DEPARTMENT OF HEALTH SERVICES	STATE OF WISCONSIN

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F-01922 (03/2018)   DRAFT

OPEN MEETING MINUTES

Name of Governmental Body: IRIS Advisory Committee			Attending: **Committee Members:** Anne Karch, Carrie Bublitz-Cardarella, Fil Clissa, James Valona, Jason Glozier, Kathi Miller, Kevin Fech, Kimberly Rux, Martha Chambers, Mitch Hagopian, Naomi Sumner, Rose Bartel, Sue Urban
Date: September 12, 2022	Time Started: 9:30 am	Time Ended: 1:27 pm	**DHS Staff:** Curtis Cunningham, Ann Lamberg, Christian Moran, Sheldon Kroning, Christine See, Kyle Novak, Kim Jewett, Leon Creary, Alicia Boehme, Lindsey Kreitzman, Judy Kujoth, Kevin Coughlin, Taylor Prebel, Laura Nolan, Margaret Reichwald, David Albino, Steve Gress, Shelly Glenn
Location: Zoom Webinar			Presiding Officer: Christian Moran, DHS, Director, Bureau of Programs and Policy Alicia Boehme, DHS, Director, Bureau of Quality Oversight

Minutes

Committee Members Absent: John Donnelly

Meeting Call to Order
- Introductions
  - Meeting called to order at 9:32am by Christian Moran
  - All committee members and DHS staff present introduced themselves

- Minutes reviewed. Motion to approve by Mitch Hagopian. Second by Martha Chambers. Approved unanimously.

Department Updates, presented by Christian Moran and Alicia Boehme

Curtis stated his appreciation for the candor and direct input on the program by the Committee. We need to be in a space in this meeting where we can solve problems and be respectful of individual experiences. We are working on being solutions oriented, and we need feedback to help build the programs and make them better. It's important to receive true feedback on our programs.

Christian noted that there will be two documents issued for public comment coming in the next 30 days. One is regarding the HCBS Non-Residential provider setting updated benchmarks/compliance tools. We will be eliminating redundancy and clarifying language. Second is the updated HCBS Statewide Transition Plan. This will be the third posting, and it is being done at CMS' request.

Christian also discussed feedback regarding the BPDD Conference. DHS sent communication to the ICAs clarifying the services definition manual indicating that IRIS funds can be used for this conference.

Alicia provided information regarding the National Center for START services evaluation on IDD/Mental Health service system. There was a meeting on August 19th, and Dr. Beasley provided feedback and reviewed the evaluation. A workgroup will begin after the first of the year. If anyone would like to participate, please email DHSDMSSTART@dhs.wisconsin.gov.

Committee feedback: Fil would like to see a copy of the communications sent to ICAs regarding the BPDD conference. Kathi mentioned she would forego the Ombuds update in lieu of other agenda items. Mitch mentioned that the START report should be reviewed. It shows we have a problem with access to services related to IDD/Mental Health Services. Alicia mentioned that is it a complicated, complex issue, and we need input for people. The report will be emailed to the committee.

Fiscal update presented by Dan Bush
Dan provided an update on IBA. The project has moved onto the implementation phase. The project predated Dan's arrival at the department. Dan reviewed his presentation with the committee.

Committee Feedback: Mitch asked how many participants will have their IBA reduced. Dan said that Milliman did a distribution analysis using source data. Unfortunately, the 2018 encounter data doesn't include all the adjustments to get to 2023 as that data is not available. The calculations run in the functional screen app. Mitch asked how predicting the IBA from encounter data would work for the average participant in determining how many would have a decrease in IBA. Dan indicated that he would take the question back and look at the workload within the bureau. Mitch said the program was a lot smaller the last time this was done, and even a ballpark estimate would be helpful. Mitch also asked if there was any way to value natural supports. Dan said there was not. Mitch urged them to account for it. Dan stated that the last step of the final adjustments was cost trends. Mitch asked if that meant trends were up and if there was some number available in anticipation of that. Dan said that number would piggyback off other analysis involving healthcare costs, inflation, durable medical equipment and ARPA 5%. Mitch asked if participants whose new amount would not be sufficient would be required to refile budget amendments. The Bureau of Programs and Policy will implement that process. The expectation is that the request not be re-justified from the beginning. Mitch supports that approach.

Fil would like further clarification on the BA approval criteria. It seems confusing and intimidating from a participant standpoint. She understands that contacting the consultant is the first step, but is the next step reviewing the functional screen? There was no answer that could be provided, but DHS will provide an answer at a later time and meeting. Fil also stated that most documents are not in plain language. Participants don't know if they are answering questions appropriately. Sheldon added that the BA policy is on the docket in the near future. The feedback from today will be taken into consideration when it is reviewed. Fil asked if natural supports are documented in the participant's plan. Sheldon said with the new implementation of the LTC needs panel it will be documented. The ISSP model did not document it.

Anne asked how this would be communicated to the participants, understanding that there is training for ICAs. It may be more difficult for participants to understand. She wondered if there may be a way to create a script for the IC or possibly a short video presentation. Dan mentioned that they have begun drafting materials for IC use as well as a script for ICs to use with participants. It will be part of the communication plan. Rosie offered to assist with writing the script for participants. She noted that sometimes people hear things and perceive it differently than others. That can make things confusing. She mentioned that some of the Committee have abilities as educators to assist.

Kevin asked if it would be possible to get quarterly reports showing the number of IBAs that went down, knowing that 2023 would be a "hold harmless" time frame. If quarterly data could be made

available, it would be helpful. Dan indicated he would speak with the WISITS team to see if that is possible.

Anne provided the following statement via chat: "Just a clarification on the difference between Natural Supports and Unpaid Supports: natural supports allow a participant to receive support through their community/neighbors/groups such as faith communities where those services are given freely and do not require compensation from the participant's plan. Unpaid support applies to family or friends stepping in to assist a participant by doing for/offering them services that are in their plan to be paid for but for which billing provider(s) are not available. For example, from noon to 4:30 today, I will be attending this meeting but also providing care for our daughter who is an IRIS participant because we have not been able to find anyone to work this Tuesday afternoon shift. Since I am the rep payee, I cannot be compensated for this time, and then it appears in our daughter's plan that she doesn't require the service when she does. It is important to have a section of the ISSP where the IC and participant can document the number of hours of unpaid support which occurred that month/year."

Fil added that she hopes DHS takes up the offer from committee members to assist with the script writing. The participants need to know all of this information. There is a different between natural supports and unpaid supports.

Curtis added that he is hearing a general concern about lack of consistent information. These are concerns we will continue having conversations about.

ARPA Updates presented by Christian Moran and Alicia Boehme

Christine See provided an update on the BADR Independent Living Pilot. The goal is to provide short term service funding to have residents remain healthy and independent in their community. Assistance will be provided earlier to hopefully delay the need for long term care services through Medicaid. Next month proposals will be solicited from Tribal ADRS and local ADRCs. Goal is to provide community outreach for program, assess eligibility and enroll them in the pilot. There will be an initial service plan and ongoing support. Participants in the pilot will also receive assistance in transitioning out of the program. W are seeking to identify an agency to act as an FEA. The pilot is scheduled to being mid-2023 through 2025 when ARPA funds are done. Curtis added this is a flagship ARPA HCBS project, then moving forward with an 1115 waiver.

Kevin reviewed his presentation regarding the ARPA grant process. The window for applications closed on September 12th. 717 applications were submitted for $216M. We have $15M available for the first round. There were a lot of statewide proposals, but others were for specific counties. All 72 counties were represented in proposals. The vendor is doing all reviews now to score the applications. Those will be given to the department. There is a committee that will be making those decisions. Decisions should be made and proposers notified at the end of October. The first funding should be dispersed in the beginning of November. The information we obtain from the proposals will help inform us in the future.

Alicia covered the 1-2 Bed AFH certification tool. It will allow us to administer certifications and collect data for IRIS participants. She also outlined the HCBS Settings review. The objective is for BQO to be able to administer non-res reviews and to allow us to collect and monitor data. We are currently waiting on DOA approval as they are both IT projects which require DOA approval.

Committee Feedback: Mitch asked if customized good and services need to be re-approved annually. Christian said there would be additional information available later in the meeting during the policy updates.

Public Health Emergency Unwinding Update presented by Ann Lamberg

The next federal government milestone is November 16, 2022. We will be given a 60-day notice if it is ending. DHS continues to work on readiness plans with contractors if the PHE is lifted. Some FAQ documents have been completed for the public facing website. They are working with IT systems as well.

Public Comment

Mary Walz Chojnacki is a parent of a participant in Wauwatosa. She is concerned with the DHS approval of participant services. The process is rigorous for self-directed care and there are many steps involved in getting an approval. Their IRIS consultant knows the family, and she is concerned about the changes and all the requirements. She would like the committee to reconsider and have the changes come from the IC. She sees it as redundant to have Madison make a decision on self-directed care.

Sally Flaschberger is the parent of a participant. She echoes the prior commentor on the changes to custom goods and services. She is concerned with the amount of work it will be for participants. She is connected with the industry and with IRIS, and she sees a lot of confusion surrounding this with other participants. She would like to see information be in the hands of the IRIS consultant rather than DHS as they know the participants needs.

Anne Rabin is a parent of a participant. She wanted to make a comment on the unpaid supports and how much they do in their role. She noted concern for needs of the participant when unpaid supports are no longer able to care for the participant. She wonders what the future holds for the participant when unpaid supports are gone. She wants them to be a bigger part of the overall plan for the participant. She wants DHS to place a value in the plan in case the unpaid supports go away.

Sheryl Gerstl mentioned that transferring FEAs is bumpy, and the process is lacking coordination. She spent numerous hours on the paperwork, and she is concerned with the challenges of switching FEAs. She would like an FEA to have an in-house contact person to assist.

Julie Burish is the parent of a participant. She is asking the department to consider how hard it is to be a self-directed participant and parent when it comes to the change directed at individual goods and services. It seems as though more and more is being asked of self-directed participants. Wants more involvement from IC in the process because they know the participant more than DHS. She feels it is becoming more of a managed care program than self-directed. She is also concerned with the amount of data needed and feels it is unnecessary.

The following written comments were received prior to the meeting:
Hello,
My name is Nora Saddler. I work for my mother in law as a personal care worker and home health aide. I've been trying to obtain a public service loan certification to assist with my student loans. From the information I've read online and gathered from the Department of Education, our positions are eligible to receive this certification, however I keep running into issues with my FEA iLife.

I understand that my mother in law is considered my employer and that IRIS is a self directed program allowing for some autonomy. There are requirements to participate in IRIS along with screenings that are done, and funds are paid through the State of Wisconsin.

When I sent in my public service loan certification to iLife, they listed my mother in law as my employer. It appeared to them that she pays me out of her own pocket for my services. This doesn't

reflect what IRIS is and automatically makes me ineligible for any public service loan forgiveness. I don't believe this is an accurate or fair reflection as she doesn't pay me out of her own pocket.

I want to suggest that IRIS allows its participant hires to take part in this federal loan relief by assisting with a standard certification process that properly reflects the IRIS program, and its supporting agencies. I believe this can be a huge benefit to employers and employees as many are caring for a loved one. Please consider putting together guidelines for FEA's to follow when encountering a public service loan forgiveness certification that includes IRIS along with the participant as the employer. I have attached the form for reference and some links that may clear up any questions.

I am working for my mother in law as she can't take care of herself. I have a degree but due to the amount of care she requires, I work full-time for her. We believe the best care for her is care provided by a family member. We moved her in with us to make her care as seamless as possible. I believe that many others fall into situations similar to mine and would greatly benefit in this loan relief.

https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service#qualifying-employer

Ombudsman Update presented by Kathi Miller

Kathi indicated that there has been, steady, across-the-board type of work. There is information on policy and later topics she may have question on.

Proposed HMO Acquisitions of MCO Assets.

Molina is planning an asset purchase of My Choice Wisconsin, and Humana is planning a similar process with Inclusa. Both Humana and Molina will need to certify before the purchase. The certification process will begin with a first submission on November 1st. Office of the Commissioner of Insurance will be involved in the process. They are gathering a wide variety of information. Understanding that there is a desire for feedback on concerns, written feedback can be provided by email to DHSDMSLTC@dhs.wisconsin.gov.

Committee Feedback: Mitch asked if the certification criteria can be shared. It can be shared, and it will be shared in the next meeting. The certification process is not new. They are also required to provide a transition plan. There are some specific questions regarding this particular purchase that are a bit different than a standard certification. We are currently exploring what the plan will look like with these entities. Mitch mentioned that the IAC is concerned with the Molina/TMG connection as well as the SDPC contract. Mitch urged DHS to allow for a public hearing for feedback.

Fil mentioned that the committee would really like the participants to be able to understand the purchase. She would like visual tutorials or flow charts available for the participants. She would like the participants to be able to respond and understand.

James Valona added the following via chat: The major concern I have is that to me it appears that Molina is trying to increase their portfolio to be more attractive to a buyer in the form of a conglomerate.

HCBS ARPA Workforce Initiative – IRIS Intersection presented by Kevin Coughlin

Kevin shared his presentation. Laura Nolan and Margie Reichwald with UWGB reviewed the direct care professional survey results with the committee. We would like to ensure that skills and competencies are person-focused in every skill. Kevin would like to hear from anyone who has a

great story to tell involving their caregivers. How can we obtain feedback the correct way without disclosing any PHI/PII?

Committee Feedback: Anne addressed the low-cost coursework. She hopes it will be next to no cost. She feels most people getting into this program will not be able to afford it. Kevin indicated the coursework would be a no cost. It is hoped that this program will be incorporated into the biennial budget to keep it moving forward. With regard to the sign-on bonus, they do not want people to have to move employers to obtain the bonus, so there will also be a stay and pay bonus for those who are not changing employers. Laura indicated the university's learning management system would be used for training. The training is broken into modules. The materials will be translated to Spanish and Hmong and are exploring further translations.

Fil said that in looking for caregivers or participant stories, plain language, accessibility, and marketing are key. She wondered if there had been discussions about marketing to people with disabilities. Kevin indicated they had. There were over 9000 folks interested. Many story-tellers helped get people's attention. Are there resources that can be used with the IT platform that can make this more accessible to all?

Rosie echoed Fil's comments on plain language. She also mentioned that she may a star and participant available for a story. Laura believes that Rosie's star and participant would be a great story. Laura said they have also been attending high school science fairs to highlight this career path. They have been working closely with DHS on accessibility and plain language. They have also worked with DHS on Assisted Living projects involving plain language.

Anyone with recommendations for story tellers, resources, training, etc. can email Kevin at Kevin.Coughlin@dhs.wisconsin.gov.

HCBS Settings Rule: Non-residential Compliance presented by Lindsey Kreitzman

Lindsey reviewed her presentation. When the new benchmarks are agreed upon, Mitch asked if those would apply to only new providers. Lindsey clarified that the benchmarks will be applicable to all providers over the next three cycle.

Policy and Topic Tracker presented by Kyle Novak

Kyle reviewed the topic tracker. Kathi asked if the participant rights item was new policy. Kyle said it was not but was formerly known as appeals and grievances. Mitch asked where the IRIS Policy Definition Manual was in the tracker. Kyle said it was under the IRIS Providers piece, and it was still up for the discussion in 2023 policies.

IRIS Provider Agreement Update presented by Leon Creary

The policy team requested proposals for changes in the agreement in February of 2022 with input being due by May 22nd. There were many proposals received with lots of discussions between the administrator's office and Office of Legal Counsel (OLC). On August 19th, feedback was requested from the contractors. There is a meeting scheduled with leadership on October 4th. There will be a briefing in November. The draft contract will be out shortly.

Policy Update presented by Kyle Novak and Kim Jewett

Kim mentioned there have been two conversations with contractors on both policies that will be reviewed. Both are in the internal process for approval. They will be brought to the IRIS Advisory Committee for feedback. Kim reviewed the IRIS Service Plan and Development and the Eligibility Policies.

Committee Feedback: Mitch asked if approved service authorizations for customized goods and services would need to be re-approved. They do not need to be in this particular policy, but Kyle will review. That would be in the next step. There was an earlier draft of the IRIS Service Plan that was discussed in March. It has been discarded. There is a new process in place to discuss with contractors ahead of time. A concern was mentioned regarding sharing information ahead of time and having things shared ahead of time. Kim indicated that was taken out to simplify the process.

With regard to eligibility, are we transferring obligations from the participant to FEAs? It's been their responsibility through the waiver renewal for some time. ICAs have to maintain eligibility for participants. The use of the change routing form is to notify ADRCs in case disenrollment counseling is needed. Mitch believes this is more than what was discussed. Maintaining eligibility for Medicaid shouldn't be the business of the ICA. Does this mean that the participant does not have to submit information to the income maintenance consortia? This requires participants to share information with the ICAs that is not their business. He believes there may be a fraud risk to the ICAs for reporting this. Kevin echoed Mitch's concerns regarding the ICA requirements and responsibilities. SSI, cash benefits, and things of that nature are not part of the waiver. He is wondering if they need to have benefits specialists internally moving forward. He feels this is taking away from self-direction. With self-direction comes the responsibility of sharing address changes and income changes. Mitch believes this would be time consuming and detailed, and it would be taking time away from the IC working with the participants to determine their outcomes.

Kyle indicated that the discussion went back to the waiver conversation. The responsibility needs to be assigned to someone or it won't be reported. This is not removing the access from the participant to report it, but if the IC doesn't report it, who does? If it is not reported, they would lose access to Medicaid services.

Mitch said that gathering all the paperwork and documentation is a lot of work, and participants don't necessarily want the ICAs to know that information. To assume that participants are incapable and/or unwilling to provide this information is incorrect. The requirement is more than what appears to be appropriate. It's acceptable with the service definition discussions but not the financial requirements.

Rosie understands that people could lose eligibility, but sending reminders is one thing and asking them to hand over financial information is another. She would not approve of this. ICs should not be getting bank statements, and this is not something she views as an IC's role. It is a different scenario if DHS is asking for it. Participants don't realize this could be happening to them.

Christine added that if participants don't maintain their eligibility, they are sent back to ADRC for disenrollment counseling. ADRC shouldn't be asked to then do what the IC did not do. It becomes a shift in work from ICAs to ADRCs. ADRC doesn't have the capacity to handle that workload. People often don't know how to get their bank statements, and they need assistance from the ADRC for that. At the annual review, this would be the responsibility of the ICAs. Mitch said that the financial part of this isn't the IC's responsibility, and it is a consortium issue. The IC's job is to remind them and not get it from them.

Kathi added that if any participant felt they needed help with this, would they be aware of services in the program that could assist them? Rosie did not know of those services, and she would probably go to the IC. Rosie said there needs to be clarification on where the line is and how it is defined.

Alicia added that there seems to be some confusion between enrollment and review regarding this. Kyle indicated there is a difference between the annual renewal, which is a submission of paperwork, and maintaining enrollment. With the ongoing renewal it's reporting a change, and there is no paperwork involved. We are not saying that the IC must do it, but the IC should offer prompts and assist where requested and needed. Rose appreciated the clarification as it was not clear in the document.

Kim said for those already reporting changes, that's great. But if the ICA can report the change without documentation, the income maintenance consortium will send a request for additional information if it's needed. The handing off of financial information can be worded differently.

Kevin said that the ICs do provide prompts now. There is some confusion between income maintenance and enrollment services. If participants need additional supports, they will offer to assist. It will be interesting when the PHE ends and renewals come up that have been pushed. Prior to the PHE, he has not seen many lose eligibility due to financial issues.

Alicia is hearing that there are concerns that ICs get intimately involved in situations they're not comfortable with. She suggested this be considered and circle back after the meeting to revisit in the next space.

Martha added that she has a great relationship with her IC, but there needs to be more assistance for those folks who would find this confusing.

Mitch believes the problem is in the procedures part of the policy. The procedure clearly puts the responsibility on the ICA. He wondered if this is a big enough problem to have this stated in the procedure. Are that many participants losing eligibility due to failure to report income?

Kim clarified that this is for any change that would involve disenrollment. There may be other changes that could lead to that such as living settings, incarcerations, etc. Those impact eligibility at times. Sometimes they are not reported until later and result in overpayment situations. She said they could go back to the policy and clarify it for when it is appropriate, when it is not, and when the ICA would need to report those changes.

Christian said that DHS will accept written feedback until October 14th.

Kyle went on to discuss the service authorization request policy. Individual direct goods and services were discussed in the November 2019 IAC meeting. They did a comparison of language. In requests for review process, 98% of the issues were miscategorized services. This was really to make sure it was the right services under the right category and the right provider. The Service Definition Manual was the first process of the revision.

Kyle shared the Service Authorization Request Review Guidelines. There are three steps in the request and review process – the requested service, the service doe, and the approved provider. DHS has 5 days to complete the review once they have the required information and documentation. This is not the same as a full plan review. The concerns brought up today were heard and understood.

Mitch said that they were never asked to comment on whether this was to be reviewed on an annual basis. He doesn't understand why it would need to be reviewed on the following year if it does not terminate automatically at the end of the year. Kyle indicated it was meant to be parallel to the BA/OTE process, but his concern would be taken back for discussion. The larger concern is a revised request. It is published policy.

Kevin asked if it was ever considered that the ICA can make the review. Has DHS made any considerations to doing this? Kyle said that was the intent of this. It will be added to the topic to take back. If it mirrored the BA/OTE process, that would be great. Reimbursement will be on the docket for future policy.

Anne mentioned that although she was not on the committee last year, she knows from speaking with individuals that people are frustrated mostly with the annual reviews. The BAs had to be reviewed annually initially. They shouldn't have to re-justify if it's already been approved.

Kyle thanked the committee for excellent feedback. She will take the comments back for discussion and bring back the results of that discussion. Sometimes they did run into items being requested that were not able to be covered.

Fil asked if the document outlines services and vendors and if the document was included in the meeting packet. Kyle said the providers have to be approved as well. The document is posted at https://www.dhs.wisconsin.gov/publications/p03237.pdf.

Kevin said his staff is starting to have conversations with participants who have customized goods and services as it becomes effective October 1st. They are very mindful of using the right service definitions.

Committee Business presented by Christian Moran

Christian said the budget amendment process would be addressed at the next meeting as well as individual goods and services. Written feedback is open until October 14th. Rose asked for the requested links be sent to committee members as well as the information on the self determination conference.

Committee Feedback. Fil asked the DHS give serious consideration to the committee's offer of assistance. There have been robust workgroups and discussions outside of the meeting previously, and she would like to see those revisited. Rosie reminded all that we are doing this for the well-being of the participants, and we need to involve them in development. "Nothing about me without me."

Adjourn

Meeting unanimously adjourned at 2:10pm

Prepared by: Shelly Glenn on 10/6/2022.
These minutes are in draft form. They will be presented for approval by the governmental body on: 11/15/2022

Quality Report

Appendix A

I. Performance Measure (i): ICAs must complete all Record Review remediation timely.

    a. Numerator: Number of participant records that were remediated timely. (1491)

    b. Denominator: Number of participant records reviewed. (1722)

<mark>Result for 2021: 86.6%</mark>
<mark>Overall result exceeds 86%, no remediation required.</mark>
New IRIS measure, no CY2020 comparison.

II. Performance Measure (ii): FEAs must complete all Record Review remediation timely.

    a. Numerator: Number of participant records that were remediated timely..(657 PHW and NonPHW)

    b. Denominator: Number of participant records reviewed.(742 PHW and NonPHW)

<mark>Result for 2021: 88.5%</mark>
<mark>Overall result exceeds 86%, no remediation required.</mark>
New IRIS measure, no CY2020 comparison.

III. Performance Measure (iii): Number and percent of calendar quarters that indicate a statistically significant random sample (95%+/-) was pulled for each contractor based on participant enrollment.

    a. Numerator: The number of calendar quarters that indicated the EQRO's sample was statistically significant based on the contractor's enrollment. (28 – 4 calendar qtrs. * 7 ICAs)

    b. Denominator: The total number of calendar quarters reviewed for each contractor. (28 – 4 calendar qtrs. * 7 ICAs)

<mark>Result for 2021: 100%</mark>
<mark>Overall result exceeds 86%, no remediation required.</mark>
New IRIS measure, no CY2020 comparison.

IV.   Performance Measure (iv): Number and percent of records reviewed by the EQRO within 90 days.

        a.   Numerator: The number of records that the EQRO reviewed within 90 days. (1722)

        b.   Denominator: The total number of records reviewed. (1722)

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==Result for 2021: 100%==
==Overall result exceeds 86%, no remediation required.==
New IRIS measure, no CY2020 comparison.

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V.   Performance Measure (v): SMA monitors level of care re-evaluations for efficacy to identify significant differences from initial evaluation.

        a.   Numerator: The total number of Long-Term Care Functional Screens that did not have a change in the level of care from the original assessment of new enrollees. (22,195)

        b.   Denominator: The total number of new enrollees who have been in the program greater than 365 days identified by the SMA. (22,195)

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==Result for 2021: 100%==
==Overall result exceeds 86%, no remediation required.==
New IRIS measure, no CY2020 comparison.

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Note – during the PHE, participants were not disenrolled if they lost functional eligibility due to changes in the participant's level of care.

VI.   Performance Measure (vi): IRIS Consultant Agencies (ICAs) remediate level of care evaluation errors within 90 days of notification of error by SMA.

      a.   Numerator: Number of level of care evaluation errors remediated by ICA within 90 days of notification by SMA. (8)

      b.   Denominator: The total number of level of care evaluation errors identified by SMA.(8)

<mark>Result for 2021: 100%</mark>
<mark>Overall result exceeds 86%, however, **sample size was not sufficient.**</mark>
New IRIS measure, no CY2020 comparison.

Remediation: Of the 16 Long-Term Care Functional Screen (LTCFS) reviews completed, eight screens required remediation. All eight screens were remediated within 90 days. The SMA is aware that the sample reviewed is not statistically significant sample based on the program enrollment. The SMA agency is working on a process to ensure that a statistically significant sample is reflected for the next review period.

I. Performance Measure (a): All applicants must have an eligible level of care prior to enrollment.

   a. Numerator: Number of applicants enrolled in the IRIS program who do have an eligible level of care. (3,623)

   b. Denominator: Total number of applicants enrolled during the calendar year. (3,648)

Result for 2021: 99.3%%%
Overall result exceeds 86%, no remediation required.
Decrease from 99.6% in CY2020

II. Performance Measure (c): Waiver participants must receive an annual Long-Term Care Functional Screen within 365 days of their last Long-Term Care Functional Screen.

   a. Numerator: The number of participants with their most recent Long-Term Care Functional Screen within 365 days of the previous Long-Term Care Functional Screen. (18,167)

   b. Denominator: The number of Long-Term Care Functional Screens reviewed.(19,594 – enrolled before 1/1/21)

Result for 2021: 92.7%
Overall result exceeds 86%, no remediation required.
Decrease from 99.8% in CY2020 –

Note: CY2021 used FSIA as the data source, not WISITS.

I.   Performance Measure (a): Active participant-hired workers (PHW) must have the appropriate criminal background and caregiver registry checks as verified by the Fiscal Employer Agent (FEA).

    a.   Numerator: The number and percent of active participant-hired workers with criminal background and caregiver registry checks. (338 PHWs)

    b.   Denominator: The number of active participant-hired workers checked. (381 PHWs)

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Result for 2021: 88.7%
Overall result exceeds 86%, no remediation required.
Decrease from 95% in CY 2020

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II.   Performance Measure (b):Active providers (non-participant-hired worker) must meet the provider verification requirements as verified by the Fiscal Employer Agent (FEA).

    a.   Numerator: The number of active providers (non-participant-hired workers) who met the provider verification requirements. (241 non-PHWs)

    b.   Denominator: The number of active providers (non-participant-hired workers). (361 non-PHWs)

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Result for 2021: 66.8%
Overall result less than 86%, remediation required.
Decrease from 97.6% in CY 2020

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Remediation: The performance measure on this indicator went from 97.6% to 66.8%. The SMA is working with each FEA to identify providers who have expired licensure and/or certifications. Provider agencies will be notified of their status and will be required to submit proper credentials. The SMA anticipates communication to go out to providers by the end of Q2 requesting credentials. Providers who do not comply within 60 days of being notified will no longer be eligible to provide waiver services. The SMA has requested enhanced funding for the Adult Long-Term Care (LTC) Programs Provider Enrollment and Management project to develop a centralized system that will automate a consistent enrollment process for all adult LTC waiver service providers, will collect comprehensive data for every provider and will assist in the de-duplication of provider information across Medicaid programs and delivery systems. The SMA anticipates system implementation to start in May 2024.

III. Performance Measure (c): Participants must have a completed IRIS Participant Education Manual: Acknowledgement (F-01947) form in WISITS.

    a. Numerator: The number and percent of participants who have a completed IRIS Participant Education Manual: Acknowledgement (F-01947) form. (1622)

    b. Denominator: The number of participant records reviewed. (1722)

<mark>Result for 2021: 94.2%
Overall result exceeds 86%, no remediation required.</mark>
Increase from 89% in CY2020

I. Performance Measure (a): Participants must have Individual Support and Service Plan (ISSP) that address all participant need and personal goals including health and safety risks.

   a. Numerator: The number of participant records reviewed that address all participant need and personal goals. (892)

   b. Denominator: The number of participant records reviewed. (1722)

Result for 2021: 51.8%
Overall result less than 86%, remediation required.
Increase from 48.6% in CY2020

Remediation: The performance measure on this indicator went from 48.6% to 51.8%. The SMA has developed a Long-Term Care Needs panel within the centralized case management system (WISITS). IRIS Consulting Agencies were instructed to begin using this panel in October 2021. The Long-Term Care Needs panel allows the IRIS Consulting Agency (ICA) the ability to assist participants and/or guardians with identifying long-term care outcomes and goals, as well as mitigating any health and safety risks identified during the assessment. Since the implementation of the of the Long-Term Care Needs panel has been implemented there has been a steady increase in compliance. The panel is completed during each participant's annual plan, so the SMA anticipates a significant increase in compliance for the next review period.

II. Performance Measure (c): Participant Individual Support and Service Plan (ISSP) must be updated at least once every 365 days.

   a. Numerator: The number of participant records with an ISSP that was updated in the last 365 days. (1671)

   b. Denominator: The number of participant records reviewed. (1722)

Result for 2021: 97.0%
Overall result exceeds 86%, no remediation required.
Decrease from 99.5% in CY2020

III.   Performance Measure (d): Participant records must have complete service authorizations that identify the type, scope, description, and frequency of services.

    a.   Numerator: The number and percent of records with complete service authorizations (type, scope, amount, description and frequency of services). (1722)

    b.   Denominator: The number of participant records reviewed. (1722)

<div align="center">

Result for 2021: 100 %
Overall result exceeds 86%, no remediation required.
Remained the same from CY2020

</div>

IV.   Performance Measure (e): Participant records must demonstrate that participants were offered a choice of waiver services and providers.

    a.   Numerator: The number and percent of participants who have a completed "IRIS Participant Education Manual: Acknowledgement (F-01947) form. (1622)

    b.   Denominator: The number of participant records reviewed. (1722)

<div align="center">

Result for 2021: 94.2%
Overall result exceeds 86%, no remediation required.
Increase from 89% in CY2020

</div>

I. Performance Measure (a): Critical Incident Report remediation submitted for substantiated cases of abuse, neglect, exploitation and unexplained deaths.

    a. Numerator: The number of participant records review with incident report remediation activities. (30)

    b. Denominator: The number of participants with substantiated cases of abuse, neglect, exploitation, and unexplained deaths. (30)

<div align="center">

==Result for 2021: 100%==
==Overall result exceeds 86%, no remediation required.==
New IRIS measure, no CY2020 comparison.

</div>

II. Performance Measure (b): The IRIS Consulting Agency (ICA) is responsible for ensuring participant health and safety by ensuring immediate and ongoing health and safety related to the reported critical incident.

    a. Numerator: The number of participant critical incidents reported in which the ICA adequately ensure the health and safety of the participant. (1,354)

    b. Denominator: The number of participant incidents reported.(1,365)

<div align="center">

==Result for 2021: 99.1%==
==Overall result exceeds 86%, no remediation required.==
Increase from 93% in CY2020

</div>

III. Performance Measure (c): Participants receiving supports using restrictive measures must have an approved restrictive measure application.

    a. Numerator: The number of participants with an approved restrictive measure. (69)

    b. Denominator: The number of participants using a restrictive measure(s). (75)

<div align="center">

==Result for 2021: 92%==
==Overall result exceeds 86%, no remediation required.==
Increase from 67% in CY2020

</div>

IV.   Performance Measure (d): Participants must receive annual education about accessing a primary care provider, the benefits of receiving influenza and pneumonia vaccines, and identifying symptoms of urinary tract infections.

   a.   Numerator: The number and percent of participants who have a completed "IRIS Participant Education Manual: Acknowledgement (F-01947)". (1622)

   b.   Denominator: The number of participant records reviewed. (1722)

<div align="center">

Result for 2021: 94.2%
Overall result exceeds 86%, no remediation required.
Increase from 89% in CY2020

</div>

I. Performance Measure (i-a): Waiver service claims must identify a number of units of service that is consistent with the number of units of the approved service authorization.

    a. Numerator: The number of service claims with the number of units consistent with the approved service authorization. (303)

    b. Denominator: The number of service claims reviewed. (384)

<div align="center">

Result for 2021: 78.9%
Overall result less than 86%, remediation required.
Decrease from 95.35% in CY2020

</div>

Note (this will not be included in CMS submission) - CY2020 measured "compliance with service claim standards" and CY2021 created separate measures for units, dates of service and provider accuracy. Also, MetaStar noted that unit inconsistencies were most often related to billing hourly for services that are authorized in 15-minute increment. 93.8% of claims from iLIFE and 98.1% from GT Independence included correct units for billing. The issue appears to be with Outreach and Premier.

Remediation: The SMA is working in providing additional resources to the contractors, specifically related to managing waiver service authorizations. This may include the planned LTC encounter transition to the current HMO encounter solution for the IRIS program. This will transition IRIS encounter reporting to stricter MMIS claims processing standards. The project also will load all IRIS service authorizations into the MMIS and to use them to enforce authorization unit limits and service rates on encounter reported claim details.

II. Performance Measure (ii-a): Waiver service claims must identify a date of service that is consistent with the date of service on the approved service authorization.

    a. Numerator: The number of service claims with **dates of service** consistent with the approved service authorization. (382)

    b. Denominator: The number of service claims reviewed. (384)

<div align="center">

Result for 2021: 99.5%
Overall result exceeds 86%, no remediation required.
Increase from 95.5% in CY2020

</div>

Note - CY2020 measured "compliance with service claim standards" and CY2021 created separate measures for units, dates of service and provider accuracy.

III.   Performance Measure (iii-a): Waiver service claims must identify the specific provider that is consistent with the provider listed on the approved service authorization.

   a.   Numerator: The number of service claims with **a specific provider** that is consistent with the approved service authorization. (379)

   b.   Denominator: The number of service claims reviewed. (384)

<mark style="background-color: yellow">Result for 2021: 98.7%
Overall result exceeds 86%, no remediation required.</mark>
Increase from 95.3% in CY2020

Note (this will not be included in CMS submission) - CY2020 measured "compliance with service claim standards" and CY2021 created separate measures for units, dates of service and provider accuracy.

IV.   Performance Measure (i-b): Waiver service claims must identify a rate of service that is consistent with the rate of service on the approved service authorization.

   a.   Numerator: The number of service claims with a **rate** consistent with the approved service authorization. (290)

   b.   Denominator: The number of service claims reviewed. (384)

<mark style="background-color: red">Result for 2021: 75.5%
Overall result is less than 86%, remediation required.</mark>
Decrease from 96% in CY2020

Note - (this will not be included in CMS submission) that rate inconsistencies were related to different rates billed than were authorized. 97.5% of iLIFE claims included the correct rate. The issue appears to be with GT Independence, Outreach, and Premier.

Remediation: The SMA is working in providing additional resources to the contractors, specifically related to managing waiver service authorizations. This may include the planned LTC encounter transition to the current HMO encounter solution for the IRIS program. This will transition IRIS encounter reporting to stricter MMIS claims processing standards. The project also will load all IRIS service authorizations into the MMIS and to use them to enforce authorization unit limits and service rates on encounter reported claim details.

Policy / Content	Month	IRIS Contractors (Policy and Implementation every month)			IRIS Advisory Committee (IAC) (Meet every other month; email policy/content in off months)		
		Materials Sent to Contractors	Present at Meeting	Feedback Due (email)	Materials Sent to IAC	Present at Meeting	Feedback Due (email)
• State Plan Amendment (SDPC Personal Care Services)	May	5/11/22	5/18/22	6/1/22	5/11/22	5/24/22	6/1/22
• Eligibility (Contractor Discussion) • ISSP Plan Development (Contractor Discussion)	June	6/08/22	6/15/22	7/1/22 (Additional time provided based on the volume of policy)	6/8/22	Off Month	7/1/22 (Additional time provided based on the volume of policy)
• ISSP Plan Development (Draft language for review #1) • Enrollment (Contractor Discussion) • ISSP Service Authorization Development (Contractor Discussion)	July	7/13/22	7/20/22	8/03/22	7/19/22	7/26/22	8/03/22
• ISSP Development (Draft language for review #2) • Eligibility (Draft language for review) • ISSP Service Authorization Development (Contractor Discussion #2) • Enrollment (Draft language for review #1)	August	8/10/22	8/17/22	8/31/22	8/10/22	Off Month	8/31/22
• Budget Amendment (Contractor Introduction) • ISSP Plan Development (Internal Review Completed) • Eligibility (Internal Review Completed)	September	9/14/22	9/21/22	10/05/22	9/20/22	9/27/22	10/05/22

Policy Topic	Month						
• ISSP Service Authorization Development (Draft language for review #1)							
• ISSP Service Authorization Development (Additional Draft Language Discussion) • ISSP Service Authorization Development (Internal Review Completed)	October	10/05/22	10/12/22	10/26/22	10/18/22	Off Month	10/26/22
• Enrollment (Draft Language Review #1) • ISSP Service Authorization Development (Draft Language Review #2/Begin Final Review Routing) • Budget Amendment (Contractor Discussion #1)		10/18/22	10/25/22	11/08/22			
• Enrollment/Disenrollment (Discussion #2) • Budget Amendment (Contractor Discussion #2)	November	11/2/22	11/9/22	11/23/22	11/8/22	11/15/22	11/23/22
• Budget Amendment (Draft Language Review #1) • SDPC Personal Care Services (Draft language for review)	December	12/14/22	12/21/22	1/4/23	12/14/22	Off Month	1/4/22
• Budget Amendment (Draft Language Review #2) • OTE (Contractor Discussion #1) • ISSP Essential Provider (Draft language for review) • ISSP Participant Service Provider Agreement (Draft language for review)	January 2023	1/11/23	1/18/23	2/1/23	1/17/23	1/24/23	2/1/23
Remaining Policies to Discuss in 2023: • IRIS Providers • Participant Safeguards/Health & Safety • IRIS Participant Hired Worker Background Check • Employment Planning • Participant Rights	Q1 & Q2 2023		2/15/23 3/15/23 4/19/23 5/17/23 6/21/23			Off Month 3/21/23 Off Month 5/23/23 Off Month	

Policies and Content Reviewed and Published:

- Electronic Visit Verification in IRIS (P-03113)
- IRIS Support Services Provider Training Standards (P-03071)
- Fiscal Employer Agent (FEA) Enrollments and Transfers (P-03107)
- Remote Services (P-03081) *(Effective January 1, 2022)*
- Vulnerable and High Risk Participants (P-03128) *(Effective January 1, 2022)*
- Reporting and Follow-up for Immediate Reportable and Critical Incidents (P-03131) *(Effective January 1, 2022)*
- Service Authorization Request Process (P-03237) *(Effective November 1, 2022)*

Still in Process:

- 2023 – 2024 IRIS Contractor Provider Agreement Changes

		*Schedules are subject to change				

YearlyTopic Items*						
	January	March	May	July	September	November
Committee Membership	X (New members)			X (recruiting)		
IRIS Contractor Provider Agreement						X
372 Report						X
Ombudsman Updates	X					
Participant Survey			X			
Enrollment reports			X			
NCI Data						X
Self-Direction NCI Data		X				
Review Topics for Next Year						X

*Schedules are subject to change			

YearlyTopic Items*						
	January	March	May	July	September	November
IBA (Individual Budget Allocation)			x			
Monthly Rate of Service (MROS) Change Reminder			x			
ARPA 5%	X					

Schedules are subject to change								

Current Reports		January	March	May	July	September	November	Report Links
	Comments							
Enrollment numbers	could send bi-monthly with IRIS agendas	x	x	x	x	x	x	Enrollment Reports
372 reports						x		372 Reports
NCI data						x		NCI Data
Employment Data	from Act 178							Employment Data
Participant Satisfaction				x				Participant Satisfaction Survey

IRIS Advisory Committee Page
IRIS Manuals, Resources, Reports

IAC Requested Topics	
Standardized Monthly Budget Statements	Pending - resources not available at this time.
Background Checks	Pending - resources not available at this time.
Relocations/Transitions	Pending - resources not available at this time.
P4Ps	Pending - resources not available at this time.