DEPARTMENT OF HEALTH SERVICES

F-01922 (03/2018)

Instructions F_01022A

DRAFT

OPEN MEETING MINUTES

Name of Governmental Body:			Attending:
IRIS Adviosry Committee			Committee Members:
Date: January 26, 2021	Time Started: 9:30 am	Time Ended: 12:00 pm	 Linda Bova, Julie Burish, Alexa Butzbaugh, Martha Chambers, Fil Clissa, Dean Choate, John Donnelly, Mitch Hagopian, Angie Kiefer, Kathi Miller, Maureen Ryan, Danielle Smith, Sue Urban DHS Staff: Amy Chartier, Ben Nerad, Christine See, Kiva Graves, Leon Creary, Samantha Ninnemann, Suzanne Ziehr
Location:			Presiding Officer:
Zoom Webinar			Betsy Genz, Director, Bureau of Adult Programs and
			Policy

Minutes

Committee Members Absent

• Rosie Bartel

Meeting Call to Order

• Motion to approve November minutes by Maureen Ryan. Motion seconded by Angie Kiefer. Minutes were unanimously approved.

Department Updates, presented by Betsy Genz and Amy Chartier

- IRIS Contractor Provider Agreements have been executed
- · Long Term Care Advisory Council (LTCAC) Charges related to Geographic Service Regions (GSRs)
 - Information provided by the IRIS Advisory Committee and other stakeholders is being consolidated
 - o Suggestions will be put in a paper and presented to LTCAC in March 2021.
 - S The council will make edits, and the final document will be shared with the Secretary's Office and the IAC.
 - o IRIS Waiver Renewal was submitted to CMS September 2020
 - S DHS received full CMS approval on waiver renewal on December 17, 2020
 - S New waiver has been posted to public website: <u>https://www.dhs.wisconsin.gov/iris/2021-1915cwaiver-application.pdf</u>
 - S Committee members are encouraged to start making list of changes for the next waiver renewal
 - **§** A waiver amendment is still on the table, but not being worked on currently. Currently the focus is more on COVID-19
 - Committee Comment:
 - S Waiver has a nice summary of changes up front, which is nice
 - o Hired last open WISITS position, Jonathan Claflin
 - § Gail Propsom supervised the team
 - Electronic Visit Verification (EVV)
 - **§** Newsletter is being sent
 - Podcast was created in December: <u>https://www.dhs.wisconsin.gov/evv/podcast.htm</u>
 - S Topics include EVV customer care training

- S Forms updated for live-in caregivers
- Soft launch only included T1019 services
 - Included codes: https://www.dhs.wisconsin.gov/evv/providers.htm
 - No defined time for hard launch
 - S5125 and S5126 I service code need to be included in EVV starting January 1, 2021
- Provider outreach plan has been implemented by DHS to assist providers that are struggling to set up EVV or not comfortable using it
- **§** EVV customer care team is contacting providers that have services listed in system but have not completed trainings
- S Providers cannot begin to record visits until all steps have been completed
- S No claims are being denied at this time as a result of missing or incomplete EVV information
- Plan being developed for Hard launch, EVV stakeholder committee is providing input

Ombudsman Update presented by Kathi Miller

- The Board on Aging and Long Term Care (BOALTC) and Disability Rights Wisconsin (DRW) meet regularly
- Receiving a heads up on mailings and notifications the are being sent out helps (i.e. with vaccines and EVV)
- Have had many calls about enrollment and disenrollment process
 - Helping participants understand who they are expecting a call from and how long until they receive the call
- Continue to do trainings and outreach jointly with DRW

Monthly Rate of Service (MROS) presented by Ben Nerad

- Pushed back started date of rate change from January 1 to July 1, 2021
- Will look to see if there are unexpected costs that were not captured in 2019 data used in MROS rate setting
 - o Requested and received 2021 budget projections from ICAs and FEAs
 - o Quarter 1 (Q1) 2021 Fanatical reports will be submitted in April by the ICAs and FEAS
 - The difference is the time period of data being reviewed
 - We don't know yet how significant or substantial those changes will be
- DHS is working through this, learning, and following what is required under waiver
- · DHS does not generally pay out an additional margin to providers
- If committee members have suggestions on what the state needs to consider for the oversight and protection of the participants in general, they should send them to Suzanne Ziehr (Suzanne.Ziehr@dhs.wisconsin.gov)
- · Committee Suggestions:
 - Feels like the master to the state is the federal government, not the participant
 - Next time rates are reexamined it would be helpful to have someone explain to the committee how the rates are determined

COVID-19 and Vaccine Update presented by Mitch Hagopian and Kiva Graves

- There are some limiting factors with distribution
- Rollout is being managed at the local level
- State is trying to provide consistent information in areas that we can
- Suggest checking the DHS website for up to date information and sign up for GovDs and weekly newsletter
- Began receiving inquiries from public health departments of who they can reach out to contact workers

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- There was confusion from Public Health departments about who was in the 1A group and the terms IRIS program uses for its workers
 - o Webpage has been updated to use terms used with the IRIS programs
- · BPDD helped to create plain language resources that are being updated as needed
- Will be posting new FAQs soon
- · COVID-19 stakeholder group met yesterday
 - Working through a universal consent form
 - A way to create a list of every public health department, their websites, and what they are doing to help contractors
 - o What tools can be put together
 - How to reach out to hesitant groups
 - Working with those that oversee the Non-Emergency Medical Transportation (NEMT) contract to categorize COVID-19 vaccine as an urgent (same day) transportation request
 - State Disaster Medical Advisory Committee (SDMAC)
 - o Mitch Hagopian is on subgroup for vaccine rollout
 - o Currently working on phase 1C
 - All of the IRIS, Family Care, and Children's Long Term Support workforce is covered under phase 1A (paid and unpaid)
 - Program recipients are in phase 1B
- BAL has bi-weekly webinars about vaccine rollout and assisted living: <u>https://www.dhs.wisconsin.gov/regulations/assisted-living/asstdlvg-forum.htm</u>
- Information on the COIVD-19 Vaccine: https://www.dhs.wisconsin.gov/covid-19/vaccine-about.htm
- Committee Suggestions:
 - Having IRIS Consultants (ICs) work with participants to help with vaccine registration would be helpful

Service Definition Manual presented by Amy Chartier and Leon Creary

- · Service Definition manual is being updated to match the specific to definitions, approved in waiver
 - Service definition manual will be posted once reviewed, approved, and updated
 - o In process of reviewing service codes to determine what needs to be changed.
- Policy manual and work instruction manual
 - o Completed internal review of internal policy and work instructions
 - o Requested updates to practices not currently in manual
 - o Plan to have this completed by end of March
 - After completed will look deeper at:
 - **§** BA and OTE processes
 - **§** Accessibility assessments

IRIS Contractor Provider Agreement presented by Amy Chartier

- Leon Creary will be lead on contract amendments for the IRIS program
- Went through list of substantive changes from previous agreement to new contractor provider agreement
- Link to IRIS Contractor Provider Agreement: <u>https://www.dhs.wisconsin.gov/iris/provider-agreement.pdf</u>
 - There will be an amendment this year and will included:
 - § FEA selection
 - **§** Clarification on provider agreement
- BADR worked with Kyle and Sheldon to create a publication on what is an FEA
 - o Working with FEAs and ORCD to talk through their role more
 - o Christine See will share draft document for committee review, this is very draft

- Committee Suggestions:
 - o IAC was not given opportunity for feedback on change of FEA selection process
 - **§** The scoreboard tool is not good for helping with that
 - Can committee work with ADRC to come with a script for them to use? This needs more discussion
 - **§** End users should be on advisory group in creating training materials for the ADRCs
 - Have more consumer input before beginning trainings in March
 - \circ Doesn't make sense for people to have to go back to ADRC to change FEA and ICA
 - Next meeting topics should include:
 - **§** FEA Survey Questions
 - **§** New FEA change process

Public Comment

- Anne Rabin
 - What is good for the scorecard to have
 - See for each FEA, what is the percentage of delayed payments? Provide Data vs opinion
 - Percent of part inquiries handled on first, second or third calls
 - Can customer service take action to resolve an issue, rather than passing up the line
 - Other than scorecard or website there is no one participant can contact to see how they will meet their needs
 - Have more data driven information to improve scorecards
 - Scorecards are currently not valuable

Prepared by: Suzanne Ziehr on 01/26/2021.

These minutes are indraft form. They will be presented for approval by the governmental body on: 03/23/2021



Kimberly Schindler and Betsy Genz

Division of Medicaid Services, Long-Term Care Benefits and Programs

March 9, 2021

Long-Term Care Delivery Regions: Modernization Options

LTCAC Medicaid LTC Charge

- Provide advice and guidance on the number of Geographic Service Regions (GSRs).
- Provide advice and guidance on the number of Managed Care Organizations (MCOs), IRIS Consultant Agencies (ICAs), and Fiscal Employer Agents (FEAs) in each GSR.

Current Geographic Service Regions



Geographic Service Regions (GSRs)



Combined FC/FCP/PACE enrollment data as of 11/1/19



IRIS enrollment data as of 12/1/19



IRIS enrollment data as of 12/1/19



IRIS enrollment data as of 12/1/19



IRIS enrollment data as of 12/1/19



IRIS enrollment data as of 12/1/19



FC/FCP/PACE enrollment data as of 11/1/1 IRIS enrollment data as of 12/1/19

LTCAC and Stakeholder Feedback

- DHS should consider an option that is least disruptive to members, participants and business operations.
- DHS should consider an option that provides choice of MCOs or ICAs in each GSR.
- DHS should consider smaller changes or other options to alieve procurement administrative burden rather than make significant changes to the GSRs.

NEW: Option 5

- This map is based on collapsing some current geographic service regions.
 - Combine current GSRs 1 & 7
 - Combine current GSRs 2 & 3
 - Combine current GSRs 4 & 13
 - Combine current GSRs 5, 12 & 14
 - Combine current GSRs 6 & 11
 - Combine current GSRs 9 & 10



IRIS enrollment data as of 12/1/19

IRIS enrollment data as of 12/1/19

Number of Managed Care Organizations (MCOs), IRIS Consultant Agencies (ICAs), and Fiscal Employer Agents (FEAs) in each Region

Current Process for MCOs

- Wis. Stat. § 46.284(2)(bm) requires DHS to procure Family Care and Family Care
 Partnership services through a competitive request for proposals process.
- DHS determines the number of awards per region.

Current Process for ICAs and FEAs

- DHS uses an open certification process for ICAs and FEAs.
- Willing and qualified providers may submit an application in accordance with the expectations set forth in the Certification Criteria documents.
- Currently, no limitations as to the number of ICAs or FEAs in a specific region.

Previous Options Discussed

- Option 1: Defined number of agencies statewide
- Option 2: Defined number of agencies per region
- Option 3: Statewide
- Option 4: Statewide with GSR assignment
- Option 5: Open procurement
- Option 6: Open certification

LTCAC and Stakeholder Feedback

- Assuring choice is important. DHS should set a minimum number of agencies in the region to assure choice.
- DHS should consider an option that allows local and smaller agencies to participate.
- DHS should not consider open procurement or open certification for MCOs.

NEW: Option 7

 Defined number of agencies statewide for MCOs; open certification for ICAs.

Discussion