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Family Care and IRIS Ombudsman Program

For Enrollees Age 18-59

Year 3 Annual Report:

July 1, 2010 - June 30, 2011

Report Date:
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Family Care and IRIS Ombudsman Program Overview

The Family Care and IRIS Ombudsman Program (FCIOP) provides advocacy services to enrolled and potential recipients (or to their families or guardians) of the IRIS and Family Care/Family Care Partnership (FC/FCP) programs who are under age 60. The program is state funded and contracted with Disability Rights Wisconsin (DRW) through the Wisconsin Department of Health Services (DHS). It is authorized and funded by the 2009-2011 biennial budget, Wisconsin Statute Sec. 46.281(1n)(e). The legislation sets as a goal one advocate for every 2,500 adults under age 60 who are enrolled in IRIS or FC/FCP.

> I was very pleased with the process and attention our ombudsman gave to our problem – she was very knowledgeable.
> *FC/FCP member*

FCIOP Program Development

With its initial contract with DHS on October 1, 2008, FCIOP was quickly organized as a separate division within DRW. After the first ombudsman was hired in the Madison office, followed by additional ombudsmen over the next year in the Milwaukee and Rice Lake offices, along with a strong outreach effort, it didn't take long for people to begin calling for assistance.

Number of Individuals Assisted through FCIOP

	Year 1[1]	Year 2[2]	Year 3[3]
Developmental Disabilities	19	64	158
Physical Disabilities	63	213	255
DD & PD	9	107	79
New Info & Referral	26	79	141
New Cases	65	305	370
Cases continued from previous year		44	78
Cases closed this year		345	492
Total number of people assisted this year[4]	**94**	**381**	**534**
Total number of service requests this year[4]	**98**	**426**	**606**

[1]November 1, 2008 - June 30, 2009 [2]July 1, 2009 - June 30, 2010 [3]July 1, 2010 - June 20, 2011
[4]NOTE: Number of service requests is higher than number of people assisted because one person could make more than one request for assistance.

It could be said that the first year's focuses were developing and structuring, the second year's focus was expanding, and the third year's was refining. Throughout all of the development connections with managed care organizations, IRIS management, Aging and Disability Resource Centers, state officials, providers, advocacy groups and many other individuals and organizations have been key to effectively serving individuals. These relationships have improved the work of the ombudsmen by allowing for more informal resolution of problems. The percentage of cases that ombudsmen have assisted through to fair hearing has decreased over the past two years. In the 2009-10 fiscal year, 2.6% (10) of our total clients were assisted through to fair hearing. In the 2010-11 fiscal year, 1.9% (10) were similarly assisted. Earlier informal resolution eases the strain on members and their families, saves time and money, and allows members and families to maintain a positive relationship

with their MCO care teams or with the IRIS program. Relationships with individuals, organizations and groups have also helped program staff identify trends and issues and work toward solutions.

FCIOP experienced a significant transition during the third year. Betsy Abramson, the first Program Manager who initiated the program structure and hired, trained and supported all of the current ombudsmen, moved to a new position in the aging field. Lea Kitz, former executive director of Arc - Winnebago County Disability Association, where she was very active in advocacy related to Wisconsin's long term care reform, began as FCIOP Program Manager in March of 2011.

Case Handling

Ombudsmen respond to a wide variety and complexity of requests. Advocacy services are provided at no cost. Some requests are very simple and require only information or referral. For more involved cases, ombudsmen investigate the facts and help the caller work toward solutions. This might include providing technical support and building self-advocacy skills, communicating and intervening directly with people or organizations involved to negotiate disagreements, or assisting an individual with an appeal or fair hearing. Help with appeals or fair hearings might involve preparing members, providing a letter of support, or representing members. Each case is unique and is handled individually.

While ombudsmen handled a wide variety of cases, the top five presenting issues by a clear margin were:

82 Service reduction
72 Enrollment/Eligibility Problems
62 Relocation
57 Disenrollment
42 IRIS Allocation Amount

For more detail on these and other issues handled by FCIOP, see Appendix, pages 7-9.

> [The ombudsman] was caring and professional. She always did everything she said she would do. That was very important to me.
>
> *FC/FCP member*

Of 96 satisfaction surveys returned during the program year, 81 or 84% indicated that the ombudsman was "very" or "somewhat" important in solving the problem. Seventy-three or 76% were "very" or "somewhat" satisfied with the overall results of assistance received. Seventy-nine or 82% would call an ombudsman again, and 77 or 80% would recommend the ombudsman service to a friend.

2010-2011 Impacts on IRIS and Family Care/Family Care Partnership

Family Care Audit

On April 27, 2011, the Legislative Audit Bureau (LAB) published its much-anticipated audit of Family Care. The result was a mixture of positive findings and items the LAB would like to see addressed. Department of Health Services officials have been working to respond to the concerns identified within the timeframe required. The results of these efforts will likely result in some changes to processes and structures related to Family Care. The full report on the audit can be found at http://legis.wisconsin.gov/lab/reports/11-5full.pdf.

Patterns and Trends Affecting Multiple Individuals

Because the Family Care and IRIS Ombudsman Program receives calls from around the state, FCIOP has a unique vantage point from which to identify some of the patterns and trends that affect multiple individuals. With this information, program staff are able to work with the Department of Health Services or other organizations to develop solutions.

It is important to note a couple of things about what we see:

- People only call us when they are having a problem. We do not receive calls from people who are satisfied with their service plans or treatment by an MCO or IRIS. The listed issues identify the problems, not the positive experiences people have. We are certain there are many happy members in these programs.
- Very often people who call FCIOP are completely frustrated. We seldom see problems in their early developing stages. We do not see local advocacy efforts and are not able to identify trends at that level. For example, we may not note that on the local level people are losing employment service providers because the ones they had did not contract with the MCO and, therefore, they have had to adjust to new providers. They wouldn't necessarily call FCIOP for this, but this sort of disruption could be a local trend. We would not be able to say that this isn't a problem. We would only be able to say that we don't receive many such reports at our level.

Residential Moves Due to Rate Disputes

When a residential service provider and Managed Care Organization cannot come to agreement over reimbursement rates, the provider may elect to discharge one or many residents in its facilities. This often results in people losing the place they have resided for many years, now separated from close roommates and familiar neighborhoods. According to DHS, people affected in this way have limited rights to appeal. These members do have rights to be involved in transition planning and selecting a new residence. Some MCOs perform this planning better than others. Over the past year, there have been certain areas of the state where this issue has been more common and in some of the instances involved large providers. The most concentrated area has been in the northwest, followed by Milwaukee and its surrounding counties. When residential moves affect a large number of people in a small area, a crisis can quickly develop wherein few residential options are immediately available, causing moves out of an area and massive disruption and anxiety for members and their families.

> …I'm not sure we would have had a favorable outcome without her help! I can't thank her enough!
> *Guardian of FC/FCP member*

In an effort to "even out" the wide variations across the state in residential rates and to avoid sudden changes in contracted rates, the Department of Health Services had been developing a standard rate setting methodology to be used by all MCOs. The development of that model has been set aside and MCOs are now developing their own methodologies, or are continuing to set rates with residential providers on a case by case basis. It is possible that the fear of discharges related to rate disputes will continue to cause anxiety among members and their families.

The rate disputes may be precipitated by an even more serious issue—the financial health of MCOs. With the rapid expansion of Family Care and IRIS beginning in 2009, MCOs quickly learned the higher costs of moving into new counties that had managed the system of CIP and COP waivers (often referred to as legacy waivers). These expanding and startup MCOs reported serious difficulties in meeting their financial obligations, as their capitated rates had been based on experienced counties. MCOs struggling with financial issues were cutting rates to residential and other service providers, even in the middle of contract years. The Office of the Commissioner of Insurance (OCI) verifies the concern over possible insolvency and has a number of MCOs in corrective action.

Due Process in IRIS and Family Care/Family Care Partnership

When members of Medicaid funded programs have a reduction, termination or denial of services, they should receive a written Notice of that decision. That notice should include specific information about the action taken, along with information about how to appeal the action. In IRIS there have been differing interpretations about what actions should trigger such a Notice. IRIS also continues to work on developing its own due process policies and procedures and to train its staff on these requirements. FCIOP has been working with state officials and contractors to define and clarify this, and to provide assistance in creating Notice of Action materials. This effort is continuing.

> I was so grateful to [the ombudsman], who really took the time to listen and directed me…I was able to resolve our situation through mediation with the [MCO].
> *Mother of FC/FCP member*

In Family Care/Family Care Partnership, the instances that should trigger Notices were less in question. The issue was the many different Notices of Action being used at all of the MCOs. FCIOP staff worked with state officials to standardize MCO Notices of Action throughout the state. The new NOAs in FC/FCP have been implemented at all of the MCOs. FCIOP continues to notify MCOs of any challenges in MCOs' implementation of the standard Notice of Action. Overall, the result of this effort with MCOs has resulted in fewer problems for FC/FCP members who disagree with decisions.

Timeliness of Allocation Adjustment and Exceptional Expense Requests in IRIS

IRIS participants create their personal service plans based on an allocation amount that they receive from the results of the tool that determines their eligibility for long term care services (Long Term Care Functional Screen). Sometimes they find that the allocation is insufficient for the services they need. In these instances, they can make a request for a larger budget, called an Allocation Adjustment (AA). Sometimes they have a need for a one-time expense, such as a modification to their home or equipment not normally covered by their MA card. They can make a special request for this one-time cost, called an Exceptional Expense (EE). The process of approving AAs/EEs has become increasingly slow and arduous, with frequent requests to the participant for additional information and justification. Ombudsmen have seen requests take upwards of 6-12 months. Impacts on individuals waiting for answers can be enormous. FCIOP is working with state officials to create timelines and to streamline this process.

Mental Health Issues

In 2009, the Department's analysis of long term care functional screens indicated that mental health issues are co-occurring in people served under the new long term care system (frail elderly and adults with physical or developmental disabilities) 57% of the time. Yet, in 2009, only 27% of Family Care members received counseling or therapeutic services and less than 1% received services from a Community Support Program.

> I believe I received more than my share of help and am very happy [the ombudsman] is there. She cares for people and that feels very good…I don't know what I would do without you all and I am very happy you all are there. Thanks…from the bottom of my heart!
> *Guardian of IRIS member*

- Some MCO care management teams struggle in their efforts to support individuals with mental health issues. Care managers and nurse care managers are often challenged in communicating effectively with individuals demonstrating mental health issues. They are sometimes reluctant to bring in a specialist or consultant to help them in developing service plans.
- MCOs can be reluctant to pay for mental health services, and seem more focused on dealing with immediate problems than planning for long term recovery.
- Relocations to the community from mental health institutions appear to have slowed.

DHS has made serious efforts toward improving the response to people with mental health issues. The Department has identified a state level individual to monitor and provide guidance and training to MCOs and IRIS. Most MCOs now have at least one lead staff with expertise in mental health to provide consultation and guidance to care management teams. DHS is doing site visits to evaluate staff readiness and response to people with mental health issues.

Substitute Decision Makers (Guardianship) and Adult Protective Services

Though separate, these two services often become intertwined. With the implementation of the new long term support system, counties are no longer responsible to initiate or pay for guardianships. At the same time, Adult Protective Services (APS) in implementation counties have lost significant funding that would be used to manage cases in which adults are experiencing, or are at risk of, some form of abuse. Consistent with concerns from previous years, there continues to be confusion about the role of APS and MCOs regarding such issues as: the impact of court orders under Chapter 51 (mental health) and Chapter 55 (protective placements), reporting and investigation of suspected abuse, neglect, financial exploitation and self-neglect. Similarly, there is a lack of clarity about responsibility for ensuring that appropriate legally authorized decision-makers are involved in developing and agreeing to member-centered plans where members are not capable of doing so. FCIOP continues to work with DHS and with counties toward clarity on these issues.

> She was an excellent ombudsman. She explained everything clearly step by step. She explained my options and allowed me to make the decisions.
> *FC/FCP member*

Year Four Plans

In its fourth year, the ombudsman program will continue to expand its efforts to ensure that the needs of individuals with disabilities are met.

Enrollment Cap

At the request of the Secretary of the Department of Health Services, and subsequently included in the Governor's budget, the Joint Finance Committee voted in June to implement, as of July 1, 2011, a cap on new enrollments into publicly funded long term care programs for adults with disabilities and the elderly. This decision affects individuals in a number of ways.

- People first applying for help with services will now be placed on waiting lists.
- Most people already on waiting lists in counties transitioning to Family Care and IRIS will now be "frozen" on those lists.
- Most people who are currently enrolled in IRIS or Family Care, but who become disenrolled for any number of reasons may be placed on a waiting list. However, DHS guidance instructs ADRCs to manage their attrition slots to re-enroll those who only lost eligibility temporarily. These are often people with complex or urgent needs.

DHS projects that the number of people on waiting lists in Wisconsin will grow from approximately 9,000 (March, 2011) to 16,000 by the time it ends in 2013 (assuming it is not lifted early). The Department of Health Services has worked to provide guidance to Aging and Disability Resource Centers (ADRCs), which manage the waiting lists, to minimize the impacts on people, especially those in crisis.

The Family Care & IRIS Ombudsman Program will work to support people experiencing difficulties that arise from the cap by advocating for the use of "urgent needs funding". FCIOP will also be prepared to provide feedback and advice as appropriate to new initiatives or proposed changes in the long term care program when the enrollment cap is lifted. We will provide outreach and information to individuals and families about their rights and responsibilities, and how to obtain assistance when needed.

Expansion of Program

FCIOP has received approval from the Department of Health Services to hire an additional ombudsman in the Milwaukee office. This addition will help the program make progress toward its legislative goal of one ombudsman for every 2,500 long term care members.

Program Goals

Ombudsmen have honed their knowledge and case handling skills. They will continue to provide individual casework for callers using a mix of strategies—providing information and assistance, negotiation and representation. The program will continue to identify emerging issues and work to address problems that affect groups of people, or that deny people their rights in accessing necessary services.

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October 1, 2011

Appendix
Report of Cases—July 1, 2010 - June 30, 2011

Number of FC cases in this reporting period	
New I&A	141
New this reporting period - opened as case	370
Number of cases continuing from previous report	78
Number closed this reporting period	492
Target Population*	
Developmental Disability	158
Physical Disability	255
Developmental Disability & Physical Disability	79
Contact/Referral Source*	
211 Help Line	8
ADRC	34
Adult Family Home	3
Advocacy Group	4
Attorney	1
BOALTC	3
County CSP	1
DHS	2
DQA	1
DRW client previously	70
DVR	1
Family Care Program	71
Friend/Family Member	47
Guardian	67
ILC	18
Internet	1
IRIS program	20
Legal Aid Society/Legal Action	4
MCO	23
Metastar	7
Phone Book	2
Provider	9
Self	83
Social Worker - non-FCIOP	15
State	1
Training/outreach by DRW	2
Transit Agency	1
WI Dept of Public Health	1
Not Selected	2
Method of First Contact*	
Telephone	504
E-mail	5
Mail	3
Face to face	4

Issue and MCO[5] involved	Care WI	CCI	CCCW	CHP	iCare	IRIS	LCD	MCDFC	NB	SWFCA	WWC	No MCO	TOTAL
Abuse/Neglect	2	4	1	1		1	1		1		1		12
Assistance with MCO's grievance procedure	4	3						3			1	1	12
Assistance with state fair hearing	1	2	1					1			1		6
Billing Issue	1	2		1					1				5
Choice of Provider	4	11				1	4	5	2	1	2		30
Communication probs. w/MCO - IRIS staff	2	2					1	1			1		7
Cost Share	3	9	1	2		3	3	5	3		2		31
Discharge planning	3	3					2	3	1	1	1	2	16
Disenrollment	1	9	1	26		7		10	1			2	57
Enrollment/Eligibility	4	16	1	2		13	2	9	2	1	1	21	72
Equipment Request/Denial	5	5		7		3	2	1	1		1		25
Functional screen dispute		1	1						1				3
General questions	2									1		1	4
Home modification (accessibility)	1			3		1							5
Housing				1									1
IRIS - Budget Amount				2		39		1					42
IRIS - Continuity of Providers				1									1
IRIS - Cost Share						2							2
IRIS - Enrollment						3		1				1	5
IRIS - FSA issue						23							23
IRIS - ICA issue						27		1					28
IRIS - other						3							3
IRIS - quality						18		1				1	20
IRIS - service denial						6							6
IRIS - service reduction						1							1
MCO terminates provider relationship	1	8				1		3				1	14
Medical treatment	1	1		1			1		1	1	1		7
Provider Quality	3	10	2			2		3	1		3		24
Release of information issue									1				1
Relocation	9	17		23		2	3	2	1		3	2	62
Request for additional services	3	3	4	3		2	1	1			2		19
Rep payee issue		1	1					2					4
Safety	5	4	1	1							1		12
Self-directed supports		3	1	2		1	1	3			1		12
Service delay	3	3		2	1	4		3	2	1	4		23
Service denial (additional service[s] or hours)	5	5		1		4		2	2	1	1		21
Service denial (specific service)	4	15		9		7	2	4	1	1	1		44
Service reduction	10	26	4	8		4	2	10	14	1	1	2	82
Service termination	2	9	1	1		5					1	1	20
Transportation						2						1	3
Other	3	5		1		1	5				1		16
Total by MCO	**82**	**177**	**20**	**98**	**1**	**186**	**30**	**75**	**36**	**9**	**31**	**36**	**781**

How the case was resolved (may select more than one)	
Informal Negotiation	95
Investigation/Monitoring	132
Work with IRIS Consultant or Financial Service Agency	34
MCO appeal/grievance or State Fair Hearing	55
Technical Assistance	304

Referrals:	
Referral to ADRC	24
Referral to BOALTC	20
Referral to DHS	1
Referred to DQA	6
Referral to other DRW staff (non-FCIOP)	3
Referral to Guardianship Support Center	1
Referral to ILC	13
Referral to IRIS Consultant	19
Referral to LAW	3
Referral to MCO Member Rights Specialist	12
Referral to private attorney	10
Referral to TMG	1

Average Days to close a case	
Cases only (does not include I&A)	71

[5] MCO Acronyms

Care WI = *Care Wisconsin*
CCI = *Community Care, Inc.*
CCCW = *Community Care of Central Wisconsin*
CHP = *Community Health Partnerships*
iCare = *iCare*
IRIS = *Include, Respect, I Self-direct (self-directed alternative to Family Care)*
LCD = *Lakeland Care District*
MCDFC = *Milwaukee County Department of Family Care*
NB = *Northern Bridges*
SWFCA = *Southwest Family Care Alliance*
WWC = *Western Wisconsin Cares*
No MCO = *Neither an MCO nor IRIS was involved*