



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Unwinding

Ann Lamberg, Deputy Bureau Director Bureau of Quality and Oversight
Diana Adamski, ADRC Regional Quality Specialist, Office for Resource
Center Development

CMS requirements during the PHE

- CMS ordered states to keep all individuals enrolled in Medicaid during the PHE.
- When unwinding began in May 2023 CMS required all individuals to remain enrolled until they have an opportunity to complete a Medicaid renewal.
- Once the Medicaid renewal was complete an individual may be disenrolled for multiple reasons.

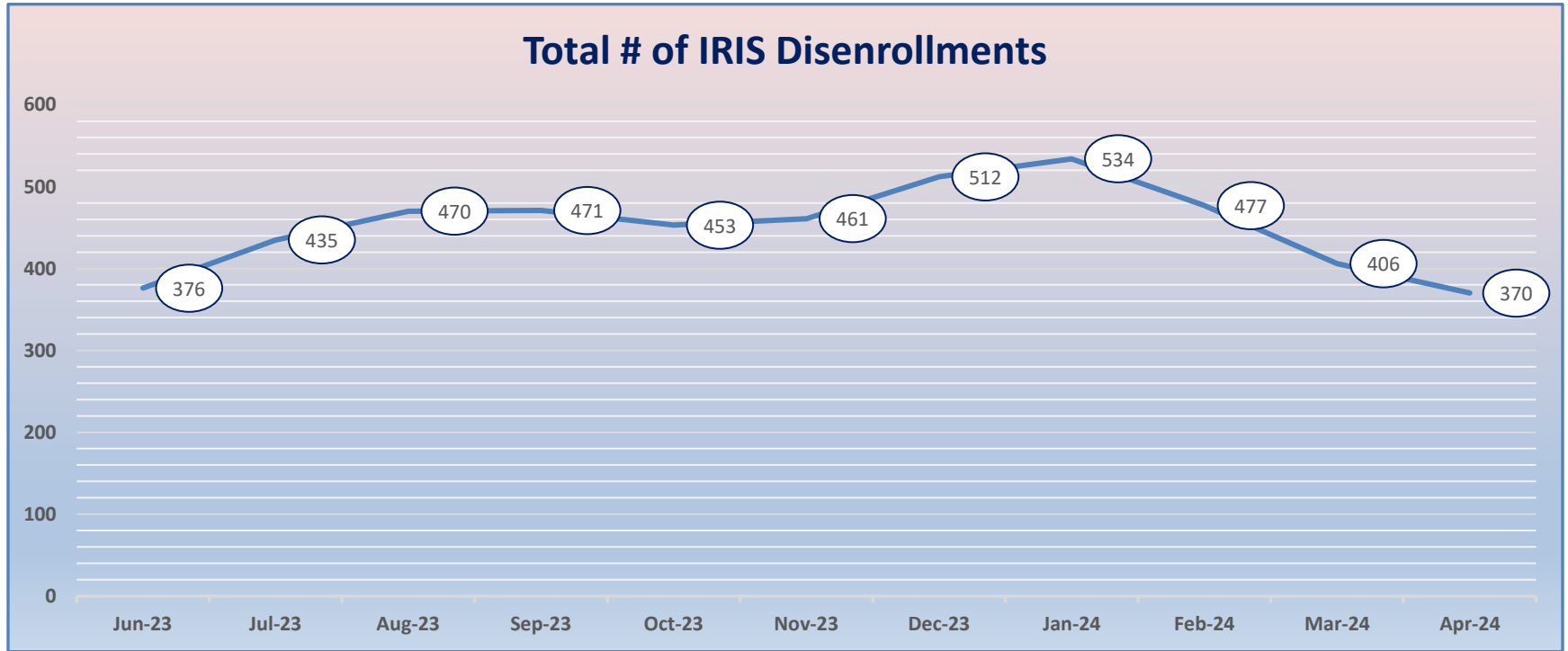
Multiple Reasons for Disenrollment

- Non-payment of cost share
- Loss of functional eligibility
- No Contact
- Health and Safety
- No longer accepting services
- Fraud and abuse
- Loss of Medicaid Eligibility

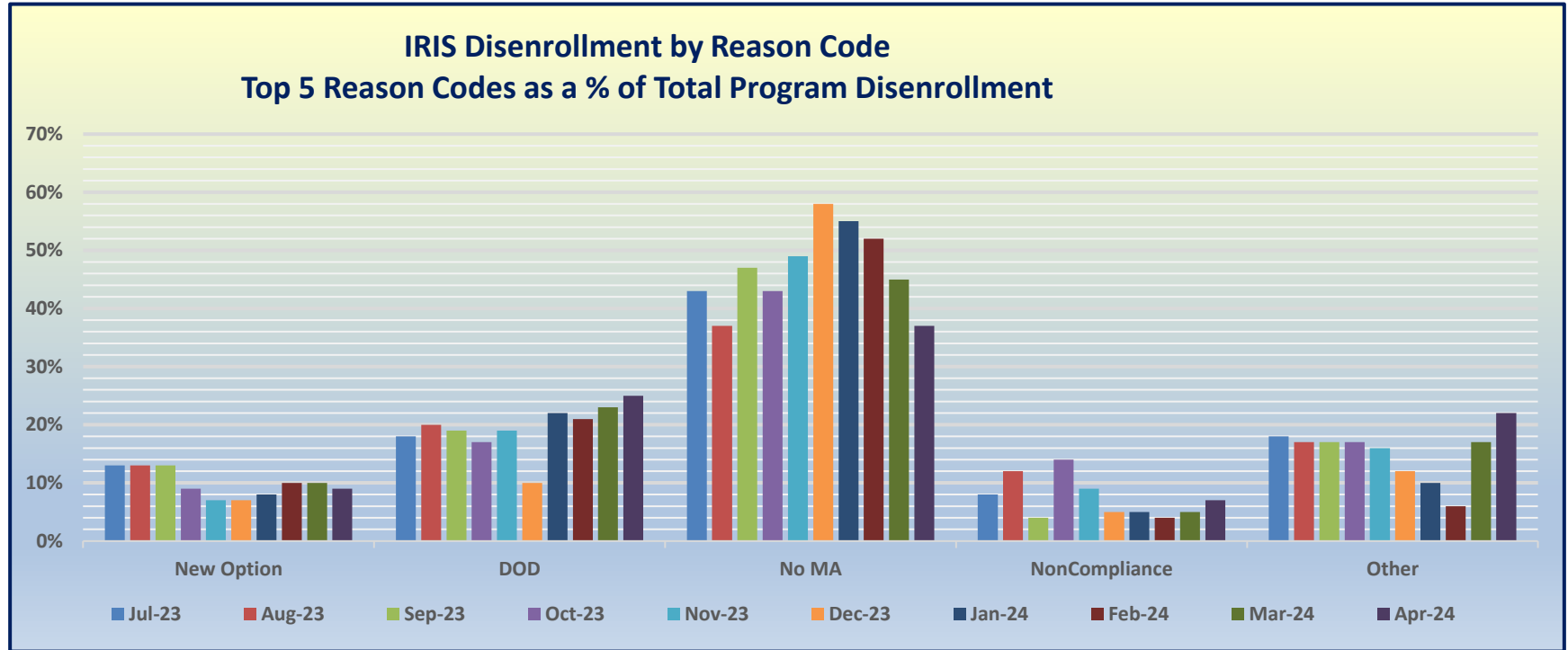
DHS Guidance to Contractors

- Contractors were required to monitor reports from DHS which tracked Medicaid reviews and due dates.
- Contractors were required to notify Participants of their Medicaid due dates and assist with renewal if asked.
- Contractors were monitoring status of individuals renewal in cares
- Contractors were required to report to DHS prior to unwinding how many members and participants would lose eligibility.
- Contractors were required to notify all members and participants who would lose eligibility.

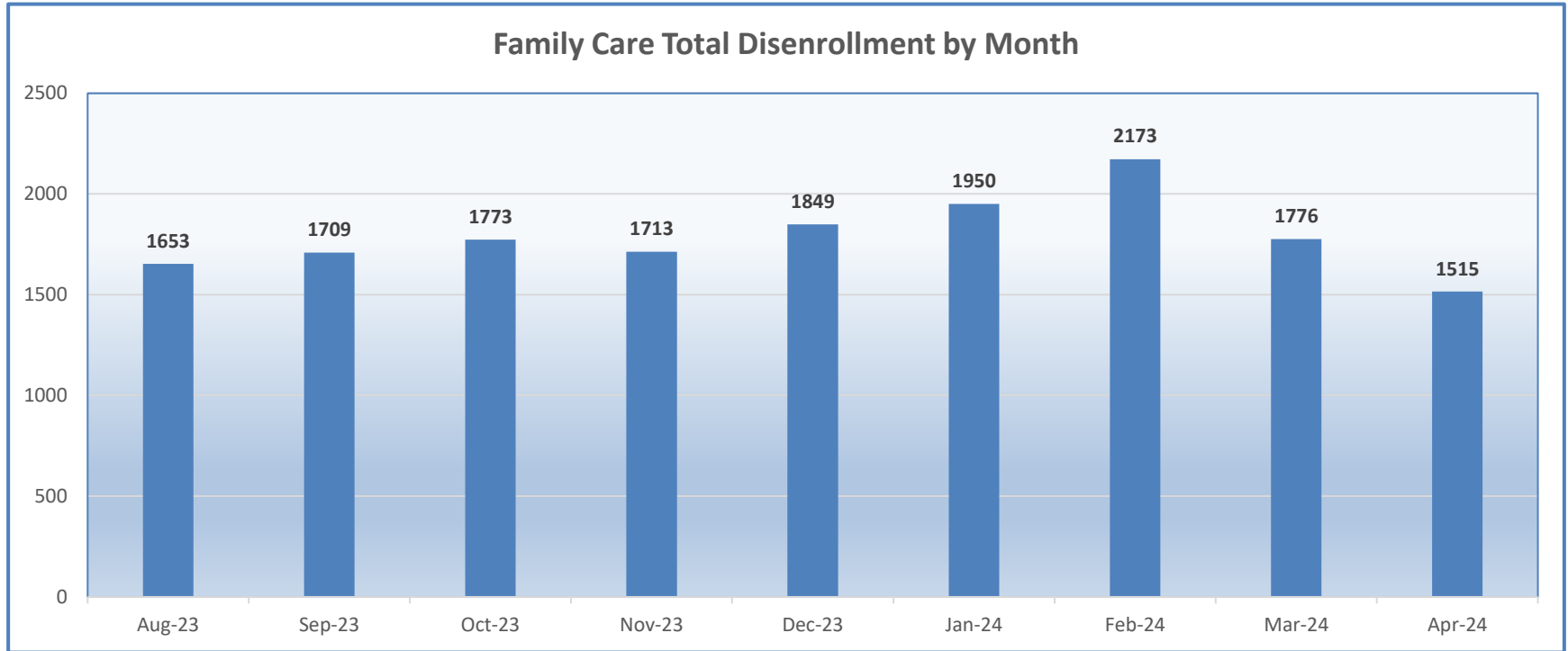
IRIS Total # of Disenrolled Participants



IRIS Top 5 Disenrollment Reason Codes, as a % of the total number of disenrolled participants, by month

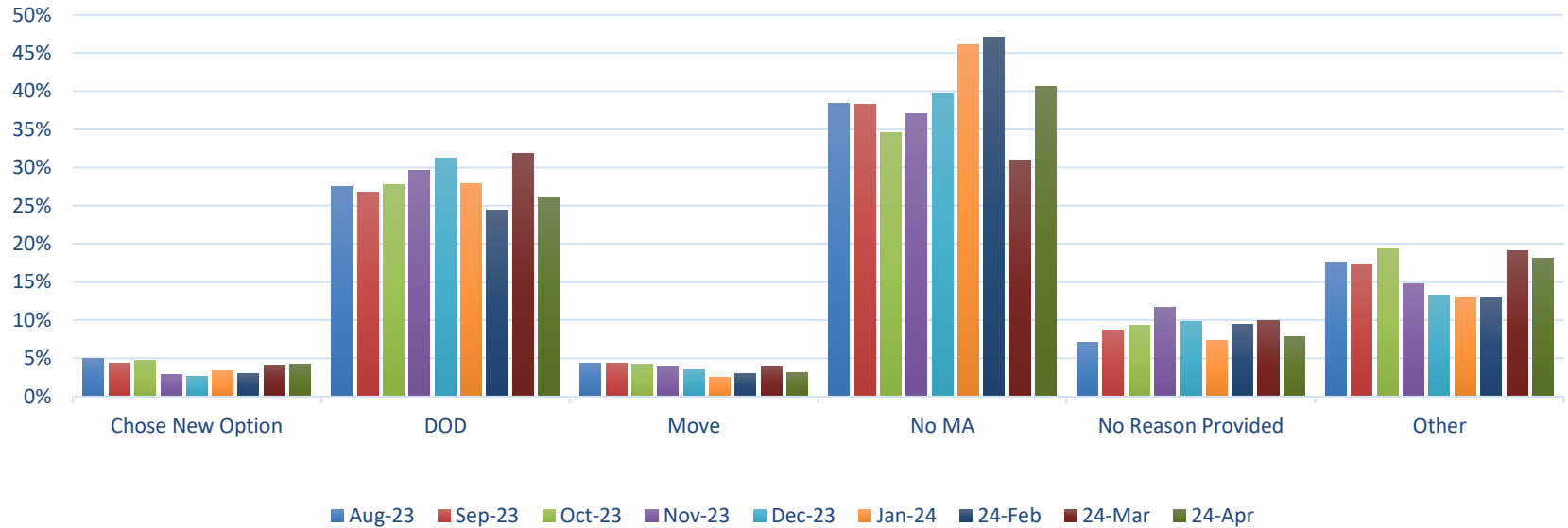


Family Care Total Disenrollment Numbers (August 2023 – April 2024)



Family Care Top 6 Disenrollment Reason Codes during COVID Unwinding (August 2023 – April 2024)

Family Care Disenrollment Reason Trend Report
% of Total Disenrollments by Month August 2023 - April 2024



Why don't these numbers provided in this document match the DHS Public Unwinding Dashboard?

- LTC individuals are included in all 3 benefit categories on the dashboard.
- The dashboard does not track individuals who have been re-enrolled. Individuals who lost enrollment may have been reenrolled later in the month.

Post - Unwinding Eligibility Updates shared at Taskforce

- Adverse action will be the due date given for completing renewals.
- Members who submit renewals by adverse action and have not been processed by that date will get a one-month extension of eligibility.
- DHS will continue to use the National Change of Address (NCOA) database to update addresses prior to sending correspondence to members.
- Individuals will get a one-month extension of eligibility at adverse action if their renewal packet is returned due to a bad address.

Post Unwinding Updates for IRIS / Family Care

- IRIS only: Expedited Re-enrollment and Involuntary Disenrollment retractions will no longer continue beyond July 31, 2024. As of August 1, 2024, all MA discrepancies will be processed according to IRIS policy, Program Enrollment, Section D.3 Eligibility-related Disenrollments. The policy allows for Participants to be reenrolled immediately through the ADRC and resume their plan.
- Unwinding Technical FAQs for ICAs/MCOs will become obsolete.
- ICAs and MCOs will continue receiving renewal reports developed for Unwinding. These reports support their eligibility outreach and assistance efforts.
- Monthly ICA/MCO Unwinding meetings will end July 2024.

Role of the ADRC or Tribal ADRS

- Loss or change in eligibility
- Referral to ADRC or Tribal ADRS
- Provide options counseling
- Assist with next steps

IRIS ADVISORY COMMITTEE Membership



7/23/2024

IAC Composition

The IRIS Advisory Committee will consist of 18 members appointed by the Medicaid Director. Committee members will include IRIS participants, family members of IRIS participants, and representatives from a wide variety of providers and advocacy groups representing the needs and interests of all three target groups served by the IRIS program.*

*IRIS Charter, Section IX. Membership

IAC Composition

Representation	Seats
Self-Advocates	7
Advocates	4
Providers	4
Contractors	3
Total	18

Self Advocates (7 seats)

Member	Representation	Term End Date
Rosie Bartel	IRIS Participant	12/31/2026
Martha Chambers	IRIS Participant	12/31/2025
Ramsey Lee	IRIS Participant	12/31/2025
Thomas Gierke	IRIS Participant	12/31/2025
Danielle Dicientio	IRIS Participant	12/31/2025
Andy Thain	IRIS Participant	12/31/2025
Vacant*		

*Previously held by Elizabeth Schlosser, a parent/guardian of an IRIS participant, who resigned from the IAC in March 2024.

Advocates (4 seats)

Member	Representation	Term End Date
Fil Clissa	BPDD	12/31/2024
Melanie Cairns	DRW	12/31/2025
Jason Glozier	WCILC	12/31/2024
Kathi Miller	BOALTC	12/31/2026

Providers (4 seats)

Member	Representation	Term End Date
James Valona	Ability Group LLC	12/31/2024
Kathy Meisner	DSPN	12/31/2025
Julie Strenn	Opportunity Development Centers	12/31/2026
Lynnea White	Barron County Developmental Services	12/31/2026

Contractors (3 seats)

Member	Representation	Rotation Ends
Alexa Butzbaugh (PCS)	IRIS Consultant Agencies*	September 2024
Jonathan Claflin (Premier)	Fiscal Employer Agencies*	September 2024
Sue Urban	Self-Directed Personal Care Agency**	

*IRIS contractors appoint one liaison and backup to attend the IAC meetings. Contracted agencies are represented by one agency on a rotating six-month schedule.

**TMG is contracted to self as Wisconsin's self-directed personal care agency.

HCBS Settings Rule Update: Corrective Action Plan

DHS-IRIS Policy & Implementation Meeting
April 17, 2024

Objectives:

Overview of HCBS Settings Rule in Wisconsin



Overview of our Corrective Action Plan



Next Steps

Overview of the HCBS Settings Rule in Wisconsin

Overview of Federal Regulation

- In 2014, the Centers for Medicare & Medicaid Services (CMS) released new federal requirements regarding the *qualities* of settings that are eligible for reimbursement for Medicaid home and community-based services (HCBS).
- HCBS waivers provide opportunities for Medicaid beneficiaries to receive services in their community rather than in institutions or other isolated settings.
- Each state was required to develop and implement a [Statewide Transition Plan](#) to ensure members receive services in HCBS Settings Rule Compliant Settings.
- The HCBS Settings Rule went into effect on 03/17/2023.

DHS Medicaid Waiver Settings

Wisconsin Long-Term Support Programs

Family Care (FC)

**IRIS (Include, Respect,
I Self-Direct)**

Family Care Partnership (FCP)

Children's Long-Term Support Waiver

IRIS Waiver Settings

Adult day care centers (ADCC)

Prevocational services

Group supported employment

Day habilitation services

Adult Family Homes (AFH) (1-2 & 3-4 beds)

Residential Care Apartment Complexes (RCAC)

Overview of our Corrective Action Plan

Why does DHS have a CAP?

DHS identified 48 residential settings that met Heightened Scrutiny criteria.

These settings were submitted to CMS for review on April 2, 2021.

CMS completed site visits for a sample of these settings and provided a [findings report](#).

DHS is implementing CAP which is based on findings report. CAP applies to Family Care and IRIS.

Summary of CAP

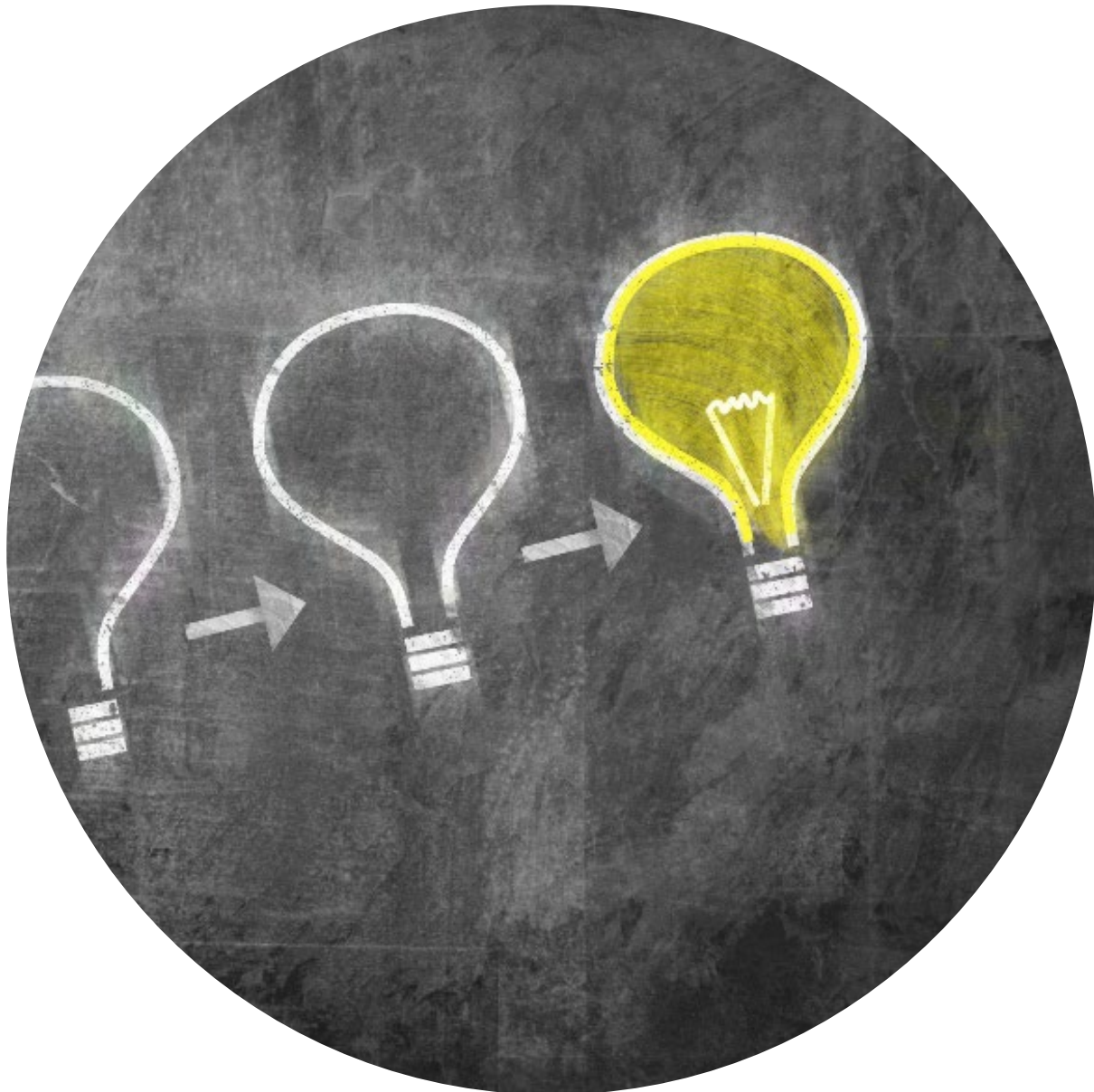
Category Name	Category Milestone(s) Summary	Final Completion Date
1. Forthcoming Heightened Scrutiny Activities	Multiple milestones related to completing heightened scrutiny reviews of the 20 settings not yet submitted to CMS.	Submit settings to CMS by 06/30/2024 Address CMS findings the later of 12/31/2024 or 3 months after CMS issues findings
2. Current Heightened Scrutiny Activities	Responding to the CMS feedback on the settings submitted in 04/2021 once that feedback is received	Address CMS findings the later of 12/31/2024 or 6 months after CMS issues findings
3. Heightened Scrutiny Site Visit	Addressing the findings from the CMS heightened scrutiny site visits	12/31/2024

3. ICA-Related Site Visit Findings

- Choice of setting documented in the written plan for participants, including court ordered restrictions
 - ◆ Will be applicable to all participants
- For participants in provider owned or controlled residential settings, modifications to the residential HCBS Settings requirements must be documented per the requirements in the Individual Service Plan (ISP). Restrictions cannot be in place that are not documented.

Application to All IRIS Participants

- In both the Site Visit Report Cover and the CAP Milestones, CMS directs Wisconsin to include complying with person-centered planning requirements as part of our remediation.



HCBS-related Questions or Ideas

If you questions, suggestions,
or ideas please let us know

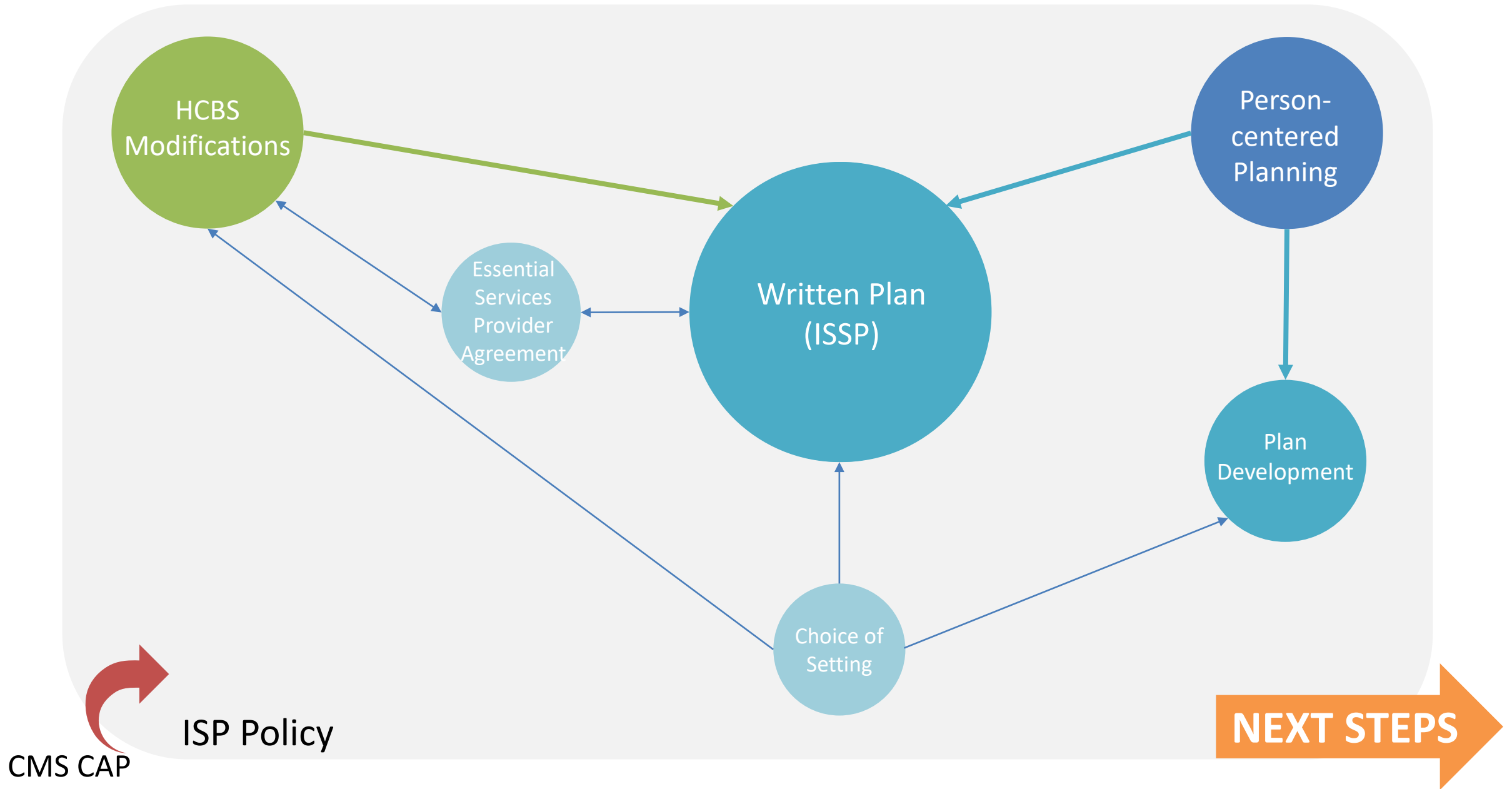
dhshcbssettings@dhs.wisconsin.gov

Work in Progress

Process for Addressing CMS CAP findings

1

Analyze CMS
Cover Letter/CAP,
CMS Site Visit
Findings Report,
CFR, IRIS waiver,
and current
policies to
determine
program impacts



42 CFR § 441.301(c)(1)(ix)

(1) Person-centered planning process.

...

(ix) **Records the alternative home and community-based settings** that were considered by the individual.

42 CFR § 441.301(c)(4)(ii)

(4) Home and Community-Based Settings.

...

(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. **The setting options are identified and documented in the person-centered service plan** and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

42 CFR § 441.301(c)(2)(ix-x)

(2) Person-Centered Service Plan.

...

(ix) Be finalized and agreed to, with the informed consent of the individual in writing, and **signed by all** individuals and **providers** responsible for its implementation.

(x) Be **distributed** to the individual **and other people** involved in the plan.

Next Steps

- ISP policy is being revised
- HCBS modifications incorporated into the ISP policy
- Develop HCBS Modifications panel in WISITS
- Essential Services Provider Agreement policy under review

- Small workgroup discussions: reviewing feedback and revising drafted policy

Questions?

Include, Respect, I Self-Direct (IRIS) Waiver Renewal Input Session



Wisconsin Department of Health Services
Division of Medicaid Services
Bureau of Programs and Policy

July 2024

Goals for Today

- Describe the IRIS program and waiver renewal
- Hear your ideas for improving the IRIS program
- Share other ways for you to get involved in the waiver renewal

Preview

Getting to Know DHS

- The Department of Health Services (DHS) is a state government agency.
- Our mission is to protect and promote the health and safety of the people of Wisconsin.
- DHS oversees the IRIS program and its waiver renewal.

Preview

Getting to Know IRIS

- The IRIS program is a self-directed Medicaid long-term care program for adults with disabilities and people over 65.
- Long-term care helps people with daily tasks and activities.
- The goal is to help participants utilize services they need to live in their homes and communities when possible.

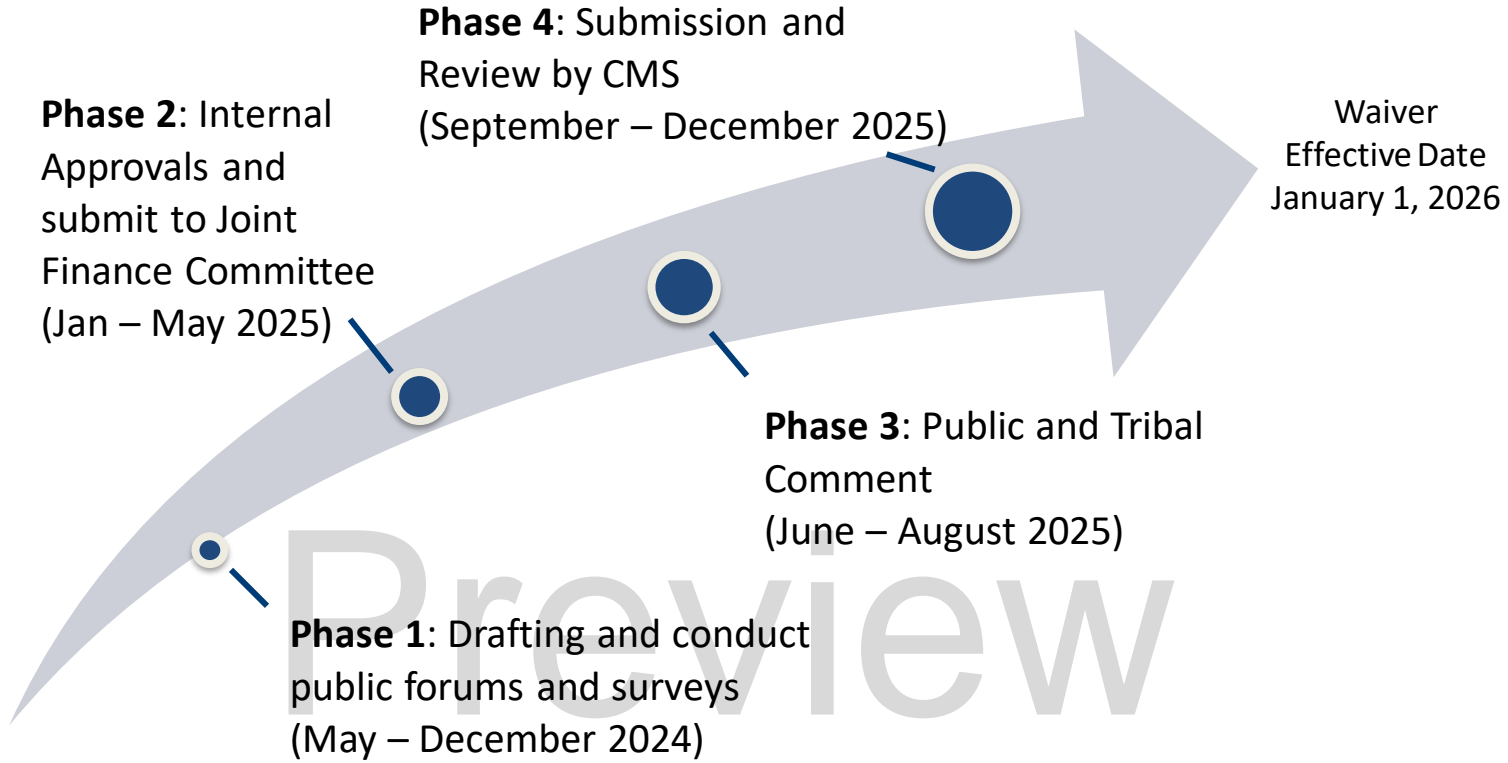
Preview

What is a Medicaid Waiver?

- A Medicaid waiver is a set of rules that allows DHS to have Medicaid programs like the IRIS program.
- The IRIS Medicaid waiver funds services to help participants successfully live and receive care in their community.

Preview

Waiver Renewal Timeline



IRIS Waiver Renewal

- The IRIS program is renewed every five years.
 - Recent renewal: January 2021 - December 2025
 - Next renewal: January 2026 - December 2030
- DHS will spend the next year and a half updating our waiver for 2026.
- This is our chance to improve the IRIS program.

Preview

Goals of the Waiver Renewal

To draft a waiver renewal application that:

- Addresses recent program and policy changes.
- Supports participant choice, self-determination, and access to high quality services.
- Uses cost-effective solutions.

Once approved, the waiver will impact the program from 2026 through 2030.

What Can We Change with the Waiver Renewal?

Changes we can make	Changes we can't make
<ul style="list-style-type: none">▪ Which services are covered▪ What existing services include▪ Required provider qualifications	<ul style="list-style-type: none">▪ Changes that are not allowed by state or federal law

How Your Ideas Will Help

DHS will now be requesting your feedback and ideas. This will help us write a waiver renewal application that meets the needs of IRIS participants.

Preview

We Want to Hear from You

DHS wants your feedback and ideas:

- What is working well in the IRIS program?
- How can we improve the IRIS program?
- If added to the IRIS program, what new services would be helpful?
- How could the IRIS program better reflect your culture, background, and values?

Question 1

What is working well in the IRIS program?

For example: Services, remaining active in the community, achieving goals, self-direction, etc.

Preview

Question 2

How can we improve the IRIS program?

For example: Services, caregiver or provider access, program assistance, etc.

Preview

Question 3

If added to the IRIS program, what new services would be helpful?

For example: Services to help you successfully live, work, and receive care in your home and community.

Preview

Question 4

How could the IRIS program better reflect your culture, background, and values?

Preview

Want to Learn More?

Visit us online:

dhs.wisconsin.gov/iris/waiver-renewal.htm

Preview

Thank You!

