

## OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: IRIS Advisory Committee			Attending:
Date: 11/27/2018	Time Started: 9:00 AM	Time Ended: 3:00 PM	Committee Members: Monica Bear, Julie Burish, Martha Chambers, Dean Choate, Fil Clissa, John Donnelly, Mitch Hagopian, Maureen Ryan, Katherine Kasabuske, Allison McNelly
			DHS Staff: Amy Chartier, Betsy Genz, Maurine Strickland, Suzanne Ziehr
Location: Lussier Center, LePine Room, 3101 Lake Farm Road, Madison, WI 53711			Others: Gina Ramanini, Kahi Miller, Sarah O'Neil, Trista Brandt, Donna Blend, Lea Kitz, Anne Karch, Kim Marheine, Sue Nelter, Vicky Gunderson, Alexa Butzbaugh, Wendy Kaplan
Presiding Officer:			Betsy Genz, Associate Director, Bureau of Adult Long Term Care Services

### Minutes

#### Meeting Call to Order

- Introductions of those present and on the phone
- Minutes reviewed, Mitch moved to approve minutes, Dean Choate seconded.

#### Department Updates

- **Family Care Waiver Renewal**
  - Received some comments that pertained to Family Care and IRIS.
- **IRIS Waiver**
  - Expires 12/31/2020 – DHS generally starts renewal process 18 months in advance.
  - Talking internally about starting it earlier than 18 months this year.
  - Last time, CMS had questions so didn't approve for 4 months even though WI submitted it timely.
  - Will be hiring someone to help with this process
- **Staffing update**
  - Completed interviews for Program and Policy - Advanced position.
  - Posted 2 of 3 WISITS positions, which are conversions from contract to state employees
- **Participant Education Manual**
  - Has gone through EIA and been finalized
  - Currently developing work instructions and will be scheduling training time with ICAs so they understand how to administer.

- **SDPC Wage Increase**
  - Letter was mailed to participants and guardians – wage increase goes into effect 1/6/19.
  - Have received some feedback and calls at the ICAs, mostly positive.
  - Wage increase is for employee retention.
  - Participants can choose to give increase the increase for their SDPC workers, or not.
- **Self-Direction Workgroup**
  - Next meeting is Thursday

#### **Board on Aging and Long Term Care--IRIS Ombudsman Update**

- Have reached about 60 cases since June. Informal closure of most of the cases. At end of this quarter, will have met with  $\frac{3}{4}$  of the ICs in the state.
- Ombudsmen have not participated in any fair hearings at this time. 90% have been found in favor of the participant/many revolve around communication. Many questions/education around functional screen and nursing home level of care, denied BA requests resolved themselves, non-payment for services/cost share
- Have received a lot of questions about how using an ombudsman affects services.
- There have been very few calls that should go to different ombudsman agencies.
- The ombudsman organizations have different reporting requirements because of how data is capture in computer systems.
- **Committee Suggestion:**
  - Have reports be the same with both organizations so they can be compared

#### **Quality (walk-on item)**

- Changed data reporting format so it looks more like FC (will bring to future meetings)
- Quality team is doing more robust analysis
- Worked with ICAs and FEAs to develop measures. Such as with call centers/customer services – call return time, response time.
- Working on trying to group measures together to have the most impact and be a viable request. DHS can present in future on this.
- **Committee Suggestions:**
  - Have data on basic target groups and participants, enrollment numbers.
  - Data on roadblocks – timeline between steps, involuntary terminations, to look for themes across ICAs, if there is inequality issues with ICAs (DHS will bring to future meeting)
  - Would be good to get at actual timeframe in hiring workers. It takes a long time from a hiring worker and submitting first timesheet. Would be good to compare in county and with other counties and with ICA and FEAs.
  - Have a list of what is required for CMS and what is required by State

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## EVV Webinar

- Viewed the live webinar: <https://livestream.com/accounts/14059632/events/8424635/videos/184129474/player>.
- EVV webpage: <https://www.dhs.wisconsin.gov/forwardhealth/evv.htm>, a FAQ is being developed and will be posted on the webpage.
- Email address for questions/comments: [DHSEVV@dhs.wisconsin.gov](mailto:DHSEVV@dhs.wisconsin.gov).

## Public Comment

- **Anne Karch** – Excited about SDPC wage increase. Nice to be able to share increase at holidays. Math problem – Rachel hires people to help, they swap hours, schedule varies, never had someone not show up. Problem with paying them, IC says the number of hours have to be assigned to each individual worker for the week and they can't go over them (for SHC). So it makes it impossible for them to swap hours if they don't do an even swap. If new workers are hired to fill in gaps when others are out, get errors when they take an extra shift each week. Why can't money from SHC be in a pool with the number of workers all able to pull from the pool? Suggest to sit down with WISITS, ICs, and FEAs to talk this through so it's not so complicated.
- **Wendy Kaplan** – read email sent to Suzanne from Sheila Kuhn:

Hi, I am Sheila Kuhn and writing to you to admit on line testimony for tomorrow's meeting as I am not able to attend in person. I have a sincere concern that I would like to bring attention to our IRIS committee that needs to be addressed for the health and welfare of our loved ones.

I have seen and heard repeatedly from many families as well as professionals the following:

Instead of the state looking at the needs of the individual client for a standard and quality of life budget, it is now looked at as, what can the state do to find a way to keep decreasing supports for the individual each year. The one rationale that makes no sense is that people are told: "Now that your loved one is doing better, they no longer need .... supports and therefore money is reduced to take away the VERY supports that, because they are in place, is the VERY reason that our loved one is doing better and being more successful. For example, Reducing the number of staff monitoring and caring for an individual because they are now staying safe, haven't had aggression in the community or maybe at home in the last year, etc.. where the very reason that they haven't exhibited behaviors is because of the number of staff supports that have been in place, etc.

I would liken this thought process to another example. We all know that a common mistake many people make who are prescribed medications for a mental illness let's say, like depression, or bi polar start to feel better after some time and then they quit taking the meds because they feel better and no longer see the need for the med. Well, THE REASON THEY FEEL BETTER IS BECAUSE THE MEDICATION IS WORKING AND STILL NEEDS TO BE IN PLACE. People who quit taking their meds eventually start regressing back to their symptoms.

This analogy is the same for the support needs put in place for our loved ones that help them be successful. This point needs to be realized

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that taking away a support will most probably cause them to suffer and regress back to unhealthy and unsafe results.

Please take this testimony into consideration and discuss for what is the proper way to serve Dane county residents who deserve to have their needs met for quality of life. Thank you.

- **Wendy Kaplan** – FEAs – monthly statements to members, it will say a dollar amount, what the balance is, and what has been allotted for the year. It would be more helpful to members to indicate what should have been spent. Right now you have to do a calculation for each item to determine where you are, where you should be for each item. It would be helpful and seems to be a simple fix. #2 – education to members and their families. I know ICs are supposed to be doing that. The forms are just given to you; you're asked to read it and then asked if you have questions. So no education. It would be helpful to have a meeting that would be interactive. There are people new to the system and the area.
- **Laurine Lusk:** daughter is 38, in community for 17 years. Laurine has done the hiring/training. Since moving into IRIS, wants to touch on something. I was blessed to have 5 years working in the information center for TMG. Most of the calls were from iLIFE. We could see and take notes in the TMG data base when there was a call. We had to be well rounded in our knowledge. Had access to the iLIFE data base. I had kept some of that information. Passing out a budget report and what was provided then: It was very different when daughter started and what she saw previously. All line items in plan are listed vertically and saw all of the months. Bottom row shows what was used to date. Over budget is in red. Passed out Megan's: Its multiple lines. Laureine spends hours going over it. The employees are mentioned multiple times. Only active are in there. If they are inactive, system would know that and if they were added, it would trigger background checks and other paperwork. Please make it so we don't have to update plans when staff shifted or when people leave/are hired. IC gets notified that they are over budget when they have people on there just to stay in active. FEAs should be consistent, not different at each one.

### Direct Care Workforce

- Reviewed Long Term Care Advisory Council Charges. Council voted to continue working on Workforce charge, but 2019 charges have not been given by the Secretary yet.
  - The DHS Bureau of Adult Quality and Oversight Best Practice Integration Resource Section has developed resources on workforce retention that is on the website (<https://wcltc.wisconsin.gov/recruitment-retention.htm>).
  - DHS WISITS is creating standard budget statements. Currently, each FEA provides different amounts of information in different formats. The budget statements will be developed in WISITS and sent to FEAs to distribute.
  - Statement should be simplified and consistent so participants can look at or read it and get the information they need.
  - **Committee Suggestions**
    - Produce something for people that are self-directing their services
    - Helpful to pull out the things that are more self-directed from the resources on the webpage.
    - Include tips on resource page for participants and allow them to share tips/information.
    - Have participants review the new budget statement before it rolls out.
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**Charter Discussion**

- Reviewed changes to Charter that came from October Charter meeting.
- Goal is to have a partnership between DHS and committee members and make the program better.
- Additional changes agreed upon during discussion will be made and the final document will be sent to the Medicaid Director and committee members copies as an fyi.
- Expectations section from previous version of charter will be part of orientation packet for new members and removed from charter.
- ***Committee Suggestion***
  - Invite new DHS Secretary and Medicaid Director to come to meeting in January or March

**Future Agenda Items**

- Ombuds presentation with DRW and BOALTC in January
- EVV Update (make this a standing item)
- Appeals and Grievances
- Org Chart
- Committee membership and renewal
- SDS Workgroup update
- Wavier update / IRIS waiver amendment
- IRIS Waiver Timeline
- Background checks
- IRIS data reporting & Ombuds reports
- Response to public comments- flexible authorizations, reporting, onboarding

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Prepared by: Suzanne Ziehr on 11/27/2018.

These minutes are in draft form. They will be presented for approval by the governmental body on: 01/22/2019.