

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: IRIS Advisory Committee			Attending:
Date: 3/27/2018	Time Started: 9:00 AM	Time Ended: 3:00 PM	Committee Members: Monica Bear, Dean Choate, Fil Clissa, John Donnelly, Mitch Hagopian, Maureen Ryan, DHS Staff: Betsy Genz, John O'Keefe, Sheldon Kroning, Maurine Strickland, Suzanne Ziehr Others: Sue Urban, Mary Reed, Angie Fech, Katherine Kasabuske, Amanda Cavanaugh, Jill Walter, Zoe Nyland, Kevin Fech, Rochelle Gage, Karrie Knapp, Alexa Butzbaugh, Axel Jenken; Marcia Stickel; Shanna Jensen, Donna Blend, Lea Kitz, Tristn Brandt, Kim Marheine, Julie Burrish, Vicki Linton, Rochelle Gage, Barbara Katz, Wendy Kaplan, Matt, Kimberly Rux, Jeanne Franzen, Terry Holmes, Kerry Bublitz, Danielle Smith
	Location: Lussier Center, LePine Room, 3101 Lake Farm Road, Madison, WI 53711		Presiding Officer: Betsy Genz, Associate Director, Bureau of Adult Long Term Care Services

Minutes

Meeting Call to Order

Betsy Genz led introductions of participants listed above.

Approval of January minutes

- Maureen Ryan moved to approve, Martha Chambers seconded the motion.

DHS Updates

Dane County

John O'Keefe, IRIS Program and Policy Analyst, Bureau of Adult Long-Term Care Services

- Summer 2017 – pre-transition meetings and established enrollment plan
 - Goal to transition current CIP/COP participants into Partnership, IRIS, or Family Care
 - Approximately 2200 individuals on the CIP/COP legacy waivers, then 500 on waiting list to transition, waiting list will be served within 36 months
 - Enrollment counseling began on October 1, 2017
 - Start dates for people transitioning from legacy waiver services will occur on the first of the months of February, March, April, and

May, 2018

- Most counties transitioned in 1 month, Dane will transition in 4 months
- In September 2017 DHS trained ADRC on options counseling
- 6 community forums offered in September and had multiple sessions, different times of day and different locations, and ICAs and MCOs were available at each forum. About 1000 individuals attended the forums
- Enrollment Counseling began on October 1, 2017
 - 47% have selected IRIS
- PCS – stopped accepting referrals due to high number selecting the organization and their concern about their ability to provide quality customer service
- In February 2018:
 - Letter sent in February to individuals who selected IRIS reminding them of the need to complete their plan
 - March 15 certified letter to those individuals who have not completed their plan
- Ongoing activities
 - Weekly meetings for DHS staff and Dane County
 - Weekly meetings with ICAs and FEAs
- **Committee recommendation:** Members recommend keeping CIP/COP available longer to allow IRIS participants more time to complete service plans and make the transition
- FAQ for Dane transition is available on DHS website

Budget Amendments in Dane County transition

Sheldon Kroning, IRIS Quality Assurance Lead, Bureau of Adult Long-Term Care Services

- Budget Amendments
 - DHS anticipated a higher number of budget amendments in Dane County than other areas of the State
 - DHS did not require multiple bids for services participants were already using
 - Support Broker Service
 - Support broker is different in Dane County than what is used with the IRIS program
 - Participants can request it as an IRIS service, the need must align with the IRIS Service Definition, and be documented on the service plan
 - Support brokers can assist with coordinating services
 - Goal is to figure out the specific tasks the support broker is helping with
 - Support Broker should assist the participant in learning how to do the tasks on their own so the participant does not need their assistance the following longer than necessary
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Community Nursing

Sue Urban, Senior Director, Clinical Services, IRIS Self-Directed Personal Care Oversight Agency

- Nursing team connecting people with Medicaid card services in Dane County as necessary
 - 50 referrals received
 - Reviewed flow sheet handout with committee
 - Agency makes sure service can be provided through the card and does not exceed what can be provided/authorized
 - The staff spend time providing recommendations of where participants can receive needed services, staff then follow-up with ICAs to make sure there is follow-through on obtaining services
 - Some services they are recommending/connecting with are different than what participants have been using
 - TMG has offered and provided training to ICAs on what information is needed
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Department Updates

Betsy Genz, Associate Director, Bureau of Adult Long-Term Care Services

HCBS

- Residential Settings
 - Beginning of March, approximately 5200 settings had been reviewed
 - Just under 1200 met criteria without remediation
 - 3000 needed some remediation
 - Common problems were food access and locks on doors
 - For facilities that have not responded, counties and MCOs are reaching out and encouraging them to participate
- Non-Residential Settings
 - Surveys have been sent out and returned
 - Currently determining benchmarks
 - Committee of stakeholders has been put together to work on this, they will be meeting in April to provide DHS feedback
 - 550-580 settings will need to be assessed for compliance
 - Contractor – PCG will be doing non-residential assessments. Additionally, PCG will be 1-2 bed AFH certifier for IRIS going forward

Tribal

- Plan to amend Family Care waiver to allow tribes to provide services, case management, and some administrative functions
- Oneida and Menominee are currently using CIP/COP – they will be transitioned to FC and IRIS
 - Plan to make transition by 7/1/18
 - Enrollment counseling to begin in mid-April for the two tribes
 - Less than 150 people to transition
 - They will be given a choice of all programs

Adams County

- No additional information to provide
 - Still pending judicial review

Staffing

- In February, the Bureau was authorized to hire 3 new contract positions, these are temporary quality assurance positions
 - Have recruited and 2 staff in place 3rd to start 4/9
 - QA program specialists hired through Spherion
 - Amy Daniels and Kristen Bird
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- Section Chief
 - In recruitment status, would like to have someone hired and in place by end of April
 - Budget conversion – still working on changing contract to state staff.

IAC Letter from Committee Members

Betsy Genz, Associate Director, Bureau of Adult Long-Term Care Services

- Review and discussion of letter from IAC members to DHS
- Items in the letter that IAC members would like as meeting topics were prioritized

Participant Survey

Betsy Genz, Associate Director, Bureau of Adult Long-Term Care Services

- The Family Care MCOs were required to complete an annual customer satisfaction survey in the past
 - The decision has been made to bring this process within the Department and tie pay for performance to the survey
 - The Bureau worked with UW Survey Center to develop the survey
 - Survey is pending executive internal review
- MCO, ICA, FEA satisfaction surveys were constructed with similar questions across programs so that satisfaction can be compared across programs
 - Questions are focus on customer satisfaction with the services received from the ICA and FEA
 - The survey will be conducted in 3rd Quarter and will be reviewed for changes in following years
- Reviewed draft of ICA survey questions at meeting
- **Committee recommendations:**
 - Differences in response options should be more obvious
 - No question about timeliness of the ICAs – possibly add to Section 1
 - Is your consultant knowledgeable about local resources, question to add
 - Question about knowing rights and appeal process should be added
 - Change “member” to “participant” in instructions of survey
 - “member or representative” – this should be “and/or” not “or”

Public Comment

Betsy Genz, Associate Director, Bureau of Adult Long-Term Care Services

- Overview information was provided by Betsy Genz. Comments gathered during comment period, feedback will not be provided at this time. Comments limited to 3 minutes.
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- Axel Janker – Waisman outreach programs
 - Goals to upgrading to waitlist for access and healthcare services
 - WIN is a unique program
 - Helps by attending medical appointments and follow through on recommendations
 - Nurses make house calls and provide ongoing needs assessments, consultations and training/tech assistance to participants
 - This is crucial to bridge gap with healthcare services.
 - Marsha Stickel, WIN nursing director
 - Appreciate all nurses and individuals who work with individuals with IDD
 - Program developed because of gap for those receiving MA card services
 - Others have limitations of time, location and communication
 - WIN nursing goes to where the person is
 - Help facilitate with meeting needs and communicating with staff
 - This helps to decrease cost to taxpayer overall
 - Promotes quality to person in community
 - Julie Burish, parent – daughter is participant and she is guardian
 - We are missing looking at what we do, the person is at the center, it looks like we are playing chicken with sunset clauses and needing providers rates
 - Would like to see Department look at how to protect the person and how this is stressful on this person
 - Committee and Department do not understand the population they are dealing with and people that don't deal with this and don't do this for a living
 - Participant should be the center
 - If person is working on transfer, shouldn't we protect them?
 - Switching from program is not their choice, they should be able to choose what they want to do, self-direct or not
 - Survey people only know surveys they don't know the population
 - We have meetings to collaborate
 - Wendy Kaplan, parent and guardian
 - Mission of committee is very important
 - More should know about it and it should be publicized more
 - Would like a different setting so others can hear better in the room and those on the phone can hear
 - Has requested a budget amendment and broker has been extremely helpful and creative and it will save money in the end
 - Would like more than 30 min allowed for public comments
 - There wasn't enough time to cover everything on agenda, would like meeting to be a full day or to be monthly
 - It is important to have participants know about what is going on
 - Would like a listserv for this committee to get minutes/notes/agendas/etc.
 - With the survey questions – have 1-5 instead of reasons for participants to choose from
 - Barbara Katz, Parent in Dane County
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- Son was an early adopter and son went through options counseling in October and still waiting to be enrolled
 - Received certified letter – that was off putting
 - It is out of their control – have a hearing tomorrow with an administrative law judge
 - Changing dates in April to get plans completed by, told 3 different dates, need to have it stop changing
 - Concern variable of usual and customary wage, have searched IRIS manual, participant manual, and CMS guidelines and can't find anything that talks about usual and customary wages
 - Participant Survey is a great idea, concern with survey for both ICAs and FEAs. Participants might not fill out 2 surveys, they should be combined.
 - Amanda Cavanagh – iLIFE
 - iLIFE has been conducting participant satisfaction surveys every other year
 - work with Advantage Research
 - Learned about skills and what is easy to navigate, can send survey to committee
 - Survey is sent to some, not all participants
 - iLIFE engaged participant stakeholders when creating it
 - Marsha Stickel, WIN Nursing Director
 - There are options other than WIN program; could committee share what they are? WIN program doesn't know about them
 - Private duty nurses must be in homes 8 hours out of 24 hours, this is different than WIN nursing
 - Home Health is different with the services they provide
 - PRNs are not very effective if they don't understand more information
 - WIN nurses can write up this protocol and doctors will sign off on
 - WIN does consultation type nursing tasks.
 - Axel Janker – Waisman outreach programs
 - Thank you for opportunity to provide services and allowing members to work with them.

IAC Composition

Betsy Genz, Associate Director, Bureau of Adult Long-Term Care Services

- Discussion on what the composition and size of the IRIS Advisory Committee should be:
 - **Committee recommends:**
 - Diversity of target type and geographic area
 - Include a higher percentage of consumers (participants or guardians) that have experience with IRIS
 - More participants than participant representatives
 - Focus on adding these members to the committee in 2018
 - Providers not be part of the official committee but be invited to present on topics
 - Experts not be included in the new composition
 - Advocates on committee should be able to advocate for all 3 target groups
 - Committee should have 15+ members, 2 representatives from each target group
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- ICA/FEA/SDPCs representation ideas: All at the table, none at the table, have these groups represented as part of the providers or expert groups on the committee, or these groups could select a representative
 - Possibly have the representative rotate through the different groups
 - Add ombudsman to committee
 - Committee recommends approval of 2 member applications:
 - Mary Ezra
 - Julie Burish
 - Committee recommends:
 - Supports should be provided to help committee members get to meeting
 - Providing an overnight stipend for those participants.
 - 9 am is tough to get here for some participants, even if they are in Madison. Should shorten timeframe on both ends.
 - Find different phone system
 - **Next meeting** – Betsy Genz will bring applications DHS has received. Committee will look at the applications and provide recommendations.

Participant Education Manual Review

Betsy Genz, Associate Director, Bureau of Adult Long-Term Care Services

- The manual was sent out the day before the meeting to committee members, DHS understands that committee members have not had a chance to look at it
 - Purpose of document is to take place of the multiple participant education forms that are currently used and limit the number of separate forms that must be signed
 - Background checks are not part of the manual at this time
 - Handbook will be sent through plain language review
 - Completing handbook by the participant will not occur in one sitting. On the signature page, there is a line for each topic
 - DHS will send a Word version of manual to IRIS Advisory Committee members for review
 - Committee members will have 2 weeks to send feedback to Betsy Genz or Suzanne Ziehr
 - **Committee recommendations:**
 - Add following acronyms to list:
 - ADRC
 - OIM
 - BOALTC
 - DRC
 - ARC
 - Tribal ADRS
 - Health and Safety – Incident Reporting Section
 - Suggestion to add why the Department needs this information
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- Restrictive Measures Section
 - Add behavior support plan
 - Limit this section to what Restrictive Measures are and what should be reported to the ICA
 - Annual Health Care Information Section (items are included due to a spike observed in the occurrence)
 - Suggestion to have a health and wellness section or paragraph, instead of entire section
 - Should include just be what people have to know to be in IRIS
 - Consider the possibility of combining with health and welfare section
 - 40-Hour Health and Safety Rules (included because questions are frequently received on the topic)

EVV

Betsy Genz, Associate Director, Bureau of Adult Long-Term Care Services

- Electronic Visit Verification is federally required as part of the 21st Century Cures Act
 - EVV system is used to verify services were provided, who provided the service, and who received the service
 - EVV technologies include
 - Smart phone or tablet with GPS;
 - Landline to call in and out; or
 - Stationary device in participant's home
 - The System will capture time in/out, who is providing the service, services provided, date of service, who received service
 - The EVV system would be used for all personal care and home health services related to services provided as part of Long Term Care, Fee for Service, BadgerCare HMOs, FC, FCP, and IRIS
 - Looking to have one statewide vendor, have not decided on vendor at this time
 - The vendor will not be allowed to charge people to use systems (State pays the vendor)
 - Providers do not need to do anything or purchase anything at this time
 - 21st Century Cures Act requires the EVV system to be implemented by 2019
 - DHS realizes 1/1/19 is not feasible for implementation
 - There will be a financial imposition if not implemented, but there is a 1 year delay if you are making a good faith effort in implementing the system
 - DHS is seeking input from stakeholders
 - Workgroup met in August and in February (composed mainly of personal care providers at this time)
 - A dedicated email and website are being created
 - DHS is working to determine which services are required under the EVV mandate. Some of the considerations include:
 - Services can be intertwined
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- Services can be provided at differently locations

Walk-on Items

Possible Agenda Items for May Meeting

Betsy Genz, Associate Director, Bureau of Adult Long-Term Care Services

- Update on Participant Education Manual
- IAC Composition
- Items from IAC Letter
- Global cash cards and associated fees participants and providers are receiving
 - This is for people who do not want to use direct deposit or do not have a bank account
- IRIS priorities/projects
- Committee members should send any other agenda items to Betsy Genz and Suzanne Ziehr by May 1, 2018.

Prepared by: Suzanne Ziehr on 3/27/2018.

These minutes are in draft form. They will be presented for approval by the governmental body on: 5/22/2018