2011-2013
Long Term Care Sustainability

IRIS and Self-Directed Supports

Category:	Ensuring the Cost-Effectiveness and Fiscal Sustainability of Wisconsin's Long Term Care (LTC) Programs
Focus Area:	Long Term Care – Strengthen the IRIS Program and Self-Directed Supports
Projected Savings:	$1.3 million GPR
Proposed Implementation Date:	Spring 2012

Description: Strengthen program integrity and accountability of the IRIS program and ensure that self-direction in IRIS and Family Care maximize natural supports and the ability of consumers to choose the most integrated, community-based and cost-effective services.

Main Message Points

- The IRIS Program has experienced significant growth with almost 6,000 people currently enrolled since it was first available on July 1, 2008. As required under federal waivers, IRIS provides an alternative choice to managed LTC in Family Care.
- IRIS is unique from Family Care through its use of:
  o A combination of waiver funding and Medicaid fee for-service "card" services;
  o An individual budget allocation and flexibility to develop a person-centered plan; and
  o An IRIS consultant to assist in defining outcomes and identifying paid and informal services and supports.
- The goal of the IRIS Program is to ensure consumer-directed planning to maximize independence, support meaningful participation in the community, and promote individual responsibility and self-determination.

Proposed Modifications

1. **IRIS Program Integrity and Accountability.** Implement safeguards to ensure the appropriate expenditure of state and federal funds, as recommended by the Legislative Audit Bureau, and modify the program design, infrastructure and organizational support for IRIS to ensure program integrity and accountability.
   - Through a competitive procurement for IRIS consultant and claims payment services, ensure development of:
     o A comprehensive, consumer accessible, integrated information technology platform, with capacity to:
       - Support individual budget allocations;
       - Incorporate guidelines and estimation tools into budget development;
       - Link to Support Brokers to create cost-effective, community-based supports and services; and
       - Perform monthly and annual reconciliations of individual budget allocations;
     o Web-based access to individualized budgets and monthly expenditures; and
     o Program management and monitoring tools, including fraud and abuse prevention and detection capabilities.
   - Ensure quality oversight and management by dedicating state staff positions to support IRIS operations, quality management and program integrity functions.

2. **Strengthen Self-Direction in IRIS.** Implement changes to the IRIS program based on the experience and guidelines of the *National Center for Self-Direction* to maximize self-determination, including initiatives to:
   - Reduce complexity, bureaucracy and centralization of IRIS and create greater transparency and a more participant-friendly process in the IRIS program.

- Support individuals to understand and implement the principles of self-direction.
- Assure that IRIS participants receive the necessary continuum of support through their IRIS experience.
- Ensure appropriate, cost-effective supports, leveraging natural and community resources, whenever possible.
- Avoid cost-shifting and promote cost-effective choices in accessing Medicaid fee-for-service benefits.
- Streamline administrative structures and requirements and ensure choice and local access to claims processing for participants, if possible.
- Assure that IRIS staff are knowledgeable regarding local services, supports and resources.
- Assure that each step of the IRIS process is conducted in a timely manner.
- Provide IRIS participants with clear and complete information about self-direction and the parameters of the program, including the expectation that people will utilize natural unpaid supports and establish the most cost-effective plan necessary to meet their needs.
- Streamline the initial service planning process for IRIS participants to:
  o Develop tools to triage IRIS participants to determine the amount of support needed to self-direct and to include an active guardian or other decision-making support if the person needs assistance in consumer-direction.
  o Assist in the initial service planning process to create an appropriate support plan that builds around natural supports to the greatest extent possible.
  o Develop a robust support broker system and peer-to-peer mentoring to enable people to secure assistance when needed.
  o Provide tools to promote independence and personal responsibility, such as a web portal for service and budget management, an hours/payment estimating tool for supportive home care, and tools/guidelines to ensure appropriate use of customized goods and services.
  o Provide information on potential services and providers and guidance on how to select a service provider.
  o Bring service plan approval closer to the participant in order to ensure participant flexibility in plan development and implementation.
- Develop processes to allow for more flexibility to adjust payments, plans and budgets from month to month.
- Identify options to allow for more flexible and cost-effective staffing.
- Identify technology and home modification options to ensure health and safety while reducing the need for staff.

3. **IRIS Budget Allocation Alignment.**
- Leverage budget allocation improvements to ensure accurate individual budgeting, review plans to ensure that program allocations are fairly determined for persons within IRIS and as compared to Family Care.
- Evaluate allocations for people that enrolled prior to July 2010, and during their annual review work with participants to bring costs in alignment with those enrolled after that date, creating better alignment of costs for people who have selected IRIS with those receiving services through Family Care.
- Assure that paid supports are focused and do not supplant informal and natural community-based supports.
- Develop community supports and enhanced training for crisis intervention and stabilization to keep people in the community, and not in more intensive settings.
- Promote the use of technology and intermittent supports to move away from 24/7 one-to-one staffing whenever feasible to meet a person's needs.
- Use information technology to provide budget and payment control to participants through a web-based system of budget and expenditure tracking, service payment authorization and direct payment for recurrent services.
- Assure that participants have access to a monthly budget ledger and complete annual reconciliation to support self-direction, personal responsibility, and accountability.

4. **Assure that IRIS Participants, not Providers, Direct their Services and Supports.**
- Ensure that providers do not inappropriately limit choice, take control of funds, or raise costs for participants.
- Require consumers/guardians to play an active role, and limit delegation of decision-making to providers
- Limit the use of residential options for those whose assessment does not support such settings.
- Ensure alignment of reimbursement in IRIS that is consistent with that provided under Family Care.
- Promote use of employment supports to foster integrated work outcomes, as recommended by federal guidelines.
- Educate providers on self-direction and encourage options that allow for maximum consumer control.

- Assure that supports are focused and do not supplant informal and natural community-based supports.

Effect of this change:

- Assure program integrity and accountability in the operations and management of the IRIS Program.
- Strengthen the framework of IRIS to better support choice, self-determination and more cost-effective options.
- Align budget allocations to be more consistent within IRIS and with Family Care.
- Support people in the most integrated, community-based and cost-effective settings.