

OPEN MEETING MINUTES

Name of Governmental Body: IRIS Advisory Committee			Attending: Alexa Butzbaugh, Andy Thain, James Valona, Jason Glozier, Jonathan Clafflin, Julie Strenn, Kathy Meisner, Lynnea White, Melanie Cairns, Ramsey Lee, Rosie Bartel, Sue Urban, Tom Gierke
Date: 7/23/2024	Time Started: 9:32am	Time Ended: 3:12pm	
Location: Zoom Webinar			Presiding Officer: Alicia Boehme, DHS, Director, Bureau of Quality and Oversight Christian Moran, DHS, Director of Programs and Policy

Minutes

Members absent: Danielle Dicientio, Fil Clissa, Kathi Miller, Martha Chambers

DHS Staff present: Ann Lambert, Rebecca Frank, Sheldon Kroning, Shelly Glenn, Kevin Coughlin

Presenters: Alicia Boehme, Christian Moran, Kevin Coughlin, Sheldon Kroning, Daniel Bush, Leslie Stewart, Amy Chartier, Kaycee Kienast, Chris Ma

Meeting Call to Order 9:32 am

Alicia Boehme, DHS Director Bureau of Quality and Oversight

Christian Moran, DHS Director Bureau of Programs and Policy

- Meeting overview
- Introductions
- Approval of minutes for both March and May.

Department Updates

Alicia Boehme, DHS Director Bureau of Quality and Oversight

Christian Moran, DHS Director Bureau of Programs and Policy

Committee feedback/discussion

- Recap of previous meeting requests and resolutions:
 - Follow-up to LTC Provider Management Project starting Sept 2024. Requires that Adult Long Term Care waiver service providers must enroll with Medicaid through the Forward Health portal.
 - There will be a series of town halls <https://www.forwardhealth.wi.gov/WIPortal/cms/page/message/adult-ltc-townhalls>
 - Providers will have until January 2026 and there will be trainings and training videos before then.
 - Shorter pay periods are not feasible. Biweekly pay is industry standard, and it is not unique to IRIS that new employees may have to wait longer than two weeks for their first paycheck. Review of outgoing payment records found no system delays. It is participant responsibility to be aware of the pay periods and make sure documentation of employee hours is submitted on time. FEAs can provide pay period calendars.
- FEI Systems will take over administration of WISITS. It is early in the process, and Tyler Technologies will continue to maintain WISITS until the transition is complete.
- The IRIS background check policy is, in some situations, more stringent than the policies for other long term care policies raising concerns for equity and workforce size. Once IRIS policy and the Office of Legal Counsel have draft changes, it will be distributed to the IAC.
- The Baker Tilly Report, presented on in August, did not include feedback from participants and members. Funding and a new vendor are being sought for a new study that will include participant and member feedback.
- TMG has been awarded for the IRIS self-directed personal care contract.
- A member brings up a concern about excessive paperwork as a barrier to services and provider employment.

WisCaregiver Careers (<https://www.wiscaregivercareers.com/>) update since March

Kevin Coughlin, DMS Executive Policy Initiative Advisor

- Reviewed presentation that was sent to the committee.

Home and Community Based Services Innovation Grants Program (HCBS)

- \$30 million has been awarded to 158 agencies.
- 40 years of HCBS after the Olmstead Supreme Court Decision.
- Two-day summit in October with topic specialists participating in idea exchange sessions, panel discussions, and sharing success stories. The idea exchanges will only be available for in-person attendees.

Committee feedback/discussion

- The CDCPs will need to recertify every three years. The micro-certificates will vary on renewal requirements depending on content.
- A \$250 bonus will be available to CDCPs if/when they are employed at a qualifying workplace. An additional \$250 bonus will be paid to the CDCP at the six-month mark if they are still working for the qualified employer.
- It is suggested that participants be able to offer a higher pay rate for employees in the program based on certificates and certifications. WisCaregiver will allow the DHS to identify providers who qualify for pay modification so this could be a possibility in the future.
- A member requests that the radio marketing plan continues. The DHS confirms that they are and will continue marketing in various media types, including radio, and that it has been successful.

In-and-Out Timesheets

Sheldon R. Kroning, DHS Contract and Quality Compliance Section Manager

- Update before in-and-out timesheets go live on Aug 11.
- This change is to align with similar self-directed care programs.
- iLIFE webinar led to questions as well as positive feedback from ICAs. There had been an uptick in participants using the iLIFE portal.
- For the time, all FEAs do have the ability to use a paper timesheet for participants who do not want to use the portal. It is the FEA's decision if they will allow it.
- Largest change has been for the live-in caregivers. The hours they clock are hours when they are present and can assist when and as needed.
- ***Committee feedback/discussion***
- Can the FEAs collaborate to write a cheat sheet that SPC nurses can use to check how each FEA rounds hours? The block times that will be implemented will resolve the rounding issues.
- A request was made that all communications which were sent to participants also be sent to IAC members. They have been. How is the DHS teaching participants? The ICAs are responsible for educating the participants. Have the ICAs been given standardized guidance on how to do this? Yes.
- Do hourly workers use the time blocks? No, that is for live-in caregivers. Hourly workers clock the hours they are at work. Non-live-in caregivers work their scheduled hours, and they clock in and out – time blocks are not needed.
- Is there a screening for supportive home care? No, while personal care needs are determined through the Personal Care Screening, supportive home care is determined through conversations and planning with the participant. The hours are approved, and the participant determines how they want the hours used. Live in caregiver time blocks are used for all care (personal care and supportive home care).
- How will the new time system manage households with multiple participants? When an IRIS Consultant sees that the worker is logging hours for multiple participants, they will know that the participants live together and that there is no concern for fraud.
- A member asks if in-an-out timesheets should be consistent with EVV and states that there are time-rounding inconsistencies. The DHS clarifies that EVV is separate. The member responds that this might be true for the DHS, but for the participant they are functionally connected since they rely on the same number of budgeted hours.

Unwinding Numbers and Information 10:50 am

Ann Lamberg, DHS Deputy Director Bureau of Quality and Oversight

Diana Adamski, Aging and Disability Regional Quality Specialist with the Aging and disability Resource centers

- Reviewed presentation that was sent to the committee.

Committee feedback/discussion

- Are the numbers higher than pre COVID? Yes, because these people would have been disenrolled sooner had continuous enrollment not been in place.

IRIS/Family Care Cross Program Analysis Follow-up

Daniel Bush, DHS IRIS Fiscal Management Section Manager

- Target populations grouped / identified by demographics and risk adjustment.
- Fee-for-service costs are also included in the totals.

Committee feedback/discussion

- A member asks if other metrics could be highlighted to demonstrate that IRIS outperforms other models in some criteria. Because IRIS is a publicly funded program, many entities have access to, and do review, the same numbers that were shared with the IAC. The addition of other metrics for the IAC meetings will not cause other entities to pull the additional metrics too.

IAC Member Makeup Overview

Alicia Boehme, DHS Director Bureau of Quality and Oversight

Christian Moran, DHS Director Bureau of Programs and Policy

- Reviewed presentation that was sent to the committee.

Public Comment

- Commenter 1 Son is a participant. Concern that the timesheet shift is confusing and intimidating. They will also have to change FEAs which is another element making stress.
- She alleges that Creative Solutions of Wisconsin has frauded the government and are concerned that the ongoing issues with this have not been addressed. Alicia will reach out to caller for more discussion.

Commenter 2

- Does not hire family and friends. Providers are all people who they met through hiring. Providers have no hands-on training specific to the commenter. Needs overlapping staff for those training times, but funding does not allow this. There are times, like in the shower, where commenter does not have access to communication technology, so it is essential that providers are adequately trained prior to providing services without senior provider oversight.
- Finding employees is also difficult. Last week, four scheduled interviews were no-shows.

Commenter 3

- Reports that their sister was forced to leave their job to provide care for commenter due to it being difficult to find providers.
- Reports that the functional screen is difficult for them to complete because the assistance they need, such as for sensory, is not obvious.

Commenter 4

- Fulltime caregiver for son to keep him in the least restrictive environment.
- Would like there to be a way to request funds for directly paying for services that would help their son but are not IRIS vendors. Cannot find providers and is also struggling to find respite.

Commenter 5

- Has two adult daughters on IRIS. Works from home, so the care provider generally picks the daughters up to care for at their own home. For timesheets, the provider is paid for four hours from each participant for the eight-hour workday. Reports that their IRIS Consultant is not always helpful and is concerned about switching to the in-and-out timesheet system.
- States that families and providers are burned out. ICF DD are closed and nursing homes will not accept certain conditions without a waiver. Concerned that there will be a repeat of a 1970s supportive housing/nursing home crisis like in the 1970s and wants to know what will happen to the people who need care.

A member of the IAC states that he hopes that public comments are taken seriously. Another IAC member agrees some tasks, like using the Hoyer, require personalized training.

Alicia thanks the public commenters and acknowledges the concerns. She reports that the DHS understands the current training process has not functioned well. There are discussions within the DHS to support and repair the system to best meet the participant needs. The subject will need to be addressed in another meeting.

Ombudsman Update

Leslie Stewart, Family Care and IRIS Ombudsman Program, Disability Rights Wisconsin

- Joint report from both ombuds programs included in-and-out timesheet concerns. Participants report worrying about errors and more administrative burdens. There is also concern that the block times used for live-in providers is confusing.
- Block time with live ins might not be clear enough.
- There has been an increase in contacts about budget amendments.
- “Housekeeping” plans for midyear may lead to more budget amendments.
- More context is being added about the nurse consult opinion. Information to help participants understand the role is coming.
- There has been an increase in Notice of Actions which may also have to do with the midyear reviews.

Committee feedback/discussion

- A member asks what the purpose of the RN consult in the IRIS assessment stating that it appears to her that the policy was changed without the policy change process resulting in participants no longer receiving the accessibility assessments they request. If the RN consult concludes that the accessibility consult is unneeded, the participant is denied one.
- Another member states she has heard from several people who were denied their accessibility consult.

IDD Mental Health System Improvement Project Update

Alicia Boehme, DHS Director Bureau of Quality and Oversight

- All information about the IDD-MH, formerly the START project, is on the website ([Wisconsin Intellectual and Developmental Disabilities and Mental Health \(IDD-MH\) System Improvement | Wisconsin Department of Health Services](#)).
- The website has links to a webinar video, presentation files, the report, etc.
- In the next few months, additional information on phase three, implementation, will be available. Additional phases will follow.
- The public can sign up for updates at [Wisconsin Department of Health Services \(govdelivery.com\)](#).

Committee feedback/discussion

- A member questioned how funds are being secured for recommendations that would require funding allocation from the Wisconsin biannual budget. If needed, the request will follow the same procedural steps that all DHS funding requests take.

Policy Tracker – Amy Chartier 1:07 pm

- Shifting from policy tracking to implementation and working on how it can be shared.
- New policy specialist will be onboarding.
- New policy publication is upcoming.

No committee feedback.

CMS CAP: HCBS Settings Rule

Kaycee Kienast, DHS Program and Policy Analyst

- Reviewed presentation that was sent to the committee.

Policy Update on ISP Development

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

- The CMS corrective action plan (CAP) is driving IRIS Service Plan (ISP) development.
- The CAP is in two prongs: HCBS Modifications and Person-Centered Planning.
 - Plan development and written plan are the two pieces of Person-Centered Planning.
- CFR language that requires the choice of setting, primarily in the planning development and HCBS sections.
- A member asks if the changes have anything to do with cost. No, it is nothing to do with the budget.
- The Essential Services Provider Agreement is under review and impacts the CAP, HCBS modifications, and written plan components.

- The CMS site visit report and cover letter and regulations are evaluated with the waiver to identify additional concerns.
- Procedures will be relocated into the policy to centralize information.
- There will be a new requirement that the plan be distributed to providers.
- Primary and secondary domains of self-direction are now defined, though they are all woven together.
- Policy is still being revised. The ISP small workgroup will send invites to contractors. The Emergency Backup Plan is being developed in WISITS. The Essential Services Provider Policy is also still being reviewed and revised.
- The contractors will receive the updates in pieces as they are completed.

No committee feedback.

IRIS Waiver Renewal Input

Christian Moran, DHS Director Bureau of Programs and Policy Committee Business

- Reviewed presentation that was sent to the committee.

Committee members requests:

Expand funding to cover:

- Peer mentoring and additional mental health services
- Equine therapy
- Personal trainers
- Burr Lifts
- Remote support
- Uber/Lyft
- Overlapping provider hours for training
- Referral-period plan setting cost for IACs
- Representative payee assistance
- Initial Internet set-up
- Snow removal and lawn maintenance
- IRIS to backdate when it is done by CMS

Program adjustments including:

- Reduce paperwork
- Increase cost/rate transparency
- Specify interchangeable service titles/definitions for billing
- Update the language around definitions ex. support broker
- Identify translation services
- Diversify respite service settings
- Automatic release of background check results to the participant
- Allow oversight of special needs camps by the WI Department of Agriculture, Trade, and Consumer Protection
- Allow additional service providers for increased access home modification assessments
- Develop community supported living (CSL) with access to 24/7 support
- Revise the education requirement for ICA screeners
- Streamline onboarding, outline onboarding timelines, and improve continuity between FEAs for electronic submissions vs. paper
- Shorten pay schedules
- Add the return address on all paperwork
- Make an on-demand training resource with videos, standard operating guidelines, and other on-demand training to supplement individual, customized training.

Committee feedback/discussion

- The waiver prohibits the cost exceeding other program costs, and this may put IRIS in danger. Additional transparency and defined fiscal limits could help exhibit that there is effort to stay within the limits.
- Training
 - It is a program goal that participants learn how to independently train their participant-hired workers.
 - Registered nurses physically assess participants and can train the providers. There are no limits to the number of times a nurse can train providers.
 - If double-staffing is needed to train a participant-hired worker, one worker's hours should be billed as SDPC and the other as supportive home care.
 - Participants should speak with a nurse for determining how to get correct training.
 - The waiver also allows participants to hire external training.
 - Medicaid Card services should be utilized by participants who require a higher level of care but do not have nurse services.
 - The participant/guardian is not eligible for SDPC if they are unable to provide training that would ensure the safety of themselves and providers. There have been no issues in 15 years. Plans are signed off on by doctors and nurses and adaptive equipment is reviewed routinely.
- A member requests that contractors and the IAC have an opportunity to comment on the drafted language of waiver changes outside of the general comment period.

- What data is collected and how is it used? The Long-Term Care Advisory Council requested a full report on IRIS, specifically onboarding, transparency, timeline for FEA paperwork, etc.

Call Wait Times

Alicia Boehme, DHS Director Bureau of Quality and Oversight

- May 2023, a “secret shopper” style of program evaluating call wait times began. FEAs were called and the wait times were and reported.
- Initially, FEAs were called every few days. This has since been reduced to a couple of times each week.
 - Initial wait times were sometimes over an hour and some calls were disconnected.
 - Since April 2024, wait time has been consistently between 2-8 minutes.
- Email concerns to DHSIRIS@dhs.wisconsin.gov

Committee feedback/discussion

- A committee member reminds the public to visit the BPDD website to register for the Self-Determination seminar in October.

Committee Business

Alicia Boehme, DHS Director Bureau of Quality and Oversight

Christian Moran, DHS Director Bureau of Programs and Policy Committee Business

- Alicia - Are there requested topics for next meeting? No response. Any other questions or concerns? None raised.