1. **Will there be support brokers with Family Care or IRIS? How will this change?**

   A person using IRIS who needs the services of a Support Broker should discuss including the Support Broker service in their plan, and in their budget process. At least one organization in Dane County will continue to offer Support Broker Services. In Family Care, people who self-direct may request to include a Support Broker in their self-direction plan; the role is different than in IRIS, typically focusing on supporting the employment of individual support staff.

2. **If we want to keep everything the same as we have, which is the best program?**

   The answer to that question depends on the specific individual and how services are currently received. Many people have determined that IRIS gives the individual/legal representative the most control over the services they receive, since that is the basic principle upon which IRIS is designed. While Family Care places people at the center of their Care Team, Managed Care Organizations (MCOs) are obligated by their contract with the State to help people create the most cost-effective ways to meet their desired outcomes.

3. **What kind of materials do you need to bring to the enrollment counseling appointment?**

   You do not need to bring anything, but you might find it helpful to bring a copy of the "profile" Support Brokers have created for each person supported, and a copy of "My Support Budget" which lists services currently received. Your Support Broker can provide you with both documents if you do not have them.

4. **How long will the IRIS budget amendment process take?**

   Once you have created your IRIS plan with your chosen IRIS Consultant, and they have prepared the Budget Amendment to submit to the State for approval, The State is typically able to respond in 1-2 weeks. Sometimes it is as little as three days.

5. **Once an IRIS budget is determined or a Family Care Plan established, will it or can it change in future years as needs change?**

   A change in "condition" will start a process to re-assess and re-determine support needs. In IRIS, this may require a Budget Amendment. In Family Care, people do not have a budget, unless they choose to direct one or more services through the option in Family Care and Partnership option for self-direction of some services. In Family Care, as needs change, a person's Care Manager will work with the person and the person's service and support providers to address those changes. Within the self-directed option in Family Care, the Care Manager would work with the person to address needed changes within the SDS budget.

6. **I have heard that budget increases within IRIS may only be submitted for services directly related to health and safety. Is that accurate?**

   It is not accurate. The IRIS budget amendment process is allowable for any or all supports for which a person is eligible to receive within IRIS and that are related to meeting their long-term

care outcomes. You can learn more about this thorough process on the DHS web site at: https://www.dhs.wisconsin.gov/publications/p0/p00708a.pdf#page58

7. **I heard that Family Care will reduce services after the first year. Is** this **accurate?**

   The Managed Care Organizations (MCOs) that provide the Family Care and Partnership benefit services are given three years by the State to "align costs" with state-wide averages. The MCO's do this through a process of looking for "efficiencies" and, as they are required to do by contract, to find the least costly method of meeting a support need.

8. **Do I need a Fiscal employee agent if I choose IRIS/Agency?**

   Yes, everyone in IRIS needs to choose a Fiscal Employment Agent (FEA), even if they use an agency to provide services. The funding for the provider agency runs through the FEA.

9. **If yes, Do I also need a rep payee?**

   The representative payee service is to assist with the personal funds of the individual and to be accountable for Social Security and SSI reporting. If you have a Rep Payee now, you will likely want one in the new system.

10. **Do FEAs and Rep Payees need to be separate or can they be the same agency?**

    We are seeking clarification about whether an FEA can also be the Representative Payee. IRIS does not directly cover Representative Payee services, but it does cover "bill paying services." If you select IRIS, you would want to discuss this with your IRIS Consultant. Many people supported in Dane County who have an organizational payee (Fiscal Assistance, or FA) already pay their own $41/month payee fee.

11. **What level of info is appropriate to expect from IRIS/Family Care org when you call?**

    The MCO's and ICA's can answer general questions, but not questions specific to you or your family member.

12. **How many years is the Ombudsman contract?**

    The Ombudsman contract is a five-year contract. Disability Rights Wisconsin (DRW) was awarded the 5 contract with the Department of Health Services beginning July 1, 2014. Therefore, unless extended or a new contact is awarded, the current contract will end June 30, 2019.

13. **What happens if Disability Rights Wisconsin (DRW) loses the contract?**
    The contract is managed by the Wisconsin Department of Health Services (DHS). DHS is required as a part of the federal waiver to have an Ombudsman program, so DHS would have to conduct an RFP process to contract with a different organization.

14. **What complaints have been filed?**

    I think you are asking what types of issues people are requesting help with. While ombudsmen handled a wide variety of cases, the top seven presenting issues for the period July 1, 2016 – June 30, 2017 were:

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

15. **Does a family member have "standing" in a grievance, appeal, review, or state fair hearing or does only a legal guardian have this ability?**

    Grievance or Internal appeal: A member, a member's "legal decision maker," or anyone acting on the member's behalf with written permission may file a grievance or an internal appeal. *MCO Contract Article XI*. A member's "legal decision maker" is any person who has the legal authority to make that type of decision, including guardian of person or estate, designated power of attorney for health care or durable power of attorney.

    State Fair Hearing: A member, immediate family member or legal decision maker may file a request for State Fair Hearing. *MCO Contract Article XI, Wis. Admin. Code § HA 3.05*. The article did not include a definition for the term "immediate family member." The Division of Hearings and Appeals may require written authorization, depending on the circumstances.

16. **How do we evaluate MCOs and providers when we are choosing them? Is there information on the percentage of turnover of staff or the percentage of clients who have left/changed?**

    These are questions that you may ask the MCO's and ICA's, and specific service providers.

17. **In the future who will do the functional screen? The last one was done by our broker, but there will be no more brokers.**

    Future functional screens will be completed by the MCO or by the ICA.

18. **On the ADRC handout – "How are services paid?" for both Family Care & IRIS it states, "after the individual authorize the payment." Who is the individual?**

    The individual is the person receiving service or their legal representative.

19. **How often does this occur?**

    In both programs, the service plan is reviewed every six months. In IRIS, the "individual" may need to authorize payments *to individuals* they hire on a monthly basis. If they hire an agency

to provide support services, the authorizations are for 12 months. For Family Care and Family Care Partnership, authorizations are for 6 months.

20. Who pays and how does it happen for an institutionalization or emergency institutionalization, such as Emergency Detention at Winnebago, or a stay in a State Center?

Dane County will remain responsible for admissions to mental health facilities and State Centers for people with cognitive disabilities.

21. Has anything been resolved regarding Madison Metro transportation?

The City's process to finalize their proposed changes is on-going at this point, as part of the city budget process. Dane County is offering some transportation coordination services to MCO's and ICA's for people who use IRIS. All involved are continuing to work on determining effective transportation plans.

22. Family Care (ADRC handout) – "I want to use Medicare or Medicaid to pay for my doctor & my medications." – (If I don't have private insurance does this exclude me from Family Care?)

To be eligible for Family Care or IRIS, an individual must have Medical Assistance eligibility. You will keep your current medical providers. If you choose Partnership, which includes acute and primary medical coverage, you choose your medical providers from their provider network. Most local clinics and hospitals are in both Partnership networks. Networks for medical services in Partnership are on-line for Care Wisconsin Partnership and I-Care Partnership.

23. "What is Cost-share?" – "may have to pay for part of the cost" – what parameters are used that determine who will need to cost share?

Cost-shares are sometimes required for people receiving Medical Assistance, depending on their qualification route and their income and assets. Nothing about the change to Family Care or IRIS will change any current cost-share requirements for specific individuals. Check with your Support Broker if you are not sure about current cost-share requirements.

24. We currently have NO services. My son was found eligible for DD service and placed on a waiting list about 7 years ago. Will we have problems with the ADRC process of getting eligibility?

Contact the ADRC to find out when a new eligibility screen will need to be done. Eligibility requirements have changed. The ADRC does the long-term care functional screen for people on waiting lists. The transition to Family Care requires current waiting lists to be cleared within 36 months.

25. What happens if state funds are lowered?

Family Care and IRIS are funded through a combination of state, federal and local county funds (Dane County is required to continue to contribute funds). The need for family advocacy does not go away. We will need to advocate on the federal and state level for sufficient Medicaid funding to sustain the long-term care programs. The county's contribution is set based on past contributions and state law.

26. What if someone doesn't respond to ADRC calls and letters and doesn't make a choice? Are they dropped from support or are they assigned some type of automatic decision?

There is no automatic assignment. Instead, funding for long term support services will terminate; the person will presumably still have their Medical Assistance "card" services, but nothing else unless they reapply and do a new eligibility determination.

27. Our son is currently 16 – a junior in high school. He has autism – low functioning. At what point do we contact ADRC to get him "on your radar" for transitions post-high-school?

At the age of 17 years and 6 months you may apply for adult long-term care services at the ADRC. You may have eligibility until age 22 for CLTS services.

28. In IRIS, are budget amendments only for one time or can they be on-going service (transportation)?

The budget amendment process is used to establish your on-going support budget if the initial budget estimate is not sufficient. The budget amendment process is also used to make changes needed due to a "change in condition". There is a similar process by which an ICA would work with a person to request funding for one-time or short-term needs.

29. You said we can change our mind; what about if we want to change ICAs after we choose one?

Individuals can change from one ICA to another prior to enrollment. The current ICA would need to send a withdrawal notice to the ADRC. From there, the ADRC will send a new referral to the new ICA.

30. How is Family Care able to budget for Paratransit?

The concept of managed care is supposed to create an actuarially sound rate for the MCO's, based on the current service costs in the region, and the specific mix of people who choose the MCO. Transportation is a covered service, and a calculation for the costs of providing transportation is part of the rate development process. The state also believes that MCO's will be able to negotiate better rates with transportation providers than has historically happened in the Dane County region.

In practice, how it will work out remains to be seen. Advocacy has highlighted how important transportation services are to individuals and their families.

31. We keep hearing that we can switch between providers at any time or as often as we want – this seems like a logistical nightmare. How do you foresee this happening smoothly and without interruption of services?

"You can change your mind at any time" is referring to changes between IRIS and Family Care, or Family Care Partnership. It also refers to changes from one MCO to another, or one ICA to another. There are logistical issues: changes between IRIS and Family Care, for example, will typically occur at the first of a month. There may be delays in payment for service providers while the system catches up. If you have a service provider funded through IRIS or Family Care, changing which organization provides your support is also possible, but is logistically a longer process to make sure that support needs are met and communicated. Making this change requires there to be another organization ready to provide the needed services, and able to provide the support for the available IRIS rate, or to negotiate a rate with the Family Care MCO. Several thousand people have made these changes over the years and they are typically smooth and amicable among the ADRC, the ICAS and the MCOs.

32. You talked about approved providers being updated weekly. If they are being added so frequently, could they potentially be dropped just as frequently once he program has started?

In the Family Care MCO provider networks, the Dane County providers are in the process of applying and being approved to be part of the MCO's provider networks. As MCO's add providers to their network, they update their websites. An MCO may drop a provider if, over time, no individuals are using that provider, or if they cannot agree on service rates. For similar reasons, providers may opt to withdraw from an MCO network.

33. What if an adult is still in high school and living at home and will not utilize services for a couple of years.? What will their plan look like?

At the age of 17 years and 6 months, young people can apply for services and have the Long-Term Care Functional Screen completed. If living with family and receiving school services in not meeting all the individual's needs, they will then make their selection for IRIS or Family Care, and begin a person-specific planning process to have their support needs met.

34. Are the selected Agencies under FS/IRIS for profit or non-profit?

There are some of each. TMG is owned by Magellan, which is a for-profit insurance company. I*Care* is 50% owned by Humana, which is a for-profit insurance company. The other ICA's and MCO's are all non-profit.

35. Are the selected Agencies "audited" by an independent group for the State of WI on results and financials? If not why?

All organizations under contract with the State of Wisconsin are required to submit an annual financial audit to the state. The State of Wisconsin also contracts for user satisfaction surveys, and requires MCO's and ICA's to submit data related to "outcomes" for the individuals served.

36. Since we cannot interview agencies, what method or system do we use to select an agency?

You can and should call the MCO's and ICA's you are considering and ask some general questions. Look at their websites. Talk to others. Use the Facebook group to learn about the experiences others are having, and share your own experience. And, once you have selected your MCO or ICA, you may have a more in-depth discussion with the organization. If you are not satisfied with the responses you receive, you may want to consider returning to the ADRC to make a different choice. We will continue to create events and other opportunities for people to share their experiences with their chosen ICAs and MCOs during enrollment, and through 2018 and beyond as we help one another know what is happening and what is possible.

37. When letters get sent out, do they go to the guardian's address or the supported home where my son lives? I'm worried I won't get the letter.

Thus far the ADRC has been calling guardians or individuals who are their own guardian to schedule meetings. You may call the ADRC to schedule an appointment, too. Their phone number is 608-240-7400

38. How many people are using Family Care, Partnership and IRIS statewide?

According to the DHS website, the current Family Care enrollment is about 47,000, Partnership is around 3500 and IRIS is 15,000, in round numbers. Typically, per DHS, in most counties, about 10% of people choose IRIS in the transition process, with more people then choosing to switch to IRIS over time. The Legislative Reference Bureau reported budget estimates prepared by DHS indicated that DHS assumes about 20% of people in Dane County will choose IRIS.