

**OPEN MEETING MINUTES**

Instructions: F-01922A

Name of Governmental Body: IRIS Advisory			Attending: <b>Committee Members:</b> Monica Bear, Carrie Bublitz-Cardarella, Julie Burish, Martha Chambers, Fil Clissa, John Donnelly, Mitch Hagopian, Karrie Knapp, Kathi Miller, Maureen Ryan, Kim Rux
Committee	Time Started: 9:30 am	Time Ended: 12:30 pm	<b>DHS Staff:</b> Amy Chartier, RaeAnn Fahey, Jie Gu, Sam Ninnemann, Kyle Novak, Dana Raue, Christine See, Suzanne Ziehr
Date: June 2, 2020			
Location: Zoom Conference Call			Presiding Officer: Betsy Genz, Director, Bureau of Adult Programs and Policy
<b>Minutes</b>			

**Meeting called to order**

- Motion to approve minutes by Maureen Ryan, seconded by Kathi Miller
- Question from committee if this is an open meeting, response from Department of Health Services (DHS) is that this is an open meeting and the public observing will have an opportunity for public comment. A panelist specific link went to committee members. A general link and call-in number was provided for the public to use if they wanted to observe the meeting

**Department Updates, presented by Betsy Genz**

- IRIS waiver renewal
  - Posted for public comment on May 28, 2020
  - The public comment will be open for 30 days
  - DHS has sent out notices via social media in addition to the normal processes
  - Participants, family, and friends are encouraged to review the waiver and submit comments
- COVID-19
  - Meeting regularly with stakeholder group
  - Testing
    - DHS is in the process of testing all nursing homes in Wisconsin
    - A plan is being formulated to test all assisted living settings, home and community based settings, and day services
    - DHS will be focusing on congregate settings
    - Retesting will also be explored
    - It should be noted that if providers, participants, etc. have symptoms or want to be tested, they should contact their medical provider or go to a free standing testing site
    - With the increased testing, it is important that providers are prepared so DHS is exploring provider webinars to educate them on planning, testing, and follow up

- Funding
  - 100 million dollars from the CARES Act has been allocated to long-term care
  - The providers eligible for this money includes EMS, nursing homes, assisted living facilities, and home and community based service providers (IRIS participant hired workers are not eligible for this funding)
  - There will be up to two (2) payments
  - DHS is in the process of developing a system to accept applications
  - There will be more information available soon and we will share that with the committee
  - This money is for agency providers, not participant hired workers
  - We are currently exploring other options for funding participant hired workers (PHWs)
- Guidance
  - A lot of guidance has been published on the DHS website
  - Provider guidance is for settings such as 1-2, 3-4 bed Adult Family Homes (AFHs), Nursing Homes, etc.
  - DHS is working on Day Service guidance at this time
- 1135 and Appendix K
  - These have been approved by CMS
  - We will post the Appendix K on the ForwardHealth COVID-19 webpage
  - Some of the flexibilities approved in the Appendix K have not and may not be implemented
  - The FAQs on the ForwardHealth COVID-19 webpage is the source for the implemented policy

#### **Satisfaction Survey Results, presented by Jie Gu**

- Reviewed Satisfaction Survey PowerPoint
- Response rate of 39% for those that were sent the survey
- Dane County participants were included in the survey this year
- We have the data for all the individual ICAs and FEAs and they have received it
- We have not done any presentations on comparing the agencies, we wanted the agencies to get their results and review them first
- We use much of this data for the scorecards that are created for the public to see
- The ADRCs have the score data also
- For question two (2) on the FEA survey, all the FEAs have similar scores in that area
- Jie will confirm all FEAs received their individual data

#### **Telehealth Discussion, presented by RaeAnn Fahey and Kyle Novak**

- Went through PowerPoint
- Email for telehealth questions is [DHStelehealth@dhs.wisconsin.gov](mailto:DHStelehealth@dhs.wisconsin.gov)
  - This will be sent to committee members after the meeting
- DHS is looking for feedback from the committee
  - Determine what will be used for Telehealth, if a participant wants it
  - Looking for elements of the service that need to be met for telehealth
- **Committee Feedback:**
  - Concern a lot of providers have learned how to do telehealth, it's very efficient and cost efficient
  - Want to make sure that telehealth isn't driven by the provider
    - Face to Face is always the best mode
    - Would have concern if this was the only way a provider says they will provide services
  - What are we going to do for the lack of access to telehealth for IRIS participants?
  - Concerns about DHS workloads increasing with telehealth

- Create a workgroup with participants outside of DHS and members of the committee to have ongoing input to how policies are developed
- Need an equitable system, need accessibility built in
- Once providers learn this is a viable option
  - Concern some participants will be pressured into this platform when it will be less beneficial to the participant
  - It is really opening up a can of worms
- Some services could be more efficient completed by telehealth
  - Skilled Nursing Services, if you have a BP cuff in home that can send the reading
  - Vehicle modifications training could be done remotely

## COVID-19 Roundtable

- DHS
  - Trying to track FFCRCA and unemployment requests
  - DHS working with partner agencies to determine what the new normal looks like
  - Looking to provide more info on technical assistance for 1-2 Bed AFHs for precautions that should be taken
    - Reports received back have been very positive, the 1-2 Bed AFHs seem to be well informed and well supported
- Monica Bear
  - Having so many people in community setting is safer than congregate setting
  - Focus on getting back to work, impressed with detail and collaboration
- Julie Burish
  - COVID-19 remains interesting
  - Daughter has remained working as she is considered essential
  - They have lost workers for daughter due to this as it is considered gig work and some of the workers have gone to get other jobs because hours have been cut
  - Have been impressed with what providers have done to keep things going.
- Martha Chambers
  - Same page as Julie
    - Initially, lost 4 workers immediately, they were all college students and travelled out of state and did not want them back and some lived out of state
    - This has been challenging
    - Primary worker is leaving, in process of getting new workers
    - Haven't left the house, except for one (1) doctor appointment to stay safe
    - Feel like in a surreal movie
    - Reached out on social media to some people, they don't understand why they can't do what they are used to doing
- Fil Clissa
  - Third month of quarantine, haven't been out since early March
  - Feel like have been more connected with those with disabilities through reaching out
  - They are experiencing a lot of stress, mental health issues, and concerns
  - People are going to need additional support to alleviate these stress and concerns
  - Confusion about not having stay at home order in place and what rules to follow
  - Seeing things open and seeing numbers going up, so much confusion about what this means
  - Working with leadership in People First with what members should continue to do
  - People are concerned about what providers will be there when things are open and what capacity will there be for the providers and employers

- John Donnelly
  - Once shutdown began had a couple people in pipeline (for work) who bailed out for a variety of reasons
  - Had to begin at point zero again recruiting for new workers
  - There was a period of time where there were no potential candidates
  - The past month or two had a few hits on the UW jobsite
  - In the process of working through those hiring situations
  - One of the ways I cope is being able to move around in the community on my own, I usually have one of my personal assistants (Pas) drive my van and provide communication assistance
    - I'm an older adult so I've been self isolating and it's been making me a bit crazy, but I'm still here, swinging away
- Mitch Hagopian
  - Disability Rights Wisconsin (DRW) has been operating from homes since mid-March
  - Responding to same number of concerns as in the past
  - Been involved in a lot of policy work and the lawsuits related to COVID-19
  - Complaints related to autism treatment providers threatening to dump people if they didn't want providers in their home, this has been stopped.
- Karrie Knapp
  - Seeing a variety of concerns, many have been addressed
  - Some have issues getting food
    - Helping by connecting them with FoodShare and with food pantries
  - Helping to obtain personal protective equipment (PPE), using Telehealth services, getting meds refilled
  - Socialization and isolation
    - Protesting and rioting is causing mental health strain and depression with population
    - Having weekly calls to ensure health and safety
      - Trying to use Skype or videoconferencing for those
- Kathi Miller
  - Seeing about the same as everyone else
  - Geographic Service Region (GSR) meetings during the COVID-19 response were very helpful
    - It was a solid way to pass information to participants and have it about the same through the state.
- Maureen Ryan
  - Extreme variety of reactions to COVID-19
  - Trying to respect participant's with where their beliefs are
  - Trying to get clarity with federal programs
  - COVID-19 testing was difficult with those without transportation
    - Trouble with figuring out who to trust
  - Lost many workers who were college students
  - Working on care packages for people
  - Seeing people drinking more and not eating as healthy
- Kim Rux
  - Echo what Kathi said about the meetings
  - Seen increase in unemployment and overtime hours

### Public Comment

- Wendy Kaplan
  - I have been with you by phone because my internet connection is not strong enough to handle the zoom platform

- Telehealth
  - Even with financial resources, there are some areas of Wisconsin you cannot get high-speed internet
  - Conversation about benefits and concerns about telehealth were spot on, definitely share the concerns in particular
  - It is convenient in a pandemic but could be abused later on
- Page 134 of waiver - will not duplicate services - categories ICA or FEA services
- Page 60 of waiver - participants or legal representatives
- Based on the changes to the support broker's services - what can they provide? Can they assist with medical coordination, can they assist with team meeting, can they assist with benefit renewal (Medicaid and FoodShare)
- Michelle Vaughn
  - Would not allow to participate when went through phone only
  - When COVID-19 hit, family was on spring break
    - Life went crazy and had to change work schedules since all are essential employees.
    - Day respite and schools shutdown
    - Transition guardianship and courts shutdown
    - Employers weren't happy about having to give new schedules.
    - This has been ridiculous
    - There is nothing out there for the people who have to go to work and don't have resources for their loved ones that need assistance
    - Not sure what will happen in fall, may need someone in home to quit their job
- Bob & Heidi Sheire
  - Requested to provide public comment in Q&A pod, but did not speak

## Adjourn

- Public comment period for the IRIS waiver will end at end of June,
  - There may not be information on it to provide by the July meeting.
  - Waiver is planned to be submitted to CMS in September
- IRIS team continues to work on the policy manual
  - Working on communicating with members of the IRIS Advisory Committee (IAC) and contractors on what works and what doesn't work and have meaningful engagement with stakeholders
  - Will provide more information on this at July meeting
- July 28<sup>th</sup> meeting will probably be virtual
  - DHS is looking at what meetings will look like for immediate future
  - Committee members are encouraged to send potential meeting topics to [Suzanne.Ziehr@dhs.wisconsin.gov](mailto:Suzanne.Ziehr@dhs.wisconsin.gov) at any time

Prepared by: Suzanne Ziehr on 06/02/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 07/28/2020



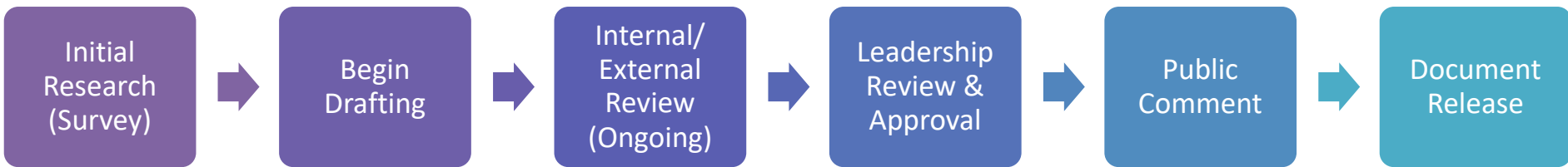
**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**

# **IRIS Resources Update**

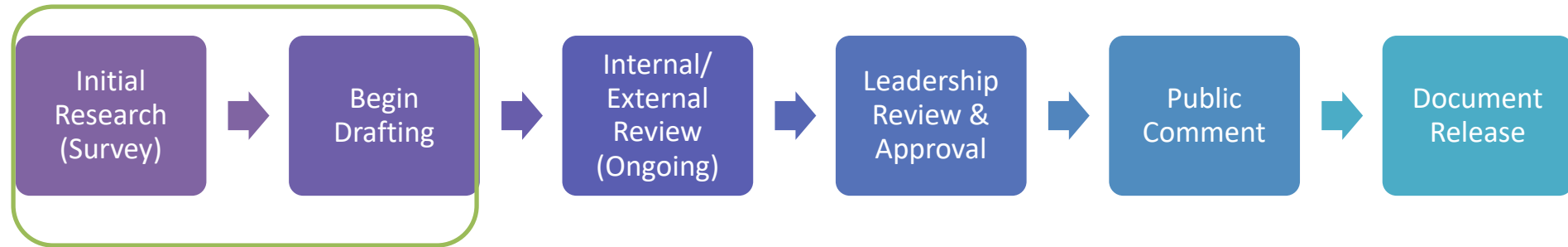
*Update for July 28, 2020 IRIS Advisory Committee*

**Karina Virrueta Running, IRIS Program & Policy Analyst**  
Bureau of Adult Program and Policies

# IRIS Resources Update Timeline



# IRIS Resources Update Timeline





# IRIS Documents

IRIS Policy Manual

IRIS Work Instructions

WISITS Instructions

SharePoint Instructions

IRIS Service Definition Manual

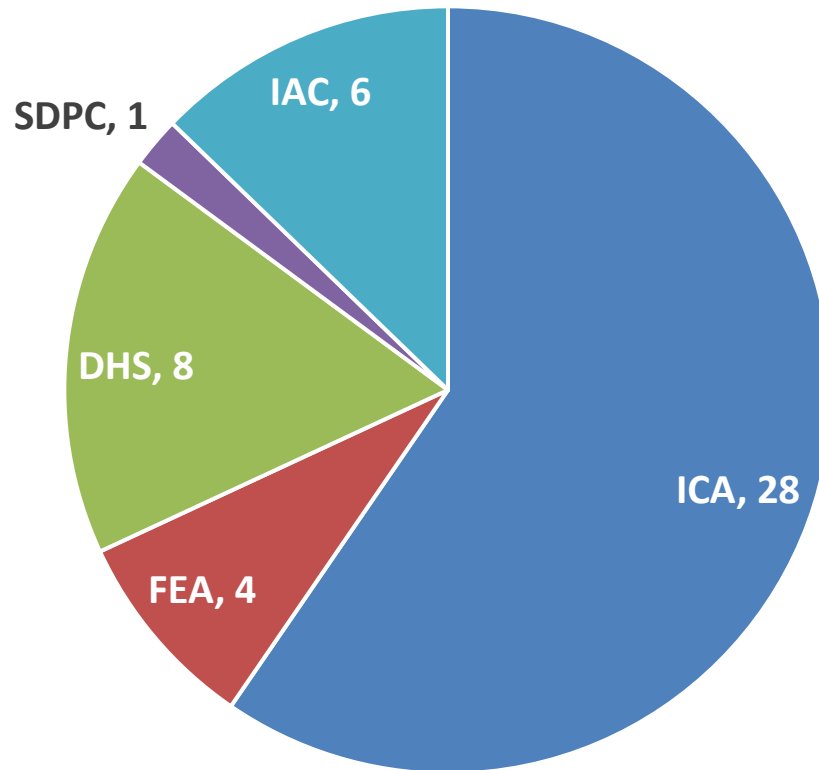
IRIS Participant Education Manual

IRIS Participant Handbook

IRIS Contract(s)

Certification Criteria; Recertification Tool

# Stakeholder Survey



# Stakeholder Survey

## “Likes”

- Conciseness, easy to read, user-friendly
- Easy to find on the website
- Easy to navigate, table of contents links to chapters, searchable

# Stakeholder Survey

## “Dislikes”

- Inaccurate; contradictory info
- Not clear; too much vague language
- Too many resources to reference when researching one topic
- Documents have not been updated

# Stakeholder Survey

## Ideas for Improvement

- Plain language, person-centered language, accessible/user friendly, larger font
- Utilize charts, bullet points, & examples
- Cite references
- All documents should work well together; combine documents
- Updates should happen for all documents at the same time, more formally

# New IRIS Documents

Current Document	New Document
IRIS Policy Manual	<b>IRIS Program Manual</b>
IRIS Work Instructions	
WISITS and	
SharePoint Instructions	
IRIS Service Definition Manual	<b>IRIS Service Definition Manual</b>
IRIS Participant Education Manual	<b>IRIS Participant Education Manual</b>
IRIS Participant Handbook	
	<b>ADRC Materials:</b> Pamphlet, handouts, etc.
Contract	<b>Contract</b>
Certification Criteria; Recertification Tool	<b>Certification Criteria; Recertification Tool</b>

## *WY2019 IRIS Performance Measure Report for CMS*

### 372 Appendix A: Administrative Authority

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- I.** Performance Measure (1): Number and percent of provider records containing completed Medicaid Provider agreements.  
Result for 2019: 95%  
Overall result exceeds 86%, no remediation required.
- II.** Performance Measure (2): Number and percent of completed residential provider self-assessments.  
Result for 2019: N/A  
The self-assessment initiative took place from 2015-2016, but was not active in 2018. As such, no data is available to report. The Department has identified a third-party contractor to assess HCBS compliance for residential settings.
- III.** Performance Measure (3): Number and percent of completed non-residential provider self-assessments.  
Result for 2019: N/A  
The self-assessment initiative took place from 2015 – 2016, but was not active in 2018. As such, no data is available to report. The Department has identified a third-party contractor to assess HCBS compliance for non-residential settings.
- IV.** Performance Measure (4): Number and percent of Fraud Allegation Review and Assessments (FARA) completed within 30 days.  
**Result for 2019: 33.3%**  
**Overall result is less than 86%**  
Remediation: Due to several of the FARA cases exceeding the 30-day completion process, the SMA is requiring that the ICA and fiscal employer agency provide documentation within the SharePoint site regarding the cause of the delay. The SMA agency will determine if the delay is justified, which will determine if performance measure is “Met” or “Not Met.”

### Appendix B: Level of Care

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- I.** Performance Measure (1): Number and percent of LTC FS indicating continued functional eligibility.  
Result for 2019: 99.3%  
Overall result exceeds 86%, no remediation required.
- II.** Performance Measure (2): Number and percent of new enrollees who had a level of care determination completed by the ADRC that indicates an eligible level of care prior to waiver enrollment.  
Result for 2019: 99.5%  
Overall result exceeds 86%, no remediation required.

- III. Performance Measure (3): Number and percent of waiver participants who received an annual LTC FS within 365 days of their last LTC FS.

Result for 2019: 99%  
Overall result exceeds 86%, no remediation required.

## Appendix C: Qualified Providers

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- I. Performance Measure (1): Number and percent of active providers (non-participant-hired workers) that meet provider verification requirements, as verified by the FEA.

Result for 2019: 92%  
Overall result exceeds 86%, no remediation required.

- II. Performance Measure (2): Number and percent of active participant-hired workers with appropriate criminal background and caregiver registry checks as verified by the FEA.

Result for 2019: 90%  
Overall result exceeds 86%, no remediation required.

- III. Performance Measure (3): Number and percent of participant-hired workers for whom there was a signed document, “Supportive Home Care/Self-Directed Personal Care/Respite Training Verification” (F-01201B).

**Result for 2019: 84%**  
**Overall result is less than 86%**

Remediation: In Q2, 2019 the SMA implemented the participant education manual, which has a “single” participant education signature page. This replaced the current multiple participant education signature pages. The SMA expects an increase in compliance in the next reporting period.

## Appendix D: Service Plan

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- I. Performance Measure (1): Number and percent of participants with service plans that address all participant needs including health and safety risks.

**Result for 2019: 41%**  
**Overall result is less than 86%.**

Remediation: The SMA is currently working with the IRIS consulting agencies (ICA) on developing a new individual support and service plan template within WISITS. This enhancement has an anticipated implementation date of Q3 2019.



- II.** Performance Measure (2): Number and percent of service plans that have participant-driven long-term care outcomes.

Result for 2019: 96%  
Overall result exceeds 86%, no remediation required.

- III.** Performance Measure (3): Number and percent of service plans with outcomes that are adequately supported.

Result for 2019: 99%  
Overall result exceeds 86%, no remediation required.

- IV.** Performance Measure (4): Number and percent of records with complete service authorizations (type, scope, amount, description, and frequency of services).

Result for 2019: 100%  
Overall result exceeds 86%, no remediation required.

- V.** Performance Measure (5): Number and percent of most recent service plans that were signed by the participant or legal representative.

Result for 2019: 87%  
Overall result exceeds 86%, no remediation required.

- VI.** Performance Measure (6): Number and percent of participant records with an ISSP that was updated in the last 365 days.

Result for 2019: 99%  
Overall result exceeds 86%, no remediation required.

- VII.** Performance Measure (7): Number and percent of ISSPs updated appropriately to meet the participant's needs after a change in the participant's condition was identified.

Result for 2019: 89%  
Overall result exceeds 86%, no remediation required.

- VIII. Performance Measure (8): Number and percent of participants who received services within the approved individual budget.

**Result for 2019: Data Unavailable**

**Overall result is less than 86%**

Remediation: The SMA is in the process of developing the business requirements to manage participant expenditure data within the centralized case management system, WISITS. This enhancement will allow the SMA to standardize the submission of participant expenditure data among all FEAs and will require FEAs to load expenditure data into WISITS after each two-week payroll period. This will allow the SMA direct access to near real-time expenditure data. This quality improvement activity will increase program integrity by ensuring that each support, service, or good that is funded by IRIS will be validated against the service authorization or will produce an error back to the FEA. This will allow the SMA enhanced oversight to ensure that the FEA is processing and rendering the correct payment and billing against the correct authorization. This enhancement to the WISITS system will also provide more transparency for the SMA, contracted agencies, and the participant. Once expenditure data is available in WISITS, the SMA will create a standardized spending summary document that will be available to the participant on a regular basis. The SMA anticipates this to be fully implemented in CY 2019.

- IX. Performance Measure (9): Number and percent of participants that have a current signed choice form that specifies choice was offered among waiver services and providers.

**Result for 2019: 84%**

**Overall result is less than 86%**

Remediation: In Q2 2019 the SMA implemented the Participant Education Manual, which has a “single” participant education signature page. This replaces the current multiple participant education signature pages. The SMA expects an increase in compliance in the next reporting period.

## Appendix G

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- I. Performance Measure (1): Number and percent of participant records reviewed that indicate the ICA completed and submitted an incident report for each reportable incident.

Result for 2019: 87%

Overall result exceeds 86%, no remediation required.

- II. Performance Measure (2): 2. Number and percent of critical incidents reports that indicated that the ICA adequately ensured health and safety of the participant.

Result for 2019: 99%  
Overall result exceeds 86%, no remediation required.

- III. Performance Measure (3): Number and percent of participant records reviewed containing a current “Participant Education-Health and Safety-Incident Reporting” (F-01205A) with appropriate signatures.

**Result for 2019: 85%**  
**Overall result is less than 86%**

Remediation: In Q2, 2019 the SMA implemented the Participant Education Manual, which has a “single” participant education signature page. This replaces the current multiple participant education signature pages. The SMA expects an increase in compliance in the next reporting period.

- IV. Performance Measure (4): Number and percent of participants supported using restrictive measures with an approved and current restrictive measures application.

**Result for 2019: 68%**  
**Overall result is less than 86%.**

Remediation: In Q4 2019, the SMA will begin to utilize the (statewide) restrictive measure database to allow for better tracking of annual application dates and approval letters. Additionally, the Participant Education Manual will include a chapter on Restrictive Measures and the required approval process.

- V. Performance Measure (5): Number and percent of participants receiving annual education about accessing a primary care provider, the benefits of receiving influenza and pneumonia vaccines, and identifying symptoms of urinary tract infections.

**Result for 2019: 84%**  
**Overall result is less than 86%.**

Remediation: In Q2, 2019 the SMA implemented the participant education manual, which has a single participant education signature page. This replaces the current multiple participant education signature pages. The SMA expects an increase in compliance in the next reporting period.

## Appendix I

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- I. Performance Measure (1): The number and percent of monthly encounter data submissions that were accepted and certified within 30 days.

**Result for 2019: 83.3%**  
**Overall result is less than 86%.**

Remediation: The SMA has worked to identify and address the training gaps in encounter file submissions and certifications to mitigate this risk for future new FEAs. Once addressed and clarified with the FEAs, the SMA has seen improvement in Quarter 1 of 2018. The SMA is currently strengthening its contract for FEAs and will include expectations and information regarding encounter.

- II. Performance Measure (2): Number of waiver service claims reviewed by Bureau of Long Term Care Financing (BLTCF) that are in compliance with the service claim standards as compared to the approved service authorization.

Result for 2019: 90.4%  
Overall result exceeds 86%, no remediation required.

- III. Performance Measure (3): Number and percent of waiver service claims that had a rate of service that is consistent with the rate on the approved service authorization.

Result for 2019: 92.3%  
Overall result exceeds 86%, no remediation required.