's status to closed, indicating they have issued the decision documentation to the participant.
4	ICA	The ICA updates the service plan according to the request approval. Note: Refer to the ISP Development and ISP Development: Service Authorization policies for plan development and authorization development guidance.

Decision Issuance: Denied

Step	Responsible Partner(s)	Detail
1	DHS	When a request is denied, the Department issues a denial letter to the ICA, along with an NOA and participant's appeal rights. The Department updates the request's status to "Decision issued."
2	ICA	The ICA sends the decision documentation to the participant, indicating the request denial, within three business days.
3	ICA	The ICA then updates the request's status to closed, indicating they have issued the decision documentation to the participant.
4	Participant/ICA	Following receipt of the decision, the participant can request an independent review and/or a State Fair Hearing. If the participant requests assistance in pursuing either or both, the ICA should assist them in completing the required documentation. Note: For information on the independent review process, refer to the details below. For more information on appealing a decision through the State Fair Hearing process, refer to the Appeals chapter (placeholder) .
5	DHS	The Department monitors the program's inbox for any participant requests for independent review or State Fair Hearing request information provided.

Decision Issuance: Denied- Independent Review Process

Step	Responsible Partner(s)	Detail
1	Participant	Once the participant receives the decision documentation indicating the denial, the participant may request an independent review in writing within 15 business days of the effective date of the decision, which is indicated on the letter. This is done by sending additional information and/or clarification to the Department utilizing either of the contact methods below. The participant can mail the request to the Department at: IRIS Section Manager P.O. Box 7851 1 West Wilson, Rm.518

		<p>Madison, WI 53707-7851</p> <p>Or the participant can email the Department at dhsirisbudgetandappeals@wisconsin.gov, with the subject line "Independent Review."</p>
2	DHS	<p>The Department receives the independent review request and reviews all necessary materials, including the initial BA request and additional information or clarification provided. The Department issues the independent review decision within 10 business days and updates the Department's Enterprise care management system with the updated decision documentation.</p> <p>Note: The staff person performing the independent review is not the same staff person who issued the initial BA request decision.</p>
3	ICA	<p>The ICA sends the updated decision documentation to the participant, indicating the independent review's determination, within three business days. If the decision was to uphold the initial request's denial, then the ICA will also be issuing the updated NOA and appeal rights.</p>
4	ICA	<p>The ICA then updates the request's status to closed, indicating they have issued the updated decision documentation to the participant.</p>