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Family Care and IRIS Ombudsman Program

For Enrollees Age 18-59

Year 5 Annual Report:

July 1, 2012 - June 30, 2013

Report Date:
October 1, 2013

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Family Care and IRIS Ombudsman Program Overview

Wisconsin can take pride in its forward-thinking commitment to the care of people with disabilities, while carefully protecting their rights. The ombudsman program is an innovative strategy, encapsulated in statute, to ensure that the goals of the adult programs meet the needs of its recipients. 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 or Family Care/Family Care Partnership (FC/FCP) programs who are aged 18-59. 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 2011-2013 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.

> *Disability Rights and especially [the ombudsman] were very professional, sympathetic, and straightforward in addressing our issues. We certainly pass our experiences to others in need. Disability Rights is a wonderful organization that helps people in need. Thank you for the kindness that was shown to our family.*
>
> *Parents of Family Care member*

FCIOP Program

The program operates as a division within Disability Rights Wisconsin. It is comprised of eight ombudsmen (7.5 FTE), supported by a program attorney and a program manager. Services are available and offered through three offices across the state—Rice Lake, Milwaukee and Madison. Advocacy services are provided at no cost.

Number of Individuals Assisted through FCIOP Grows Steadily Each Year

	Year 1[1] ending 6/30/09	**Year 2[2]** ending 6/30/10	**Year 3[2]** ending 6/30/11	**Year 4[2]** ending 6/30/12	**Year 5[2]** ending 6/30/13
Developmental Disabilities	19	64	158	166	168
Physical Disabilities	63	213	255	318	297
DD & PD	9	107	79	93	115
New Info & Referral	26	79	141	157	211
New Cases	65	305	370	434	379
Cases continued from previous year		44	78	101	131
Cases closed this year		345	492	569	627
Total number of people assisted this year[3]	**94**	**381**	**534**	**577**	**596**
Total number of service requests this year[3]	**98**	**426**	**606**	**696**	**735**

[1] *November 1, 2008 - June 30, 2009 for year 1*
[2] *July 1- June 30 for each subsequent year*
[3] *Number of service requests is higher than number of people assisted because one person could make more than one request for assistance.*

Case Handling

The program is designed to respond to all callers. Depending on the type of request and the individual circumstances, ombudsmen offer a range of levels of service. If the caller simply has some questions, ombudsmen will simply provide answers about rules, rights and responsibilities. More often, they are asked to help with an issue that a Family Care member or IRIS participant is facing. At these times, ombudsmen investigate situations, working to understand what happened, what the callers are asking for, and seeking resolution if possible. Ombudsmen might assist callers to prepare for hearings, and they might represent callers at hearings. Cases may be straightforward with a common theme, or they may be highly complex with many intertwining issues. The first goal for ombudsmen, once they have a clearer understanding of the situation, is to see if there are means to come to an informal resolution. To facilitate that goal, ombudsmen maintain positive working relationships with staff responsible for member rights and care within the different entities—IRIS Agencies (the IRIS Consultant Agency [ICA] and the Fiscal Services Agency [FSA]), Family Care Managed Care Organizations (MCOs), Aging and Disability Resource Centers (ADRCs), service providers, advocacy associations, mental health and specialty complexes, income maintenance consortia, county staff and others. If an informal resolution isn't possible, ombudsmen explain the caller's rights and options, and offer to assist to the degree that is appropriate for the specific situation.

> *You were very helpful and supportive throughout a highly stressful situation.*
>
> *Parent of IRIS participant*

Requests for Help

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

148 Service reduction or termination of existing services
132 Service or equipment denial of a new request
100 Enrollment/Eligibility/Disenrollment problems
95 Relocation (primarily involuntarily due to rate dispute with MCO)
66 Help with appeals or grievance process
52 Choice of provider

For more detail on these and other issues handled by FCIOP, see Appendix, pages 8-10.

Satisfaction with Ombudsman Services

Of 104 satisfaction surveys returned during the program year, 73 or 70% indicated that the ombudsman was "very important" in solving the problem. Seventy-six or 73% were "very satisfied" with the overall results of assistance received. Eighty-seven or 84% would call an ombudsman again, and 92 or 88% would recommend the ombudsman service to a friend.

2012-2013 Changes to both Family Care/Family Care Partnership and IRIS

Sustainability proposals

The Department has been working on implementation of its "sustainability proposals", introduced in 2012. Some of the notable areas of change have been:

- Natural Supports: A greater focus on evaluating and better engaging unpaid supports was integrated into all language and considerations in service planning.

  Family, friends and neighbors are being asked to do more to provide care for their loved ones. This can be a tricky area; the state needs to find ways to cost effectively provide services, and natural supports are part of the mix of what might be available to serve the whole person. However, family members have a variety of factors that can limit their availability to help—jobs, distance, children, their own disabilities, etc. Friends and neighbors might be willing to help someone periodically, especially when the offer is self-initiated, but when the help provided becomes a chore or has a cost, it can change relationships. The result, besides self-consciousness and potential loss of access to the community, can be individuals with disabilities who have relationships with family, friends and neighbors that are neither natural nor emotionally satisfying. When done well, a mix of paid and unpaid supports can feel very natural and result in a full and satisfying life.

- Openness about Costs: Once discouraged in order to keep discussions focused on members' needs and preferences, MCOs are now encouraged to talk openly about the costs of different service options, with the expectation that members will be willing to work with care teams to find cost effective solutions.

  When doing care planning, these delicate conversations require a certain degree of finesse. While some care managers handle them very well, some make statements that make collaborative conversations difficult. Entreaties such as, "We have to be good stewards of the taxpayers' dollars," or "If we provide this for you, we would have to provide it to every member," make members feel that they are a drain on society, rather than people attempting to get their needs met and participate as full members of society. When done well, these discussions can help members participate more willingly and fully to explore the most cost effective options that will serve their needs.

- Self Directed Supports: MCOs are being encouraged to increase members' use of self directed supports.

  Hiring individuals (rather than agencies) to perform different personal care and home care functions costs less than hiring people through agencies, which have overhead costs. Since members often prefer to hire people they are comfortable with for these intimate services, increasing the use of self-directed supports can be a positive goal. Members do need adequate support to manage the employer functions of self-directed supports.

- Medication Management: Tools to increase medication compliance were employed, with the expectation that less instances of medication related health emergencies would be experienced by members, while the cost of having an in-person reminder and delivery of medications could be reduced.

It is unclear whether the full anticipated cost savings will be realized, but when the match between the medication delivery/reminder device and the member is a good one, this tool can work very well as a cost effective option.

- RAD: A number of sustainability measures are reflected in the redesign of the Resource Allocation Decision (RAD), which is the standardized tool MCOs use to make decisions about service authorization.

  See below for a discussion of key RAD changes.

- Exploring Residential Situations: The value of continuing to live at home, rather than move to an assisted living situation was given a stronger and more consistent message.

  This effort is tailored to the elderly population who may not really need to enter an assisted living facility, but feel that it is simply time to do so. Materials at ADRCs and available through Family Care and IRIS encourage people to consider remaining at home with services and supports, rather than move into unnecessarily skilled settings.

Milwaukee Behavioral Health Complex and Hilltop

Much work has been invested in planning to serve people residing in the Milwaukee County mental health system. This work will transition to individual discharge planning for many people with complex needs. A number of them or their guardians will be selecting a Family Care MCO or IRIS to develop and authorize plans that will adequately serve them in a less institutional setting. The discharge planning process will take a great deal of collaboration and support to ensure that residential settings and service plans in the community will adequately serve these individuals. In the long term, these individuals will have access to FCIOP if they experience challenges in their work with MCOs or IRIS agencies as they ensure continued attention to their needs.

2012-2013 Changes and Issues –Family Care/Family Care Partnership

Replacement of MCO in Northwest Wisconsin

After a procurement process, the state's contract ended with Community Health Partnership (CHP), a Managed Care Organization which provided Family Care and Family Care Partnership in the counties of St. Croix, Pierce, Chippewa, Dunn and Eau Claire. The contract for the area was awarded to Southwest Family Care Alliance (SFCA), which provides Family Care (not FCP). The change affected approximately 2,700 members, approximately half of whom were on FCP. State officials conducted numerous public forums to help members understand the changes and the choices they had, and help ensure a smooth transition of Medicare plans. For its part, SFCA worked quickly to bring providers into its network and transition care plans for all enrollees. Ombudsmen made themselves known and were available to help with inquiries about the transition.

Working with [the ombudsman] was wonderful. She was prompt, professional, intelligent and understood what I needed to do and explained it very well. Great job!
Family Care member

Residential Discharges Due to Rate Disputes

Residential discharge notices were issued to about 85 Family Care enrollees prior to the summer of 2012. These

notices were the result of rate disputes between some Managed Care Organizations and residential providers. Most of them occurred in the northwestern part of the state, and a number of them occurred in the central area. In these cases, residential providers that can't come to agreement with MCOs about the rate they will be paid to cover their services to members notify enrollees whom they are serving that they need to find another place to live within 30 days. When this happens, the MCO has a state-dictated protocol to follow to ensure a new place is found that meets the desired outcomes of the member. The MCO is responsible to find out what is important to the member about where he/she lives, and then find a few options that meet those priorities.

When a number of residential discharges occur in a concentrated area, the availability of suitable housing options can be limited. MCO care teams may be challenged to find several options for members to consider, especially if members want to remain in their same communities. The stress of the situation can cause anxiety for members, their families, care teams and providers. The ombudsman program can help members understand the process that should take place, and can help ensure members' rights are protected and their preferences are honored to the degree possible. In the end, many of the situations were resolved and the MCOs and most residential providers came to an agreement. Few members actually moved—a positive outcome to a disquieting situation.

Redesign of Resource Allocation Decision (RAD)

The Resource Allocation Decision (RAD) is a tool designed by the Department of Health Services and used by MCO care teams to make decisions about what services, and the level of those services, to authorize in Member Centered Plans (MCPs). Substantial changes were made to the RAD when a redesign of it was implemented in early 2013. The most significant changes were:

- A change in the definition of outcomes, which stressed 'functional and clinical needs' as the primary purpose of paid services, with the intent that doing so would support member preferences and interests;
- An increased emphasis on natural (unpaid) supports provided by family members, friends and neighbors, and on community resources and supports.

> *I presented a unique situation. My ombudsman rose to the challenge. Because of her dedication and compassion, we were able to have the problem solved quickly with the best possible results imagined.*
> *Relative of Family Care member*

Based on calls received, FCIOP has seen a reduction in member access to the community. The increased reliance on unpaid supports resulted in reductions in paid supports, such as staff supervision to community settings, transportation, etc. Availability and willingness of unpaid supports was not always ensured.

MCO Expansion

This year saw the expansion of a number of Managed Care Organizations, overlapping into geographic service regions already being served by one or more MCOs. As a result, members have increased choice about the MCO they prefer to provide the Family Care benefit. A competitive environment has been a goal of the state since Family Care expansion began.

2012-2013 Changes and Issues –IRIS (Include, Respect, I Self-Direct)

Due Process

FCIOP has been working with the Department of Health Services and with the IRIS Consultant Agency to smooth out due process issues, and to make sure all participants have appropriate access to due process through proper and timely notice, and through decision making processes that are fair and prompt. Some of the issues addressed this year were:

- Streamlining the process for making requests for Allocation Adjustments (AAs) and Exceptional Expenses (EEs) so that decisions can be made as quickly as possible.
- Standardizing the delivery of decisions about AAs and EEs, and determining due process rights and notifications of those decisions.
- Seeking agreement on processes for plan reductions and for due process notifications when an annual Functional Screen results in a reduction of allocation.
- Developing a standardized Notice of Action.
- Identifying all triggers for Notices of Action.

These collaborative conversations are continuing.

> *We found very knowledgeable staff. [The ombudsman] was extremely patient and thorough when explaining our rights and laws pertaining to our situation.*
> *Parents of IRIS participant*

Early Entrant Allocation Realignments

When IRIS was first implemented, it was necessary to design a way to calculate an allocation. The allocation had to reflect, to the greatest degree possible, the costs of each participants' needs so that an Individualized Services and Supports Plan (ISSP) could be built within that amount.

The first efforts to create such a formula resulted in allocations that were pretty close to meeting the needs of most participants. However, for a very few participants the allocations were quite high. The formula was reworked to more accurately reflect needs, and the new calculators were implemented on July 1, 2010. Participants who enrolled in IRIS prior to July 1, 2010, were thereafter referred to as "cohort 1" (later changed to "Early Entrants"), and those who enrolled on or after July 1, 2010, were referred to as "cohort 2". An effort was made during this past year to work with Early Entrants who had high allocations to bring their budgets more in line with current formulas.

Structural changes to IRIS program

Significant structural changes to the IRIS program were announced and work has begun to develop and implement those changes. Some elements of the new design include:

- Single IT system that will tie together all agencies, providers and participants; will offer in-time information about plans, budgets and spending; and will provide immediate access to all IRIS policies and procedures.
- Multiple IRIS Consultant Agencies (ICAs) and multiple Fiscal Services Agencies (to be called Fiscal Employer Agents) (FEAs)

- A change in approving ICAs and FEAs—instead of RFP procurement processes, agencies who meet certification criteria will be so approved.
- Removing claims processing from FEAs and procuring a Third Party Administrator (TPA) to manage all claims processing.
- FEAs will help participants with employer functions, such as doing background checks and handling payroll and payroll taxes for participant-hired workers.

> *A very valuable service to your clients. We had a very knowledgeable, pleasant and tactful ombudsman.*
> *Parent/guardian of IRIS participant*

And Onward…

The Family Care and IRIS Ombudsman Program is pleased to continue to provide direct services to individuals experiencing challenges in Family Care and IRIS. We appreciate our partnerships and acknowledge the difficult tasks to meet diverse needs, while ensuring meaningful lives in cost effective ways.

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October 1, 2013

Appendix
Report of Cases—July 1, 2012 - June 30, 2013

Number of cases in this reporting period	
New I&A	211
New this reporting period - opened as case	379
Number of cases continuing from previous report	131
Number closed this reporting period	627
Target Population*	
Developmental Disability	168
Physical Disability	297
Developmental Disability & Physical Disability	115
Contact/Referral Source*	
211 Help Line	1
ADRC	36
Adult Family Home	5
Advocacy Group	4
BOALTC	2
County CSP	1
DHA	2
DQA	1
DRW client previously	174
DRW Outreach	1
Family Care Program	48
Friend/Family Member	39
Guardian	58
ILC	10
Internet	3
IRIS Consultant	29
Legislator	1
MCO	33
Metastar	11
Nursing Home	1
Police	1
Private Attorney	2
Provider	26
Self	72
Sheltered Workshop Staff	1
Social Worker - non-Family Care	11
State	2
Unknown	5
Transit Agency	1
WI Dept of Public Health	1
Method of First Contact*	
Telephone	566
E-mail	7
Mail	3
Face to face	3

Issue and MCO[5] involved	CW	CCI	CCCW	CHP	iCare	IRIS	LCD	MCDFC	NB	SFCA/C-Us	WWC	No MCO	TOTAL
Abuse/Neglect	1	5	0	0	0	3	0	2	3	0	0	0	14
Assistance with MCO's grievance procedure	9	10	2	0	0	0	3	1	0	0	10	0	35
Assistance with state fair hearing	7	7	1	0	0	8	0	1	0	0	6	1	31
Choice of Provider	17	6	6	0	2	6	2	3	0	3	7	0	52
Communication probs. with MCO - IRIS staff	1	0	0	0	0	0	0	1	0	1	1	0	3
Cost Share	2	4	1	0	0	7	2	4	0	1	0	0	19
Discharge planning	0	6	1	0	1	1	1	4	1	0	1	3	24
Disenrollment	3	5	0	1	1	12	2	6	1	3	0	2	31
Enrollment/Eligibility	2	13	1	1	1	14	2	10	1	1	0	20	69
Equipment Request/Denial	3	13	0	0	0	10	2	2	6	0	2	0	40
Functional screen problems	4	0	0	0	0	6	0	0	0	1	0	0	6
Home modification (accessibility)	0	2	0	1	1	3	0	0	0	0	0	0	8
IRIS - Budget Amount	0	0	0	0	0	31	0	0	0	0	0	0	31
IRIS - FSA issue	0	0	0	0	0	12	0	1	0	0	0	0	14
IRIS - ICA issue	0	0	0	0	0	19	0	0	0	1	0	0	18
IRIS – quality	0	0	0	0	0	18	0	0	0	1	0	0	19
MCO terminates provider relationship	9	4	0	0	0	0	0	1	0	0	1	0	16
Medical treatment	2	3	0	0	2	2	0	1	0	0	1	0	11
Mental health care access	3	2	1	0	0	0	0	1	0	0	2	0	9
Provider quality	7	13	4	0	1	7	0	11	2	2	3	0	49
Relocation	16	16	3	3	2	3	4	6	26	0	4	5	95
Rep payee issue	1	2	0	0	0	0	0	0	0	0	1	0	4
Request for additional services	9	4	4	0	1	3	2	2	0	0	2	2	29
Residential rate reduction	2	0	0	0	0	0	0	0	0	0	0	0	2
Retaliation for DQA complaint	0	0	0	0	0	0	1	0	0	0	0	0	1
Safety	2	14	0	0	0	1	2	1	2	0	1	0	13
Self-directed supports issues	0	0	0	0	2	3	0	2	0	0	1	0	8
Service animal issues	0	0	0	0	0	0	0	0	0	1	0	0	1
Service delay	5	8	0	0	0	11	0	5	4	3	0	0	36
Service denial (additional service[s] or hours)	4	5	0	1	3	6	1	1	2	1	0	1	25
Service denial (specific service)	5	8	2	0	2	10	0	4	0	2	3	0	36
Service reduction	14	14	4	2	1	15	2	13	15	31	8	0	89
Service termination	8	8	1	1	0	13	0	11	7	4	6	0	59
Transportation	1	2	0	0	0	0	1	1	0	0	1	0	6
Total by MCO	**137**	**164**	**31**	**10**	**20**	**224**	**25**	**95**	**70**	**34**	**61**	**34**	**904**

How the case was resolved (may select more than one)	
Informal Negotiation	156
Investigation/Monitoring	169
Work with IRIS Consultant or Financial Service Agency	21
MCO appeal/grievance or State Fair Hearing	46
Technical Assistance	395

Referrals:	
Referral to ADRC	34
Referral to APS	1
Referral to BOALTC	4
Referral to Center for Patient Partnerships	1
Referral to CWAG	1
Referral to DHA	4
Referral to DHS	3
Referred to DQA	8
Referral to other DRW P&A staff	8
Referral to DVR	2
Referral to ERD	1
Referral to Guardianship Support Center	1
Referral to health insurance provider	1
Referral to HUD	2
Referral to ILC	4
Referral to IRIS Staff	8
Referral to LogistiCare	1
Referral to MCQS	11
Referral to Med D Helpline	1
Referral to MetaStar	1
Referral to Milwaukee Bar Association	1
Referral to private attorney	13
Referral to school district	1
Referral to small claims court	1
Referral to State Bar Attorney Referral Service	2
Referral to SSA	3
Referral to support broker	2
Referral to Tenant Resource Center	1
Referral to UCP	1
Referral to Waisman Center	1
Referral to WHEDA	1
Referral to WI Medicaid staff	3
Referral to WisBAR Modest Means Program	1

Average Days to close a case	
Cases only (does not include I&A)	107

[5] MCO/IRIS Acronyms

CW	=	*Care Wisconsin*
CCI	=	*Community Care, Inc.*
CCCW	=	*Community Care of Central Wisconsin*
CHP	=	*Community Health Partnership*
C-Us	=	*ContinuUs (new name of SFCA)*
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*
SFCA	=	*Southwest Family Care Alliance*
WWC	=	*Western Wisconsin Cares*
No MCO	=	*Not enrolled with an MCO or IRIS*