

**MINUTES OF THE
HEALTH & HUMAN NEEDS COMMITTEE, HUMAN SERVICES BOARD,
LONG TERM SUPPORT & AREA AGENCY ON AGING
Tuesday, December 16, 2008**

HHN Members Present: Barbara Vedder, Dorothy Wheeler, Jeremy Levin, Shelia Stubbs, Eileen Bruskwitz
HHN Members Absent:

HSB Members Present: Barbara Vedder, Tom Stoebig
HSB Members Absent: Addie Pettaway, Nell Mally, Peng Her

LTS Members Present: Dale Bruhn, Deborah Garrett-Thomas, Barbara Vedder, Judith Hunter, Kathleen Nichols
LTS Members Absent: Derick Pearson, Laurine Lusk, Sue Petkovsek,

AAA Members Present: Dorothy Wheeler, Judith Hunter, Shelia Stubbs, Robert Herbst
AAA Members Absent: Elaine DeSmidt, Ashok Bhargava, Joyce Boggess, Judith Wilson, Duane Gau, Esther Olson

Staff and Others Present: GP Foster, Jean Kuehn, Theresa Sanders, Fran Genter, Dan Rossiter, Jennifer Fischer, John O'Keefe, Marni Roiwiotis

Call to Order: Sup Stubbs called HHN to order at 5:55 p.m. Herbst called AAA to order as a subcommittee at 5:55 p.m. Stoebig called HSB to order as a subcommittee at 5:55 p.m. Nichols called LTS to order at 5:55 p.m.

Public Comment:

Marni Roiwiotis from Access to Independence registered as Available for Information Only.

Chair's Report/Announcements: None

Family Care: IRIS – John O'Keefe: Kuehn introduced John O'Keefe, Program Manager for IRIS (Include, Respect, I Self-Direct), DHS. Copies of his power point presentation were distributed along with a map identifying the number of people who have expressed interest in IRIS since the program started July 1, 2008. Brochures and a Participant Handbook were available as well and are on file.

The Federal Government requires that consumers eligible for Family Care have an alternate choice if desired. IRIS provides this choice and is offered wherever Family Care is offered. So far 201 people have expressed interest in IRIS over Family Care. IRIS contracts with an independent consultant agency; each IRIS participant is assigned a consultant to offer information and empower the participant to make decisions. The consultant is responsible for making sure the participant's voice is heard. Anyone eligible for Family Care is eligible for IRIS. The LTC functional screen is used to calculate a monthly budget based on analysis of needs and the history of Family Care spending serving clients with similar needs. The ADRC completes the screen or the current case manager does it if they are transitioning from Family Care. Participants must be 18 years old. Personal care is still accessed through the Medicaid Card. O'Keefe explained duties of the contracted financial service agency which include paying bills, collecting cost share, criminal background checks, payroll paperwork, collecting money from DHS to cover costs, etc. The role of the Quality Home Care Commission was discussed.

Questions/Comments:

- Sup Bruskwitz asked if additional funding was provided to offer IRIS. The funding is the same as managed care – Federal, State and County dollars.
- Nichols asked why children were excluded. IRIS is patterned after Family Care, which only covers adults.
- Bruhn asked what happens if a consumer overspends. The financial service agency that pays the bills can only pay according to the plan unless there's a reason or a plan to make up the funds. If their condition changes, the budget may be adjusted accordingly. Also special funding requests are considered.

- Genter asked if self-direction will only be available through IRIS or for all state cardholders. Right now it is only for IRIS participants but that could change in the future.
- Sup Stoebig requested information on the annual cost of the independent consultant and financial service agency contracts; he feels that it seems like another layer of administration and not cost effective.
- Sup Levin asked about resolving conflict if family members disagree on allocation. The goal is that people figure out a plan within the allocation; if funding is not sufficient, the consultant agency has to request additional money.
- Sup Bruskevitz asked how the PEONIES program (an interview technique to resolve conflicts and make sure the voice of the consumer is heard) might interface with IRIS. The independent consultants are in the process of being trained in this interview style.
- Sup Wheeler asked whether the Family Care capitation rate would influence IRIS. The IRIS allocation is based on what managed care would have to spend on someone with that type of needs. Most plans are below what they could be. O'Keefe gave some examples of how people have realized savings through self-direction.
- Sup Wheeler asked about the DD consumer's ability to manage his or her own care. A consultant is assigned to work with the guardian or broker on behalf of the consumer. However, there are not many brokers outside of Dane County.
- Roiwiotis asked whether consumers can change between managed care and IRIS. Yes.
- Sup Bruskevitz asked if people choosing IRIS are more highly functioning. Approximately ½ are DD, ¼ elderly, and ¼ PD.
- Sup Stubbs asked about eliminating waiting lists. When a county transitions to Family Care/IRIS, they are required to create a specific plan for serving people on the waiting lists. Every person must be served within 24 months.
- Herbst asked how many clients IRIS could handle. The estimates are 750 people the 1st year, 1000 in year 2, and 1500 in year 3.
- Genter noted that an actuarial study suggested Dane County costs are high and Family Care will reduce budgets for existing consumers. He asked whether there is any difference in how the State looks at transitioning into Family Care or IRIS. O'Keefe responded if managed care spending is higher in Dane, IRIS spending will be as well.
- Herbst asked whether IRIS and Family Care are in competition for funds. The programs use the same sources of funding. IRIS doesn't take money from Family Care. It is all state managed Long Term Care money.
- Genter questioned whether too many people signing up for IRIS might cause a managed care MCO to not have enough participants to operate.
- Sanders asked why original Family Care counties haven't seen a greater number of people enrolling in IRIS as newcomers. O'Keefe feels that it is related to people not wanting change. If Family Care is serving their needs well, they are not likely to choose change.

Adjournment: Meeting adjourned at 7:10 p.m.

Next Meeting: HHN on December 30, 2008 – 5:00 p.m., CCB 309

Recorded by Dawn MacFarlane

Note: These minutes are the notes of the recorder and are subject to change at a subsequent meeting of the committee.