

Family Care and IRIS Ombudsman Program

For Enrollees Age 18-59

Year 9 Annual Report:

July 1, 2016 - June 30, 2017

Report Date:
October 1, 2017

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Protection and advocacy for people with disabilities.

Family Care and IRIS Ombudsman Program Overview

Wisconsin’s Family Care and IRIS Ombudsman Program (FCIOP) provides advocacy services to adults with physical or intellectual/developmental disabilities, aged 18-59, who are enrolled or potential recipients of the IRIS or Family Care/Family Care Partnership (FC/FCP) programs. The ombudsman 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 2017-2019 biennial budget, Wisconsin Statute Sec. 46.281(1n)(e).

[The ombudsman] was there for any question we may have had – and explained everything in terms we could understand. We couldn’t thank her or the program enough.

IRIS participant

FCIOP Program

The program operates as a division within Disability Rights Wisconsin. Services are provided by a staff of nine ombudsmen (8.5 FTE), supported by two program attorneys and a program manager. Services are available and offered through four offices across the state—Rice Lake, Milwaukee, Madison and Menasha. Advocacy services are provided at no cost to program recipients.

**Service Request Data for 9 Years of Program Implementation
Number of Individuals Assisted through FCIOP**

	Yr 1¹ ending 6/30/09	Yr 2² ending 6/30/10	Yr 3² ending 6/30/11	Yr 4² ending 6/30/12	Yr 5² ending 6/30/13	Yr 6² ending 6/30/14	Yr 7² ending 6/30/15	Yr 8² ending 6/30/16	Yr 9² ending 6/30/16
Developmental Disabilities	19	64	158	166	168	83	70	109	114
Physical Disabilities	63	213	255	318	297	330	354	338	327
DD & PD	9	107	79	93	115	127	139	231	204
New Info & Referral	26	79	141	157	211	186	189	265	280
New Cases	65	305	370	434	379	374	383	425	421
Cases continued from previous year	-	44	78	101	131	103	119	112	129
Cases closed this year	-	345	492	569	627	545	560	671	710
Total number of people assisted³	94	381	534	577	596	545	580	657	727
Total number of service requests³	98	426	606	696	735	665	690	801	830

¹November 1, 2008 - June 30, 2009 for year 1

²July 1- June 30 for each subsequent year

³Number of service requests is higher than number of people assisted because one person could make more than one request for assistance.

Case Handling

The Family Care and IRIS Ombudsman Program (FCIOP) is available as an external advocate for a variety of challenges that program recipients or potential enrollees are experiencing. These may be situations such as a change in eligibility, a change in an individual's service and support plan, a denial of a critical request, a change in provider that has caused negative consequences, or a number of other issues related to Family Care, Family Care Partnership or IRIS.

Ombudsmen work to resolve the concerns of individuals with disabilities. Ombudsmen talk with callers to determine not only what the issue is from their perspective, but also what they want to do about it, as well as the degree of assistance needed from the ombudsman. With permission from the caller, ombudsmen talk to people involved or collect and analyze information and records to better understand what happened, the technicalities of the case, and any regulatory rules or statutes that may apply. Depending on the issues involved, ombudsmen help people understand their options and how they might be able to help within the scope of the ombudsman program. The case then proceeds or stops, depending on the preference of the person being helped. Ombudsmen can help by answering questions, verifying information, sorting out situations that have gotten complicated, ensuring due process rights have been preserved, and assisting with appeals and grievances. They work with the individual to try to achieve his or her advocacy goals, using any tools available.

*I was extremely impressed with [the ombudsman]. She was honest with my son and me and she kept her word about what she would follow up with us about.
Guardian of IRIS participant*

Throughout the process, ombudsmen seek informal resolution. Ombudsmen maintain positive working relationships with staff responsible for member rights and care within the different entities—IRIS Agencies (the IRIS Consultant Agencies [ICAs] and the Fiscal Employment Agents [FEAs]), Family Care Managed Care Organizations (MCOs), Aging and Disability Resource Centers (ADRCs), MetaStar, service providers, advocacy associations, mental health and specialty complexes, income maintenance consortia, county staff and others. These working relationships often help to move cases toward resolution.

Requests for Help

While ombudsmen handled a wide variety of cases, the top seven presenting issues were:

- 268 Denial or delay of new request for service, medication or equipment
- 166 Reduction or termination of existing services
- 141 Enrollment/Eligibility/Disenrollment problems
- 108 Quality issues with provider
- 93 Safety
- 80 Relocation (due to contract/rate dispute with MCO or due to desire to leave skilled setting)
- 69 IRIS Budget Amount

For more detail on these and other issues handled by FCIOP, see Appendix, pages 7-10.

Satisfaction with Ombudsman Services

Seventy-one satisfaction surveys were returned during the program year (out of 830 requests for assistance). Some of the results of the responses were:

- 80.6% (54 of 57) were “very satisfied” with the level of skill the ombudsman had to address the problem.
- 75.4% (52 of 69) indicated that the ombudsman was “very important” in solving the problem.
- 76.4% (52 of 68) were “very satisfied” with the overall results of assistance received.
- 89.6% (60 of 67) would call an ombudsman again, and
- 89.1% (57 of 64) would recommend the ombudsman service to a friend.

2016-2017 Family Care and IRIS Program Changes and Occurrences of Note

Changes to Business Structure

There were changes to the contractor market during this program year. The result has been a reduction in the number of Managed Care Organizations and an increase in the number of IRIS agencies.

Managed Care Organizations (MCOs), which administer Family Care and Family Care Partnership, had some business changes:

- Lakeland Care District changed its business model to nonprofit and is now named Lakeland Care.
- My Choice Family Care (formerly Milwaukee County Department of Family Care) changed its business model and separated from Milwaukee County to become its own independent entity.
- 3 MCOs – ContinuUs, Western Wisconsin Cares, and Community Care Connections of Wisconsin – joined together to form one MCO called Community Link.

I am unsure I would have received for my daughter and for me what we needed without the ombudsman help.

Guardian of Family Care member

Over the years, with MCOs that have left the market and MCOs that have merged, expanded and changed structures, Wisconsin has gone from 9 Family Care MCOs in 2010 to 5 larger MCOs now.

The structure of IRIS agencies changed. Instead of one statewide IRIS Consultant Agency (ICA) and one statewide Fiscal Employment Agent (FEA), the state moved to open the field for additional ICAs and FEAs that could begin serving IRIS participants once the new agencies pass a certification process. There are now five ICAs and four FEAs. The FCIOP team met with the new agencies to establish positive working relationships. A list of these agencies can be found online at <https://www.dhs.wisconsin.gov/iris/directory.htm>. The Self-Directed Personal Care (SDPC) provider remains a single statewide entity.

Family Care and IRIS Expansion Across Wisconsin

This year, Family Care and IRIS were implemented in Rock County. The coming year will see the final expansion across remaining counties: Florence, Forest, Vilas, Oneida, Taylor, Adams and Dane. Once this expansion is complete, legacy waivers will no longer be available, and Family Care, Family Care Partnership, PACE and IRIS will be the programs that will serve eligible adults with disabilities and the frail elderly.

Changes to the Long Term Care Functional Screen

Two significant changes to the Long Term Care Functional Screen (LTCFS) caused an increase in calls for help from people who suddenly found themselves ineligible for long term care services. One was the change in identifying target group. Previously a manual “decision tree” was used, which is essentially a flow chart that walks the screener through a series of questions that lead to a decision about whether and which target group an individual might qualify for. Now the target group identification has been converted to an automated process. This began in January, 2017. The new process changed the criteria, having an impact especially on individuals with intellectual/developmental disabilities. The second change was in the instructions, where screeners make decisions about how to score different elements during a screen.

To remedy the change in eligibility due to these adjustments, individuals must request a state fair hearing to ask an administrative law judge to find that, despite the fact that they were found ineligible by the screening tool, they are still eligible for the program under state regulation. FCIOP saw a sharp increase in cases going to state fair hearing due to this issue. FCIOP is working with the Department of Health Services to resolve areas of the LTCFS that find individuals ineligible when they should be found eligible. Until those issues are resolved, FCIOP continues to assist individuals in their appeals of these decisions.

[The ombudsman] was so great at explaining what she could do to help in my daughter's case. She gave me suggestions of alternate solutions when initial ones didn't work out. She was very thorough and prompt in her responses to my inquiries. It was a relief to feel like there was someone on our side and concerned for getting a positive outcome for us.

Guardian of IRIS participant

Changes to IRIS Program Structure and Policy

40 Hour Health and Safety Assurance Policy

Efforts to devise a policy to limit worker hours to 40 per week were initiated in early calendar year 2016. There were numerous issues with due process, procedure and policy clarity, implementation, compliance timelines, and communication. The FCIOP program worked closely with the Department of Health Services and IRIS Consultant Agencies to work through complicated cases and protect due process rights. Eventually a revised policy was issued that made it possible for participants to comply while meeting their care needs.

Budget Amendment Requests

An improved process was put in place for requests and decisions on Budget Amendments (BAs). These are requests to increase the monthly amount available for an individual's IRIS budget. Some of the issues were with procedures, and with notification and access to due process. There remain questions about who can initiate a request and what types of requests will

be accepted. While helping people on individual cases, FCIOP is working with the Department of Health Services to try to work out these issues.

Ombudsman designated for IRIS participants aged 60 and more

From the first implementation of IRIS, there has not been a designated ombudsman for IRIS participants aged 60 and more. The problem is addressed in the state's 2017-1019 biennial state budget. If it passes as is, the Board on Aging and Long Term Care, which already serves as ombudsman for Family Care members aged 60 or more, will be the designated ombudsman for this group of IRIS participants. In the meantime, these participants can call the Department of Health Services at 608-261-6749.

I can't give enough credit to [the ombudsman] and all she explained and facilitated.
Guardian of IRIS participant

Fraud Allegation Review and Assessment (FARA) Process in IRIS

The Department of Health Services worked with FCIOP, ICAs and FEAs to work out processes that better protected rights of participants reported for fraud. Many concerns have now been addressed. FARA due process has been an issue that has taken a lot of time and consideration. In fact, the following note was made in the FCIOP annual report a couple of years ago. FCIOP anticipates a continued collaborative effort to resolve remaining concerns.

The penalty of being found intentionally fraudulent is severe—involuntary disenrollment from the program, which would lead to a total loss in services. Egregious fraudulent activity can even be referred for criminal prosecution. Because of these significant impacts, it is particularly important to be mindful of due process rights of participants. The ombudsman program met with the Department to ensure participants' rights and acknowledgment and communication of those rights would be in place. The ombudsman program also worked with the Department to ensure participants have adequate notification of Fraud Allegation Review and Assessment (FARA) activity and timely access to all relevant records.

Changes in Federal Rules

Some federal rules will have impacts on Wisconsin's long term care system. These rules require the state to comply with a number of elements. The more significant rules are listed here. More detail can be found at the federal sites.

Centers for Medicare and Medicaid Services (CMS): Managed Care Final Rule

Issued in May, 2016, this give states a variety of requirements for their managed care programs, all with differing timelines. The Department of Health Services has developed a workplan to address the wide range of requirements.

<https://www.federalregister.gov/documents/2016/05/06/2016-09581/medicaid-and-childrens-health-insurance-program-chip-programs-medicare-managed-care-chip-delivered>

Centers for Medicare and Medicaid Services (CMS): Home and Community Based Services (HCBS) Settings Final Rule. The Department of Health Services has been conducting statewide assessments on residential settings and will soon be assessing nonresidential settings.

Issued in May, 2014, this rule requires states to bring residential and nonresidential settings into compliance with an integrated community model, beginning with assessing the current state of providers.

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-01-10-2.html>

Department of Labor (DOL): Home care workers minimum wage and overtime pay enforcement

DOL redefined its rules about caregiver pay and application of time.

<https://www.dol.gov/whd/homecare/>

Department of Labor (DOL) Workforce Investment and Opportunities Act (WIOA):

Requires community based employment opportunities at competitive wages.

<https://www.doleta.gov/wioa/>

Our Continuing Work...

It has been a busy year with many changes to Wisconsin's long term care system. These changes have immediate impacts on recipients of services. The FCIOP team is privileged to be in a position to provide independent assistance. We are grateful for our partnerships, especially when they result in positive resolutions for the people we serve. Mostly, we maintain an appreciation and respect for the individuals and families who work through complicated systems to meet their everyday needs. We look forward to the coming years to continue supporting them in their efforts

[The ombudsman] was an inspiration and gave me hope that someone was empathetic to my needs. She was professional, caring and eloquent. It was my pleasure working with her.
Family Care Partnership
member

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Family Care and IRIS Ombudsman Program Manager
October 1, 2017

Appendix
Report of Cases—July 1, 2016 - June 30, 2017

Number of cases in this reporting period	
New I&A	280
New this reporting period - opened as case	421
Number of cases continuing from previous report	129
Number closed this reporting period	710

Target Population*	
Developmental Disability	114
Physical Disability	327
Developmental Disability & Physical Disability	204

Contact/Referral Source*	
ADRC	36
Adult Family Home	1
Advocacy Group	6
ALJ	2
APS	1
BOALTC	4
DHS	1
DRW client previously	149
Family Care Program	167
Friend/family member	58
Guardian	23
ILC (Independent Living Center)	8
Internet	2
IRIS Staff	36
MCO	47
Metastar	9
Nursing Home	2
Self	80
Service Provider	7
Social Worker	7
Unknown	1

Method of First Contact*	
Telephone	688
E-mail	31
Mail	5
Face to face	2

*Family Care and IRIS Ombudsman Program
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Issue and MCO/IRIS⁵ involved	CW	CCCW	CCI	CL	Contns	C-Us	iCare	iLife	IRIS	LC	My Ch	TMG	WWC	No MCO	TOTAL
Abuse/Neglect	2		1	2		2	1		1		2				11
Assistance with MCO's grievance procedure				1		1					2			1	5
Assistance with SFH	13		1	3			2		1		3	6		1	30
Choice of Provider	13		8	7		3	1	1	2	3	8	3	1	2	52
Communication probs. with MCO - IRIS staff														1	1
Cost Share	5		6	1		2	1		7	3					25
Denial of visitors													1		1
Discharge planning	2		3	2		1			1	1	3		2		15
Disenrollment	4		5	2		2	3		11		4	6	1	2	40
Enrollment/Eligibility	21		5	8		2	3		23	1	12	13		13	101
Equipment Request/Denial	7		9	3		5	1		12	1	2		1		41
Home modification (access)			1	1		2			5		1	1		1	12
IRIS - Budget Amount							1	1	57			10			69
MCO terminates provider relationship	1									1					2
Medical treatment	2					1									3
Mental health care access			1										1		2
Provider quality	18		23	10		7	3	6	11	8	18	3	1		108
Relocation	16		22	10		3	4		2	2	18	1	2		80
Request for additional services	6		6	4		3	1		4	1	2	2	1	1	31
Safety	9		7	13		12	1	1	33		5	1	10	1	93
Self-directed supports issues	3		3	5		1	2	4	32		1	3	2		56
Service delay	7		6	11		9	2	2	29	2	2	3	5	1	79
Service denial (additional service[s] or hours)	5		7	5		2			17		2	1	5		44
Service denial (specific service)	7		11	6	1	5	3		14	1	3	2	2	1	56
Service reduction	10		8	9	1	5			38		10	4	2		87
Service termination	13		10	1		2	3		39	1	6	2	2		79
Total by MCO	164	0	143	104	2	70	32	15	339	25	104	61	39	25	1123

**How the case was resolved
(may select more than one)**

I&R	188
Informal Negotiation	29
Investigation/Monitoring	457
Work with IRIS Consultant or Financial Service Agency	30
MCO appeal/grievance or State Fair Hearing	79

Referrals:

Referral to ADRC	37
Referral to BOALTC	11
Referral to DHA	1
Referral to DHS	24
Referred to DQA	16
Referral to DRW P&A staff	6
Referral to DVR	1
Referral to DWD	1
Referral to IRIS staff	15
Referral to MCO staff	22
Referral to LAW	4
Referral to Medicaid Ombudsman	2
Referral to MCQS	9
Referral to MetaStar	1

Average Days to close a case

Cases only (does not include I&R)	100
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⁵ MCO/IRIS Acronyms

CW	=	Care Wisconsin
CCCW	=	Community Care Connections of Wisconsin
CCI	=	Community Care, Inc.
CL	=	Community Link
Contns	=	Connections
C-Us	=	ContinuUs
iCare	=	iCare
iLife	=	iLife
IRIS	=	Include, Respect, I Self-direct (may include an agency; likely includes DHS)
LC	=	Lakeland Care
My Ch	=	My Choice
TMG	=	The Management Group
WWC	=	Western Wisconsin Cares
No MCO	=	Not enrolled with an MCO or IRIS

Annual Report on Services Provided for State Fair Hearings

This is a new report first available in this detail this year.

Cases Closed with SFH Involvement	
# where SFH was requested	147
# where SFH took place	81

Hearing Result	Rep	Heavy TA	Light TA	N/A	TOTAL
Fully favorable	44	9	0	0	53
Partially favorable	2	1	0	0	3
Adverse	7	2	2	2	13
Unknown	0	8	4	0	12
				TOTAL	81

Issues brought where SFH held	
Change in Level of Care	33
Eligibility	20
Denial of Equipment	10
Denial of Services	9
Hours Reduction	4
IRIS Budget	2
Home Modification	1
Self Direction	1
Cost Share	1
TOTAL	81

Hearing Ultimately Not Held

Outcomes	Rep	Heavy TA	Light TA	N/A	TOTAL
Fully Favorable	11	14	7	6	38
Partially Favorable	1	7	1	1	10
SFH withdrawn before resolution reached	2	4	3	3	12
Creative Solution	0	0	2	0	2
Other	0	0	0	4	4
				TOTAL	66

SFH = State Fair Hearing

Rep = Representation

TA = Technical Assistance

Creative Solution = Found another way to solve the problem that was satisfactory to the client