OPEN MEETING MINUTES

Name of Governmental Body: IRIS Advisory Committee			Attending: Caitlin Connelly, Andy Thain, Fil Clissa, James Valona, Jason Glozier, Jonathan Claflin, Julie Strenn, Kathi Miller, Kathy Meisner, Lynnea White, Martha Chambers, Melanie Cairns, Ramsey Lee, Rosie Bartel, Sue Urban, Tom Gierke
Date: 5/28/2024	Time Started: 9:33am	Time Ended: 2:45 pm	
Location: Zoom Webinar			Presiding Officer: Alicia Boehme, DHS, Director of Quality and Oversight Christian Moran, DHS, Director of Programs and Policy

Minutes

Members absent: Danielle Dicentio, James Valona, Martha Chambers

DHS Staff present: Amy Chartier, Rebecca Frank, Shelly Glenn

Presenters: Dylan Helmenstine, Justine Felix, Harrison Draayers, Chris Ma, Jie Gu, RaeAnn Fahey

Meeting Call to Order – Department Updates (BPP/BQO/BRS)

***Alicia Boehme**, DHS Director Bureau of Quality and Oversight*
***Christian Moran**, DHS, Director, Bureau of Programs and Policy*

- Motion to approve March minutes denied. Minutes will be updated and presented during the July 23, 2024 meeting.
- It is suggested that the meeting minutes follow a different approval process, such as by email, ahead of meetings. Alicia and Christian will review Public Meetings requirements.
- It is requested that the members be able to review the waiver renewal. Alicia states that the request can be highlighted in meeting minutes.
- It is requested that members also be able to review the budget amendment and background check processes. Budget amendment information was emailed to members for review and background check policy will be discussed later in the meeting.
- New members, Julie Strenn and Lynnea White, are welcomed and introductions are made.

Fiscal Updates

***Dylan Helminstine,** Bureau of Rate Setting Fiscal Management Team*

- The cross-program analysis (CPA) is broken down nationally by the state. Dane Co. is specifically highlighted in WI.
- The Center for Medicaid Services (CMS) requires comparison of LTC programs. In WI, specifically, Family Care and IRIS.
- The monthly per-person average cost is for both IRIS participants and Family Care members.
- IRIS costs $360 more than Family Care in the monthly per-person average cost.

2018

- The CPA evaluates cost neutrality between the two programs, a comparison which may be unbalanced due to the nature of the programs and the demographics of who chooses which. Adjustments to control for this began in 2018 and include:
    - Grouping members and participants into demographics (frail elder, physically disabled, and developmental disability)
    - Grouping members by risk level through the types of cares they utilize
- In 2018, the programs were closer in cost. In 2020, Family Care held steady while IRIS continued to rise. Since 2022, Family Care is beginning to catch up.

DANE COUNTY

- Prior to 2018, legacy programs were still active in Dane Co. The ability to evaluate Family Care and IRIS as the only active programs while adjustments were made makes Dane County a good sample of post-legacy program development.
    - It cannot be evaluated in programs that eliminated legacy programs sooner than 2018 because the adjusted data was not collected prior to 2018.
- In Dane County the IRIS monthly per-person cost average is $1400 higher than that of Family Care.

Committee feedback/discussion

- Is risk adjustment is the same as the acuity adjustment? No, it's an adjustment specific to the cross-program analysis in family care there are a lot of Medicaid card services covered by the MCO plan IRIS participants receive that in the fee for service.
- Why was there a change in statewide averages in 2020? Specifically, if it had to do with COVID or with the purchase of MCOs by for-profit companies? We cannot say based off this analysis. It shows what is happening not why. Family Care acquisitions did not take over until 2023.
- Does this cover the participant cost exclusively or does it include administrative costs? It covers all costs.
- Does this calculate budget or expenditure? This is what is spent.
- Is this report available to the public? Not aware of documents other than what is being shared here.
- Dane County costs more for all programs? Yes
- Calendar year, fiscal year, program year? Calendar year. We are looking at 2022 data, when will we see 2023? Data will be available in summer and then confirmed, so analysis usually begins in August and is available for the cross-program analysis report in January.
- Was this same post-IRIS analysis does in other counties? 2018 is the oldest data that has the risk and demographically adjusted program.
- Is Dane Co a statistical outlier? Is there a wage requirement or old contractual rates impacting service delivery costs? What is causing this? Yes, it is a statistical outlier. It can change in Dane without changing elsewhere in the state and therefore shifts in Dane Co can make the statewide amounts skewed. As of 2022, no other outliers like Dane Co exist.
- A committee member states that Dane Co is higher cost because the participants are working, living in the community, etc. The legacy program in Dane Co was somewhat ahead of IRIS in self-directed care. Would like a more detailed analysis since the Dane Co numbers are so high. Is Dane pulled out of the wider program numbers shown for the state average? No, it is included in the state-wide average.
- A member is concerned that pulling Dane County is potentially threatening IRIS because it is an outlier.

Public Comment

- Administration costs should not be included and there should be a measure to show community engagement that Family Care cannot accommodate. There should be family members on the committee. Who from the department attended CMS budget meeting for self-directed home and community-based services? Does someone have the slides? There should be some flexibility in choosing the pay to ensure that rates can be determined by shift differential, skill level, experience, etc.
- Parent of two children with disabilities and a parent advocate for a group of other IRIS participant families. Her family member went from Family Care to IRIS because they were told that care managers were incentivized to stretch funding. The family expenses and income were used to calculate funding despite the children wanting to live independently. They were told that budgets were not independent unless the child was 100% incapacitated and living in a facility. Would like a public report on this. Also where is the public reference for service rates? CLTS has one. This allows participants to be more independent with their funding. Pay rates change between the counties but cap out at like $15 per hour. If a service is hired through an agency, they can pay up to $75 an hour. Where is the public reference?
- Depending on which ICA you choose, they set the rate of pay and do not allow the participant to choose the rate. This goes against the self-direction requirement. As does the lack of transparency for background check results. Nurse has final say for if a participant needs adaptive equipment despite not knowing the participant only the numbers.
- Commenter’s son has a very rare disease. His 24/7 care requirement is not being met due to budget needs not being met. It is an issue for aging parents. IRIS needs to review the 2-1 care requirements. When there is a budget amendment the participant care suffers when it takes three months to get answers.

10:36

- Additional public comment time is approved for the three remaining commenters.
- On IRIS for 15 years. Appreciates that the program allows her to be as independent as possible, but there are a few improvements that could be made. It takes too long to hire participant-hired workers. It takes at least a week for have the person approved and then the consultant needs to add the worker to the plan. Waiting a minimum of a week is to long. Would like a two-day turn around. Payday is two weeks behind so workers can end up waiting a month for their first paycheck, so pay should be set for weekly.
- A home accessibility specialist states the RN reports/desk supports are not created with all variables in mind but are being evaluated as equal to the specialist evaluations.
- There is a lack of transparency and discrepancy in care hours. Her son is aging out of school. The consultant says that she should take his overnight hours and move them to the day, but he needs 24-hour care. The consultant says that there is no way to have 24-hour care, but the commenter knows there is.

Ombudsman Update and Review – Kathi Miller/Leslie Stewert
11:00 am

- Every participant should know who their ombudsman is for their agency. If the participant is 60+ should call the Board on Aging and Long-Term Care. 18-59 should call Disability Rights Wisconsin. Would like the websites added to the minutes. BOALTC Home (wi.gov) Home - Disability Rights Wisconsin
- Complaints have been about the long budget amendments, hours of care being taken away automatically, accessibility specialist recommendations/home modifications being overridden by nurses, unwinding eligibility is going pretty well and the few caught have been worked on, and background check and its four-year review.

Committee feedback/discussion

- Workers say they have not been receiving the notifications about the four-year background check. There is a new DHS addendum which would allow agencies to run the background check without notifying the worker every four years, but it will not go into effect until 2028. Premier asked if they can ask workers to fill that updated one out now, and they were told they cannot because the agencies have different schedules.
- Why are participants falling through the cracks during unwinding? Different reasons such as paperwork not being submitted and IRIS not being able to backdate. Some issues have been about unwinding and cost shares.
- Budget changes are not explained to the agencies or participants. The loss of 1-3 hours each week is huge. Participant/IAC member has been losing hours every year since her husband died despite her not having his assistance anymore.
- Participants get automatic letters sent to everyone and ICAs also discuss this with participants. Committee member states they have seen an increase in budget reduction issues due to the end of the Hold Harmless where 2023 numbers could be disregarded, and they could use 2022 instead.
- IRIS participants do not see the results on background checks – why is that? The process is currently being reviewed, and this could be part of their considerations.
- Can background checks be part of the application process to save time? FEAs cannot release the background check information because they do not have worker-signed releases allowing the information to be shared to the participant. If there is something that bars the worker from employment, a notice is sent and if the worker would like a copy, the FEA will provide it to the worker. If the background check paperwork is done earlier, then they can get the check done early. Typically, the check is done after the rest of the hire packet is filled out.
- Background checks are not legally permitted to be run until the person is in the hiring process. Grey matches are a good one for the participant to be involved on the decision.
- The participant is the employer, and so should get the background check information.
- A committee member states that if a participant requests to see the background check, they are permitted to do so. It was a recommendation from the committee that the results be automatically shared with the participant as the employer.
- Should there be an abbreviated application to make it move more quickly?
- Is there an analysis on the number of budgets increasing/decreasing? Yes, and will be covered in another meeting.

Self-Direction NCI Data
Justine Felix*, DHS Research Coordinator*
Erik Bakken, *ID&AS Section Manager Integrated Data & Analytics Section*

- NCI surveys cover many topics, this result is from the survey of the frail elder and physically disabled population's perception of care, homelife, and community inclusion.

- Many states use the same questions to allow outcome comparisons and trends.
- 2022-23 18 states participated. In WI it included Managed Care programs - Family Care, Partnership, PACE, IRIS, and fee-for-service residents in nursing home.
- Lower number of results this year due to staff turnover and new survey vendor, but still reached a 95% confidence level with 5% margin of error.
- 2022-23 only surveyed FC and IRIS. 1,039 valid survey responses with 390 being IRIS participants.
- There is no historical record in WI for the questions, so trends cannot be evaluated. The results were therefore compared to other states.
- Nearly all respondents used self-directed supports.

Committee feedback/discussion

- A member states he is surprised at the 90% of participants saying their services and supports are available. This has not been his experience. How does it compare to previous years? This was not evaluated on previous years.
- Are the results from the mixed programs? The results are mixed, and we cannot set the protocol since a national service sets it.

Adult Family Home Certification Standards, Revisions

Harrison Draayers*, Contract Coordinator, Bureau of Quality and Oversight*

- Standards were updated to clarify roles, because there was a need for additional oversight, and to meet the request from some partners to strengthen the 1-2 bed adult family home standards.
- The standards are approved by the Home and Community Based Services (HCBS) waivers program managed by the DHS. Current standards were published in 2013 with minor changes published in 2018.
- New standards will include more precise health and safety provisions for people living in 1-2 bed AFHs, standardization of reporting criteria, clarification of concepts and language, and the HCBS rule requirements.
- Various definitions and policies were updated, training, certification, site visits with an attempt to engage with the resident at their home, etc.
- Proactive safety efforts such as ammunition storage, staff and housemate background checks, carbon monoxide detector logs, etc.
- Documentation clarification and updates such as for conflict-of-interest, involuntary discharge, resident rights and clarifying which can be denied or limited, informed consent, grievance filing, etc.
- New standards were developed with targeted outreach geared towards MCO leadership area administration and the Wisconsin County Human Services Association.

Committee feedback/discussion

- DHS 88 is being updated. Why use it to update the 1-2 bed standards? The matching was done to parts of DHS 88 that are not expected to change.
- Are the background check frequency updates only applicable to the AFH and not for DHS 88 or other forms of long-term care? It is only for 1-2 bed standards due to the authority only allowing them to make the changes in 1-2 AFH.
- Are these updates set or are they still being revised? They are not yet published but there are no anticipated changes.
- Who is anticipated support the providers as they come into compliance with the updates? Is there a rollout plan to support them? The certifying agencies will be responsible. The DHS does offer a training program which was created with ARPA funding. Is there a training that will help them learn all the new rules? No
- What will change for ICAs as placement agencies? ICAs have several responsibilities for placement currently. This is just putting it in stone. Do ICAs have training offered about this change? It is being developed.
- When will the changes be published? We hope it will be this year.
- How does this fit in to the change for the critical incident reporting standards? is there AIRS rollout coordination? The 1-2 bedroom adult family homes report incidents to the certifying agencies and the placement agencies. AIRS is specifically for the Family Care members.

Noon

Alicia – break for lunch or proceed? Members confirm moving ahead.

Individual Service Plan Development Policy

Chris Ma*, IRIS Policy Analyst-Advanced, Bureau of Programs and Policy*

- Individual Support and Service Plan (ISSP) has become the Individual Service Plan (ISP) policy

- The CAP can be summarized into three areas of work with the discussed focus being the heightened scrutiny site visits which primarily impact the ICAs. The related findings are the choice of setting, which should be included in the written plan. This drives ISSP changes as well as participants in a provider-owned setting that require HCBS changes. This applies to all IRIS participants.
- Asterisked items on the CMS cover letter require the state to go "above and beyond."
- Changes will be driven by the Person-Centered Service Plan (PCSP)
- Heightened scrutiny site visit – remediation must include development and implementation of the person-centered planning process and justifications for the HCBS modifications.
- The team analyzed cover letter, site visit report, code of federal regulation (CFR), Wisconsin's current waiver and policies
- Identified any gaps in the person-centered planning process as well as the HCBS rules. Developed a comprehensive approach to ensure compliance with the goal of implementing the new policies.
- CFR considers it to be two parts are plan development and the written plan. The written plan is the ISSP, but to align the definition with the waiver which rolled several parts, including the ISSP, long term care needs panel, emergency backup plan, HCBS modifications, and more into the larger plan.
- Choice of setting impacts the HCBS modifications, written plan and plan development.
- Changes made in the essential services provider agreement policy are reflected in the written plan and HCBS modification plan and vice versa.
- The person-centered service plan requires; signatures from the individuals and providers responsible for implementing the participant's plan, the participant's consent, plan distribution to everybody involved in the plan.
- Next steps – the DHS is currently revising the ISP policy. The small workgroups have received a piece of policy last week and more will come. The ICAs are participating in the workgroup.

Committee feedback/discussion

- Corrective action plan (CAP) is for the entire state? Yes, as long as there is an HCBS waiver program. When is the resolution required by? The end of the year.
- What is meant by the terms "HCBS modification" and "HCBS modifications panel?" It is also requested that the IAC be involved in the panel. HCBS modifications are a large part of the CAP and is not implemented yet. Applicable to all participants, but only the settings that are provider owned or operated. Larger workgroup is managing the cross-program implementation.
- Does this apply to home modifications? No, this applies to modifications to their rights, privacy, etc. such as restricting access to the refrigerator would be one of the modifications and would need to have justification.
- The HCBS modifications are an assurance that CMS is looking out for the individuals' rights.
- RE: 504 Rehabilitation Act and 1557 of the ACA about rehabilitative integration - How will the dept. enforce the recording of conversations in HCBS programs to identify people who may want more independence than to live in provider-owned housing? Christian – requested that the committee member send additional information.
- Why are participants not providing input the way the ICAs are? ICAs help develop the plans and communicate them with participants and the presentation today is to provide an opportunity for input to the IAC. The DHS located gaps to meet the CMS CAP and then asked contractors for missing parts. This is part of program administration and this is the process for all similar administrative updates.
- A member requests that this be in proposal form. The CMS Approved the CAP in 2023.
- A committee member states she participated in the committee that developed the CAP. Language and feedback was exchanged. She was the only IRIS participant, but Family Care members were also there.
- Contractors also bring participant feedback back to the discussions.

Policy Tracker

***Amy Chartier**, DHS, IRIS Policy Section Manager, Bureau of Programs and Policy*

- The policy tracker will be sent out when ready
- The waiver renewal process timeline information will be added in once it meshes with policy development
- Current work is: finalizing the budget amendment policy; the onetime expense process; and the ISP development

IRIS Participant Survey Results

***Jie Gu**, DHS, Quality Data Analyst, Bureau of Programs and Policy*

- Survey was sent to randomly selected, current participants who were members for 6+ months.
- A few language changes from previous surveys tailored in workgroups but the concepts remain the same.

- Q2 was updated from "How often do receive help?" in previous years to "When asking for help, how often do you receive it?"
- Q13 is a new question "How satisfied are you with community opportunities on a given month?" There are no trends since it is new this year.
- FEA questions are not very different since they were updated a few years ago.
- Raw data for each agency will be sent to individual ICAs and FEAs
- This is the first year where electronic submission has been available in addition to mailing it back, so there may be an improved the response rate
- Surveys are distributed July and are due in November. In December, data is collected from the UW Survey Center and evaluated, including scrutinizing questions for the upcoming survey, throughout April.

Committee feedback/discussion

- Is there a goal for each question and, if so, can it be added to the results to show "last year …, goal for this year …, results for this year …" No, goals are not set.
- A committee member requests that scorecards include a note showing what agencies are available and where. All four FEAs are state-wide, which ADRCs seem unclear about.
- Are ICA and FEA surveys sent to the same people? No, each are separately randomized.
- Can people self-select to take the survey and, if not, why? People cannot self-select. The UW survey center recommends against it to minimize a self-selection bias.

Long-Term Care Provider Management Project

RaeAnn Fahey*, Program Participation Oversight Manager*

- Fee-for-Service and HMO providers enroll with Wisconsin Medicaid using the ForwardHealth portal.
- Adult HCBS providers are certified to provide service by IRIS FEAs and MCOs.
- This Provider Management Project is updating the current provider application on the portal to include HCBS providers and the DHS will require almost all providers to enroll through the ForwardHealth portal.
    - The exceptions are IRIS participant-hired workers (PHW) and Family Care Self-Directed Support (SDS) workers.
    - PHWs will be issued their Medicaid ID automatically and FEAs will remain responsible for certifying them.
- If the provider is qualified, the application will be approved by the DHS and a WI Medicaid ID number will be assigned. This will centralize and automate WI Medicaid provider services. The DHS will also be standardizing the provider verification processes.
- Participants will have access to the searchable online database.
- Providers will have less repetition between FEAs and less risk of error. FEAs will have fewer credentialling responsibilities.
- Information was sent to providers by the FEAs earlier this year and a project page was launched in Feb. A video will be uploaded soon. Training will begin this year and run through 3/2025. Providers will have a year to enroll. The project team has worked with ICAs and FEAs for several years to ensure smooth changeover services for providers.

Committee feedback/discussion

- How does this impact vendors who provide home modifications or other one-time expense providers? Active effort is ongoing to make sure all vendors get support. But what about things like purchasing something adaptive, such as a tablet through a chain store? Participants will be able to search the database for providers.
- Will participants need to change their doctors? No. If they are already providing IRIS medical services, they are already registered through ForwardHealth.

Committee Business

Alicia Boehme*, DHS Director Bureau of Quality and Oversight*

Christian Moran*, DHS, Director, Bureau of Programs and Policy*

- In/out timesheets will be live in August. The FEAs will teach providers starting in June. Live-in caregivers will have a different, simplified process which will also be taught by the FEAs.
    - The ombuds request they also get these letters so they can answer questions about them.
- Clearing up misinformation, there is no effort to silence family members and guardians. There was a parent who stepped down, and the recruitment process to replace her is beginning.

- Unwinding, waiver renewal, background checks, enrollment, and FEA response time will be pushed to next time.
- A member states that she was looking forward to getting the public health emergency unwinding updates. She continues that she is happy there will be an email.
- A committee member comments that the agenda timeline keeps getting shorter so there is no time for discussion. It should be more realistic. She also would like a list in the agenda Updates section so members are prepared to speak about them too. The public comment period should be longer and if a public comment is submitted outside of the public comment period, it should be added into the meeting minutes. Alicia - When comments are received outside of public comment periods they are distributed to the members.
- A committee member requests a timeframe on when there will be a decision about the grace period and expedited reenrollment. Alicia – all unwinding updates will be sent sometime in June, but there are no additional details yet.
- A member requests that the letter about in/out timesheets be shared with the committee members Alicia – we will send the letter. People who have FEAs with electronic timesheets are already doing this updated process. This is to align all FEAs. Participants and providers are only going to receive the letter if it does not apply. Rosie – iLife is already doing this and has been for years.
- Alicia asks the committee if there is anything else requested for the next agenda? A member requested a presentation on the CMS self-direction webinar from a few weeks back. She would like the materials and a link to the info sent out. Alicia – we cannot present on this and are not comfortable summarizing this information into a presentation, but we can share that link and allow discussion.

Prepared by: Rebecca Frank on 5/28/2024.

These minutes are in draft form. They will be presented for approval by the governmental body on: 7/23/2024