

Questions raised by audience at 4/17/17 LOV-Dane Training Event: (Answers from Dennis Harkins and Lynn Breedlove)

1. Does personal care paid by Medicaid make your Medicaid funds (for therapies, medical) less?

No. Services and goods funded through the Medicaid Forward card are each funded separately.

2. Sign up on IRIS, when no personal care is needed ... then as they age and need personal care, change to MCO family care?

Personal care is available, though in different ways, through both IRIS and Family Care. See comparison of the Basics within the side by side comparison.

3. My current support Brokers help me with my Social Security. Will someone at FC or IRIS be there to help with these documents?

Some MCOs may offer this assistance through specialized staff, though not typically by your Care Manager. Within IRIS, this type of assistance could be paid for within the Support Broker service. It would not be provided by your IRIS Consultant.

4. What happens if you choose IRIS and the estimated budget is higher than what they need. Where does the extra money go, until they need it?

The entire Wisconsin Medicaid budget is an estimate. Medicaid dollars for any and all purposes are not actually used until a service is provided. If a person needs additional funding at a future date and the funding is within the IRIS monthly budget estimate, the needed supports are simply added to the plan through the assistance of your IRIS Consultant.

5. Funding IRIS: What if you don't use entire amount in a calendar year? Does it disappear, carry over to next calendar year, or lower your amount for next year?

Assuming no particular changes in the individual's circumstances, the amount remains the same the next annual year, unless there are changes indicated by the annual Long-Term Care Functional Screen, or a change in condition.

Additional Documents can be found at lovdane.org/projects/family-careiris-transition:

- Side by Side Chart
- Individual Service Plan-Individual Outcomes

6. IRIS – Does IRIS consultant come out of my budget? Do we pick ICA or is it assigned to us?

The IRIS Consultant is funded separately, not out of the IRIS budget. You pick your IRIS Consultant Agency, and within each agency you select your IRIS Consultant.

7. Transportation – How will it be covered? Specific – in Madison developmental disability.

Dane County staff have been meeting with state staff to try to develop a strategy to continue the current transportation funding partnership between Dane County Human Services and Madison Metro. It is too soon to know if these efforts will be successful. If they are not, people should be able to get job-related rides and other rides directly related to their long-term care outcomes covered within their Family Care or IRIS plans. As for other rides, it is not yet clear.

8. When you say transportation is provided in Dane County that is really just Madison? Is there anything provided to outside of Madison? We are not receiving transportation help outside of job coaching agency and we live in Dane County.

At present, people who live within the Madison Metro service area (Madison and limited surroundings) can get rides for work and other reasons. People in other parts of Dane County are mostly limited to medical -related rides and work-related rides. It is not clear if that will change in Family Care and IRIS.

9. Are providers likely or allowed to work for both IRIS and FC? Contract with FC and be available through IRIS? Are “bad apple” staff who are “quality controlled” out of Family Care possibly going to show up as available staff in IRIS?

Provider agencies can serve people in both Family Care and IRIS. It is possible that a person could be a part-time employee (or be part of a person’s self-directed services plan in Family Care), and also be directly employed by an IRIS participant, but that is uncommon. We have not heard reports of the “bad apple” problem you describe.

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10. Are there any services available in Family Care or IRIS that are not available to the other?

See the discussion of Services on the Side By Side Comparison.

11. Is there ever co-pay for going out of network?

If Family Care approves going outside of their network there is no required copay. Within IRIS, you choose providers and there is no network to go outside of.

12. How are “outcomes” defined in F.C?

Outcomes are defined the same for Family Care, IRIS and current Dane County services. If you currently receive services, you have a four-column form titled INDIVIDUAL SERVICE PLAN - INDIVIDUAL OUTCOMES. The second column of the plan is titled Desired Outcome(s) Addressed in Service Plan. Family Care and IRIS will be helping people obtain services based upon those outcomes in a similar way.

13. Who is on the Family Care interdisciplinary team besides care manager + nurse?

The Family Care Interdisciplinary Team includes the Care Manager, RN, the member and whoever else the member requests to be part of the team; and, potentially other specialists from the Family Care MCO as needed.

14. Is there choice of providers in FC?

Yes, and typically, though not necessarily the member's choice of provider is honored.

15. Can Family members be personal caregivers in either program?

Yes.

16. Can you hire directly hire a person you know in Family Care?

Yes, if you choose SDS for the service that would meet your desired outcome.

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17. Can we meet MCO's?

We believe you should be able to do so. Wisconsin DHS does not share that belief. We are working on helping them see the common-sense wisdom of doing so.

18. Can we see a list of "providers" before we decide?

Yes, that information will be available. The ADRC will have it and we hope to make it available on the LOV-Dane web site you will be encouraged to access.

19. In other places (counties) does FC or IRIS have more members?

Family Care began in 2001 and now has about 48,000 members including FC Partnership and PACE programs. IRIS began in 2007 and has about 14,000 participants.

20. Which program does it seem people are wanting to do or doing?

That is a totally individual decision. Both Family Care and IRIS are designed to work for anyone, and there are differences we will continue to try to help you see.

21. If you want to keep plans you have now, who do you go to?

Family Care typically begins by keeping the plan you have now until they get to know you better. They then work with you to assess your needs, desired outcomes, and the most cost-effective (not necessarily cheapest) services and supports to meet those needs. With IRIS, you decide what to keep the same or change within your IRIS budget.

22. If a care manager has only about a hour of paperwork/week per client, how much would a care management team have?

We are not aware of an estimate of the hours of paperwork/week per client, but it likely varies a lot. Most of the member-related paperwork would be handled by the Family Care care manager.

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23. Will all residential agencies be available in both programs?

All current and potentially some new residential agencies are expected be available to people within Family Care. All agencies will be available to you through IRIS, except for CBRFs (Community Based Residential Facilities).

24. Do Family Care and IRIS both provide help for crises?

This is a lengthy answer. Please see Crises on page 4 of the Side By Side Comparison.

25. Who does the LTCFS (Long-Term Care Functional Screen) in 2018 if the person is in Dane County SDS now?

Family Care will do so for those who choose that program, and the chosen IRIS Consultant Agency for those who select IRIS.

26. What qualifications do IRIS consultants have?

Same as Family Care - a BA degree plus long term care experience.

27. When will the MCO + ICAs be determined?

The Wisconsin Department of Health Services has stated publicly that the announcement of the Dane County MCOs and ICAs will be made by the end of June. If that doesn't happen, the announcement will likely be in July.

28. Will there be MA waivers through FC?

Family Care and IRIS are funded as MA Waiver programs, as are current services through Dane County.

29. Who do you contact if you want to make a change?

If you want to make a change of services within Family Care you would contact your care manager. If you want to change to another Family Care MCO or switch to IRIS (or switch to another ICA or from IRIS to Family Care), you would simply contact your ADRC. They would help you disenroll from one agency, and enroll in the agency you would then select.

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30. Can you hire your current support broker with either program?

This is another lengthy answer. Please see the Support Broker section in the Side by Side Comparison.

31. You mentioned that there have been members moved from FC to IRIS. Has there been members moved from IRIS to FC?

Yes, though more movement per capita has occurred from Family Care to IRIS.

32. How often can a client say “switch” from FC to IRIS?

As often as they would like. There has been little or no experience with individuals switching frivolously or frequently.

33. Can you contract with a given provider through either FC or IRIS?

You can contract with any qualified provider through IRIS, and with Family Care you can contract with any provider within that Family Care MCO's provider network, which we expect to include all or most current Dane County providers.

34. My son has a support agency helping him work. Can he keep this same agency?

Yes, within IRIS. It is likely within Family Care as well, since we expect all current agencies to be part of each MCOs provider network; however, there could be a point in time in which the Family Care team would suggest another agency were more cost-effective in supporting your son's desire to work.

35. If I go with MCO, do I get to keep my current (UW) physicians?

If you choose Family Care there would be no change in physicians, clinics or other health services. If you choose Family Care Partnership, health services are within the benefit package and would be available to you only of the MCO included them. You would know who is in each MCOs network prior to selecting a program.

36. What issues does one consider in selecting a Fiscal Employment Agency (FEA)?

If you select IRIS, your IRIS Consultant Agency will provide information to you about the FEAs available, and the differences among them at your first meeting

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with your IRIS Consultant. There are no significant differences for people who simply want to have the FEA pay their current service provider agencies. For people who want to hire staff directly, FEAs differ on how they help participants, and it is worth asking the IRIS Consultant about those differences before making an FEA selection.

37. Can MCO decide that a person is too expensive to expensive to serve?

No, an MCO must accept any Dane County resident who has been found eligible for Family Care/IRIS, regardless of the person's needs or projected cost of service.

38. How will this for-profit system impact nonprofit providers?

The state limits the profit a profit-making MCO can earn, so we have not seen a significant difference between profit-making and non-profit MCOs in terms of their relationships with provider agencies.

39. Are MCO's and ICA's profit or nonprofit?

Most are nonprofit, with some for profit.

40. Budget: Will an MCO (in a desire to keep costs down) be looking for families to take on some of the duties that the service agencies are currently providing?

We have no way to predict that.

41. What would stop an MCO to restrict services to guarantee themselves a profit?

The requirement to address all of a person's long-term care outcomes and the cap on profit-taking.

42. How often has the capitated rate been exceeded in FC?

The capitated rate is routinely exceeded for individuals, because it was always understood that some people will cost more than the capitated rate and some will cost less. On an annual basis, focusing on the entire service population of an MCO, there have been several occasions when MCOs have ended the year with average spending for all of their members exceeding the capitation rate.

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43. How many MCO's have lost eligibility by not passing audits by Insurance commissioner?

Three MCOs have lost their certification to be an MCO, either for Family Care or Partnership. The reason has generally been that the MCO had insufficient reserves to cover future possible annual operating deficits.

44. What exactly does a funding deficit mean? –Who is responsible for this deficit?

In the context of Family Care, a “deficit” generally refers to a year-end situation when the total cost of administration and services for Family Care members for the year just ended exceeded the revenue received from the state via the capitation rate. Generally, the MCO is required to use their agency reserves to cover an operating deficit.

45. Quality – What if I am not happy with my MCO network manager (team) or my IRIS consultant?

In Family Care, if you are not happy with your care manager, you can request a change. The MCO is not required to accommodate your request. IRIS is designed to encourage you to select your own IRIS Consultant; thus, if you are not happy with your IRIS Consultant, the ICA will typically accommodate your request.

46. Does person coming from another region bring with them their current LTCFS or do they go to Dane County ADRC for another LTCFS?

The county a person is moving to could accept the results of the most recent LTCFS (long-term care functional screen), but they could also decide a new LTCFS is required.

47. Respite rate? FC vs. IRIS

Respite rates vary from MCO to MCO. Respite rates in IRIS are negotiated between the IRIS participant and the respite provider.

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