WISCONSIN DEPARTMENT *of* HEALTH SERVICES

IRIS Policy Manual: Work Instructions

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Chapter 2: Eligibility

This chapter has been removed and replaced with the IRIS Eligibility Policy (P-03515).

2.2B.1 Medicaid Cost Share Payments

Business Rules

1. Medicaid financial eligibility is one of the requirements that must be met to be considered eligible for IRIS.
2. Cost share is the amount of a participant's income which must be paid, each month, to maintain Medicaid financial eligibility.
3. An Income Maintenance worker calculates the cost share amount as part of initial and ongoing Medicaid financial eligibility.
4. Medicaid rules require participants to report financial status changes to the County Income Maintenance Unit within ten (10) calendar days. Changes in a person's financial status may result in a new monthly cost share amount.
5. Participants who fail to pay cost share may be disenrolled from the program and will be permitted reenrollment only after all cost share arrears owed are paid in full.
6. Cost share payment is not required for any month when the participant is in a hospital or nursing home.
7. Participants financially eligible for Medicaid as a Group A participant (those receiving Supplemental Security Income and those who have other Group A related Medicaid eligibility) do not have a cost share assessed.
8. Participants who fail to pay the required cost share may negotiate a repayment plan. Repayment plans must cure the default within 12 months.
9. People who fail to honor the established repayment plan are referred for disenrollment.
10. People who fail to arrange a repayment plan when arrears reach 90 days are referred for disenrollment.
11. When the participant's income changes so that the cost share becomes $0, the participant is still expected to pay any amount in arrears and all business rules listed above continue to apply.
12. When an individual defaults on a repayment plan (either payment date or payment amount) and is referred for disenrollment, the ICA may retract the disenrollment referral only if all cost share arrears owed are paid in full ahead of the Medicaid Fair Hearing date.

Cost Share Payments

Step #	Responsible Partner(s)	Detail
Step 1	Participant/ Income Maintenance (IM) Worker	The participant files an initial application for Medicaid at the county Income Maintenance (IM) Office. Personal financial information is provided and the worker enters the information into the CARES System.

Step 2	IM	A notice is sent to the participant informing him/her of the application result. The notice includes the monthly cost share obligation amount.
Step 3	ADRC	Referral of eligible persons is made to the IRIS Consultant Agency (ICA) when the person selects the IRIS program for long-term care.
Step 4	FEA	The payment obligation is recorded and documented in the participant's WISITS record and FEA system.
Step 5	Participant	Cost share payment is due on the first of the month and must be received by the 5th of the month at the IRIS FEA.
Step 6	FEA	The FEA receives the payment and deposits the payment into the designated DHS bank account.
Step 7	FEA	The monthly cost share payment statement is sent to the participant.
Step 8	ICA	People who are in arrears receive notice of the opportunity to negotiate a repayment agreement that may not exceed 12 months.

Monitoring

Step 9	DHS	Provides information to the ICA and FEA (report or database access) on cost share due amounts.
Step 10	FEA	Documents whether the cost share was paid each month.
Step 11	DHS/ICA/ FEA	Complete monthly review of cost share delinquencies and authorize referrals for disenrollment to be processed.

Chapter 3: Referral, Welcome, Orientation and Enrollment

3.1A.1 IRIS Consultant Biography Page

Business Rules

1. All IRIS Consultants (ICs) are required to complete an IRIS Consultant Biography (F-01486). The purpose of this document is to provide participants with a description of his or her education, employment background, and other information that may help the participant decide which IRIS consultant can best meet his or her needs.
2. F-01486 may not be altered in any way. IRIS Consultant Agencies (ICAs) may not add any logos or other marketing information. ICs may not alter the information requested or enter information that does not match what is requested.
3. ICs must provide specific and factual information quantifying experience and education regarding areas in which they specialize in the "Specialties" section of this form.
    a. Stating, "I am an expert in autism." is not an appropriate entry, as it does not contain specific enough information to help a participant understand on what basis the IC is stating he or she is qualified to specialize in this area.
    b. Stating, "I am an expert in autism because I am a registered nurse (RN) who has worked directly with people with autism for the last twenty years. I also have a 24-year-old son who has autism." provides sufficient information to the participant to help them assess whether the prospective IC has sufficient expertise in areas of specialization important to him or her to help inform their decision.
4. ICAs maintain responsibility to ensure the ICs' F-01486's are complete, factual, do not contain marketing information, and provide sufficient supporting information for participants to make an informed decision.
5. ICAs must ensure that only ICs who have availability to serve new participants are advertised as being available for selection. ICAs must update the portion of the ICA's website that contains IC availability each business day.
6. ICAs must ensure that when a participant selects an IC that the participant will receive consulting services from that IC. The ICAs may not change the consultant from whom the participant selects to receive consultant services, except when requested by the participant. For example, following a practice similar to that of a group of physicians in which a participant would choose a primary IC but may have to receive consultant services from any of the consultants in the group would not be acceptable. ICAs may make reasonable accommodations to ensure coverage during times in which an IC may be unavailable including but not limited to medical leave, maternity leave, or vacation.

7. ICAs must give the participants the opportunity to select a new IC when his or her IC leaves the ICA. It is not acceptable to simply hire a replacement IC and require the participants to receive consultant services from the newly hired IC.
8. ICAs websites are required to have the functionality to allow participants to search for consultants by county. DHS recommends having additional functionality that allows participants the ability to search by specialty, language, or other credentials within the county.

Education

Step #	Responsible Partner(s)	Detail
Step 1	IRIS Consultant Agency	The IRIS Consultant Agency (ICA) provides education to IRIS participants related to making informed decisions on choosing and changing IRIS Consultant.

Completion of IRIS Consultant Biography (F-01486)

Step 2	IC	The IC completes the F-01486 with clear, complete, and accurate information.
Step 3	ICA	The ICA reviews each F-01486 to ensure it meets the criteria identified in Business Rules number 3 and 4.
Step 4	ICA	The ICA uploads each F-01486 to the ICAs website.
Step 5	ICA	The ICA updates IC availability on the ICA website daily.

Data Collection, Reporting, and Monitoring

Step 6	DHS OIM	The DHS Office of IRIS Management (OIM) reviews a portion of each ICA's F-01486 form annually to ensure compliance with Business Rules numbers 2, 3, and 4.
Step 7	DHS OIM	The DHS OIM communicates all violations of Business Rules number 2, 3, and 4 to the appropriate ICA.
Step 8	ICA	The ICA immediately removes the F-01486 in violation of Business Rule number 2, 3, or 4, corrects it, and reposts it.
Step 9	DHS OIM	The DHS OIM monitors the complaints, appeals, and grievances process and addresses any identified problems or trends with the ICA through the quality management process identified in section 10.4A.1, Record Review Process.

3.4 Participant Handbook and Participant Education Manual

Business Rules

1. Upon initial enrollment in the IRIS Program and upon request, each participant shall be provided with a copy of the IRIS Participant Handbook (P-01008) as a supplemental resource about the IRIS Program and the responsibilities of being an employer.
2. ICAs must maintain adequate copies of the IRIS Participant Handbook (P-01008) and the IRIS Participant Education Manual (P-01704) and request additional copies from DHS to avoid any delay.
3. CMS requires that IRIS participants are educated on and knowledgeable of their responsibilities in a self-directed program, including, but not limited to, budget authority, employer authority, health and safety, critical incident reporting, restrictive measures, annual health care information, background check policy, notice of action and fair hearing requests, and complaints or grievances.
4. Upon initial enrollment and annually, each participant must review the IRIS Participant Education Manual (P-01704) in its entirety with their IRIS consultant and complete the accompanying IRIS Participant Education Manual: Acknowledgement form (F-01947).
   a. Upon enrollment, this must be completed within 30 days of the participant's start date.
   b. Annually, this content must be completed within 365 days from the last signature date.
5. The acknowledgement form (F-01947) with the accompanying dates, initials, and final signatures must be uploaded into WISITS after all chapters have been reviewed. When reviewing chapters with participants for ad hoc purposes, the updated acknowledgement form will capture the initials and signature to reflect only those chapters reviewed with the participant.

Requesting Printed Copies of Handbook and Manual

Step #	Responsible Partner(s)	Detail
Step 1	ICA	Complete the Forms/Publications Order form (F-80025A) and submit to the email address indicated on the form to receive printed and bound copies of the handbook for English-speaking participants. This form is provided by DHS and not available online.
Step 2	ICA	Retain copies of the IRIS Participant Handbook (P-01008) and/or the IRIS Participant Education Manual (P-01704) to provide to participants.

Initial Enrollment and Review of Participant Education Manual

Step #	Responsible Partner(s)	Detail
Step 1	ICA/IC	Provide copy of the IRIS Participant Education Manual (P-01704) to the participant.
Step 2	ICA/IC	Provide copy of the IRIS Participant Handbook (P-01008) to the participant.
Step 3	IC	Input the IRIS consultant's name and phone number, as well as the FEA's name and phone number, into the introduction of the Manual.

Step 4	IC	Ensure the participant reviews and is aware of the Introduction, Acronyms, and Your Medicaid Rights chapters. No initials or signature is required for review of these chapters.
Step 5	IC/ Participant	Review each chapter with the participant, making sure to take time to allow them to ask questions about the program and their responsibilities.
Step 6	IC/ Participant	Once a chapter is completed, have the participant date and initial the requisite section of the IRIS Participant Education Manual Acknowledgement form (F-01947), verifying that the chapter was reviewed as required.
Step 7	IC/ Participant	Continue reviewing each additional chapter with the participant until the entire Participant Education Manual (P-01704) has been reviewed and all chapters have been dated and initialed by the participant on the accompanying acknowledgement form (F-01947).
Step 8	IC/ Participant	Once all chapters have been reviewed, initialed, and dated, the IC shall review the final acknowledgement statement on the acknowledgement form (F-01947) with the participant and capture their signature. The IC shall also sign as further evidence of completing the review of the manual with the participant.
Step 9	IC	The IC shall tear out the acknowledgement form (F-01947), making sure to leave the manual with the participant and encouraging them to refer back to it for ICA/FEA contact information and program information.
Step 10	ICA/IC	Upload the acknowledgement form (F-01947) into the participant's Document Console in WISITS.

Annual Review of Participant Education Manual

Step #	Responsible Partner(s)	Detail
Step 1	IC	Verify whether the participant has their previously provided Participant Education Manual (P-01704) available for review or whether they require an additional copy. If a new copy is required, IC shall provide a new copy to the participant. If the participant has retained their previous copy, the IC shall print a new acknowledgement form to capture the necessary dates, initials, and signatures.
Step 2	IC/ Participant	Verify that the accuracy of the content information in the Introduction, specifically the IRIS consultant's name and phone number, as well as the FEA's name and phone number. If information has changed, the IC shall make the necessary updates.
Step 3	IC/ Participant	Ensure the participant reviews and is aware of the Introduction, Acronyms, and Your Medicaid Rights chapters. No signature or initials are required for review of these chapters.
Step 4	IC/ Participant	Review each chapter with the participant, making sure to take time to allow them to ask questions about the program and their responsibilities.
Step 5	IC/ Participant	Once a chapter is completed, have the participant date and initial the requisite section of the IRIS Participant Education Manual Acknowledgement form (F-01947), verifying that the chapter was reviewed as required.
Step 6	IC/ Participant	Continue reviewing each additional chapter with the participant until the entire Participant Education Manual (P-01704) has been reviewed and all chapters have been dated and initialed by the participant on the accompanying acknowledgement form (F-01947).
Step 7	IC/ Participant	Once all chapters have been reviewed, initialed, and dated, the IC shall review the final acknowledgement statement on the acknowledgement form (F-01947) with the participant and capture their signature. The IC shall also sign as further evidence of completing the review of the manual with the participant.

Step 8	IC/ Participant	Additional participant signature is required for the annual review as assurance that the participant is aware of and acting on their ongoing responsibility to train and supervise their participant-hired workers.
Step 9	IC	The IC shall tear out the acknowledgement form (F-01947), making sure to leave the manual with the participant and encouraging them to refer back to it for ICA/FEA contact information and program information.
Step 10	ICA/IC	Upload the acknowledgement form (F-01947) into the participant's Document Console in WISITS.

Record Review Remediation of Participant Education Manual Chapter(s)

Step #	Responsible Partner(s)	Detail
Step 1	MetaStar	Review uploaded acknowledgement form (F-01947) to ensure all chapters were reviewed with the participant and all initials and signatures were captured.
Step 2	MetaStar	Upon identifying an incomplete acknowledgement form, MetaStar will notify the ICA using the Record Review SharePoint site to indicate which chapters require remediation.
Step 3	IC/ Participant	IC will meet with the participant and review the chapters necessary for completion of the remediation, making sure to bring a new acknowledgement form to complete.
Step 4	IC/ Participant	Following the instructions of the acknowledgement form under circumstances of record review remediation, IC will ensure the necessary chapters are initialed after being reviewed and the final form is signed.
Step 5	IC	Upload the signed acknowledgement form into the participant's Document Library in WISITS.
Step 6	IC	Notify MetaStar that the Participant Education Manual chapter remediation has been completed.

Chapter 4: Health and Welfare

4.0A 40-Hour Health and Safety Assurance

Business Rules

There are three components to the 40-Hour Health and Safety Assurance Policy: plan development, payments, and exceptions.

Plan Development

1. To mitigate safety risks in the IRIS program, workers are limited to working 40 hours or fewer per workweek on a continuing and ongoing basis without an approved exception. These hours include all services paid at an hourly rate on the approved individual support and service plan (ISSP) for a total of not more than 40 hours per week, per participant-hired worker (PHW).
2. The total hour calculation includes the sum of hours worked per workweek, per worker, for an individual IRIS participant (regardless of whether the participant directly hired the worker or whether the worker was hired by an agency).
3. The 40-hour limit applies to a seven-day workweek, which, for consistency in the IRIS program, commences on Sunday at 12:00 a.m. and ends on Saturday at 11:59 p.m.
   Participants should be aware that general domestic service employees are entitled to minimum wage and overtime requirements when the employee works more than 40 hours in any one workweek for the same employer. However, if the domestic service employee shares a household with their employer, the employee is entitled to minimum wage, but is **not** entitled to overtime from the employer with whom they share a household. (No such exemption exists regarding overtime for third-party employers who do not reside in the household.)
4. IRIS consultant agencies (ICAs) are responsible for educating participants and/or legal representatives about the 40-Hour Health and Safety Assurance Policy using the IRIS Participant Education Manual (P-01704).
   a. The ICA is responsible for answering any questions the participant and/or legal representative has regarding the IRIS Participant Education Manual (P-01704).
   b. IRIS participants and/or legal representatives are required to educate all current and future employees about the 40-Hour Health and Safety Assurance policy using the IRIS Participant Education Manual (P-01704).
5. The participant and the ICA are required to develop an emergency backup plan that reduces and/or mitigates the need for unplanned temporary exceptions and complies with IRIS policy 4.5A.1.
6. ICAs are prohibited from developing a plan with a participant, and/or their legal representative, that is not compliant with this policy (reference *exceptions* for acceptable deviations from this policy).

7. ICAs will establish plans based on the wage (at or above minimum wage) established by the participant and based on the applicability of the live-in domestic service employee exemption to overtime pay. Wages must be usual and customary compared to other long-term care programs.
8. Participants choosing to exercise employer authority should take measures to set a schedule that provides sufficient staff coverage while adhering to the 40-hour policy for each worker. To ensure the participant has sufficient care, he/she should communicate the schedule to PHWs in advance of the workweek.
9. The Department of Health Services (DHS) is the funder of IRIS services. The participant is the employer of record for their PHWs. As the employer, the participant has an obligation to comply with all applicable employment laws, including the Fair Labor Standards Act (FLSA).

Payments

1. As the funder, DHS is responsible for making payments to PHWs for any allowable 1915(c) Home and Community-Based Services waiver service(s) approved by the employer and in compliance with the 40-Hour Health and Safety Assurance Policy.
2. As the employer of record, the participant is responsible for only approving workers (collectively) to work up to the amount of services authorized on the ISSP and only for the amount of services rendered during a given payroll period. “Approving” in this context means a signature on the worker’s timesheet or claim.
3. If a fiscal employer agent (FEA) receives a timesheet(s) approved by the participant (employer of record) that exceeds the amount of services authorized on the plan, the FEA will pay the full amount approved, including any applicable overtime amount, if any. However, this may be an example of budget authority and employer authority mismanagement because the approval exceeds the authorization. Example: A participant is authorized for 35 hours per week of supportive home care (SHC), but the participant signs a timesheet approving 45 hours of SHC with no exception requested or approved, and submits the timesheet for payment to their FEA. The participant has exceeded the authorized services limit and failed to comply with the 40-hour Health and Safety Assurance Policy.
4. The FEA is responsible for tracking and notifying DHS and the ICA of an instance of approved services exceeding the ISSP authorized amount.
5. Chronic approval of services by the participant (employer) not authorized on the participant’s plan may result in the participant being referred for involuntary disenrollment per IRIS Policy 7.1A.1. Mismanagement or Abuse of Budget Authority or Mismanagement Abuse of Employer Authority. This business rule is not applicable in instances where a retroactive exception has been approved.

Exceptions

1. The following exceptions to the 40-hour limit are to be utilized with the foremost consideration of the participant's health and safety. However, there are situations whereby a participant's health and safety may be better served by allowing the 40-hour limit per PHW per participant to be exceeded. The exemptions will apply on a case-by-case basis, as described below. There are two types of exceptions to the 40-hour limit allowed under this policy:
    a. A continuous and ongoing exception that does not jeopardize the health and safety of the participant. "Continuous and ongoing" means greater than 60 days.
    b. A short-term planned or unplanned exception. "Short term" means less than or equal to 60 days. Short-term unplanned exceptions may be approved retroactively.
2. An exception to the 40-hour limit allows some workers to provide additional coverage, for the same participant, above 40 hours per week, in the interest of that participant's health and safety. IRIS Consultants (ICs) are prohibited from using the exception request form (F-01689) for requests related to increasing a participant's *amount of care*.
    a. ICs are required to follow IRIS policy 5.0 Person Centered Planning for participants requesting service increases that fit with in the participant's budget.
    b. ICs are required to follow IRIS policy 5.7A Budget Amendments for participants requesting service increases that do not fit within the participant's budget.
3. Continuous and ongoing exceptions are limited to .25 to 20.0 additional hours per workweek, per worker, above 40 hours. Continuous and ongoing exceptions must meet one of the conditions described under Continuous and Ongoing Exception Criteria below
4. Participants may request a continuous and ongoing exception that exceeds 60 hours per workweek, per worker, for workers who share a household with their employer. These exceptions will be reviewed on a case-by-case basis to ensure: 1) the participant's needs are met, 2) the plan is safe and healthy, and 3) the request is compliant with the exception criteria in this policy.
5. All participants with an approved continuous and ongoing exception that exceeds 60 hours per workweek, per worker, will receive additional in-person contacts by their IC to ensure the participant's health and safety.
    a. The additional contact requirements include an every-other-month face-to-face visit requiring that the participant is present at the visit.
    b. The IC will have no less than six face-to-face visits in a rolling 12-month period for participants who have workers who are members of the participant's household and exceed 60 hours per workweek.

6. IRIS participants who do not share a household with their employees are prohibited from requesting a continuous and ongoing exception that exceeds 60 hours per workweek, per worker.
7. Short-term planned or unplanned exceptions may exceed 60 additional hours per workweek, per worker. Short-term planned or unplanned exceptions must meet one of the conditions described under Short-Term Planned or Unplanned Exception Criteria below.
8. Short-term planned or unplanned exceptions may be submitted retroactively. Participants should notify their IC of the need to submit a retrospective short-term exception at their next scheduled contact.
9. Once the participant notifies the IC that a retrospective short-term exception request is required, ICs should schedule an in-person visit to complete the request within 30 days of being notified.
10. If a budget amendment is required to ensure budget authority for an exception to this policy, the budget amendment procedures must be followed per IRIS policy 5.7.
11. A participant can initiate the exceptions request process by contacting his/her IC. The IC will complete the 40-Hour Health and Safety Assurance Exception Request (F-01689) form with the participant and/or guardian.
12. The IC will make a determination if the exception meets the participant's needs, is safe and healthy, and meets one or more of the exception criteria in this policy. The IC will notify the participant at that point of approval or denial of the exception request. If a determination cannot be made at that point, the IC has five business days to issue a decision to the participant.
13. A notice of action will not be issued for a denial of an exception request because there was no adverse action (denial, reduction, or termination of services) regarding the number of care hours available to the participant. An additional qualified provider may provide the hours in excess of 40 hours.
14. Participants are responsible for ensuring that they do not sign a timesheet or in any way promise payment for hours worked in excess of the approved service authorization.

Self-Directed Personal Care (SDPC) and Exceptions

The service of SDPC, as defined in the IRIS Service Definition Manual (P-00708B), is required to use the same payment methodology of the equivalent service available through the state plan—Medical Assistance Personal Care (MAPC). Therefore, overtime rates that exceed the state plan amount are not permitted.

1. If a worker shares a household with the participant/employer, and therefore is not entitled to overtime pay, an exception request is permitted for SDPC services.
2. If a worker only provides SDPC, does not share a household with the participant, and is therefore entitled to overtime, an exception request is not permitted.

3. A worker who provides a combination of waiver services and SDPC services and does not share a household with the participant is entitled to overtime pay. Said worker may submit an exception request, but the exception would apply to the waiver services only.

Continuous and Ongoing Exception Criteria

If the participant's situation meets one of the exception criteria below, IC may allow an individual worker to exceed 40 hours of paid caregiving during a single workweek. If a worker meets the definition of live-in caregiver (i.e., shares a household with the participant), the continuous, and ongoing exception for an individual worker may exceed 60 hours of paid care during a single workweek. Regardless of the number of hours requested on the exception, the IC is responsible for ensuring that the ISSP meets the participant's needs, is safe and healthy, and meets one or more of the criteria. Continuous and ongoing exceptions will be reviewed annually by the IC based on the criteria outlined in business rule #4 under the *Exceptions* section of this policy.

1. **Geographic Exception**: No PHWs or agency-employed caregivers within 45 minutes of the individual's service location. This exception relates to provider availability limitations due to distance and population (not provider qualifications).
2. **Provider Availability (Qualifications)**: No PHWs or agency-employed caregivers are qualified to meet the needs of the participant. This exception does not include geographic exceptions as noted in business rule #34.
3. **Reasonable Planning Exception**: A participant's ISSP care needs have not consistently exceeded 60 hours and it is not reasonable to hire an additional PHW for the hours exceeding 40 or to split the hours between two workers. Example: A participant's plan has consistently required 52 hours of supportive home care. It would not be reasonable to hire an additional worker for only six hours or to split the time (26 hours each) between two PHWs.

Short-Term Planned or Unplanned Exception Criteria

If the participant's situation meets one of the exception criteria below, DHS may allow an individual worker to exceed 60 hours of paid caregiving during a single workweek. However, it is the responsibility of the participant and the IC to continue to work towards identifying additional provider resources to mitigate workers from chronically working over 60 hours, to reduce the health and safety risks to participants and their PHWs.

1. **Emergency Exception**: An event occurs that requires a caregiver to exceed 40 hours where the event cannot be addressed through the emergency backup plan and cannot be anticipated. This includes a snowstorm where the provider must work longer than originally scheduled.
2. **Existing Provider Exception**: A PHW dies, is incapacitated, resigns, is terminated, or no longer meets service definition requirements. This also includes a worker who cannot work due to illness or who is on short-term leave.

3. **Participant Out-of-Town Exception**: An individual requires care to ensure their health and safety while they are traveling, and it is not feasible to bring in additional providers.
4. **Respite Care Exception**: There are limited, short-term, planned periods of respite and it is not feasible to hire and train additional providers to work while the primary caregiver is unavailable.
5. **Change in Condition Exception**: An urgent need for care arises and exceeding the limit is unavoidable without risking the health and safety of the individual.
6. **Complex Needs Exception**: A participant's complex behavioral needs require a highly qualified supportive home care worker and overtime is needed until additional workers can be identified and adequately trained.

The chart below is a summary guide of the allowable and non-allowable exception requests.

Exception Request Type	Hours Caregiver is Working per Workweek	Live-In Caregiver	Non Live-In Caregiver
Ongoing	40.25–60.00 hours	**Allowed**	**Allowed**
Ongoing	Over 60 hours	**Allowed**	***Not Allowed***
Short Term (Less than 60 Days)	40.25–60 hours	**Allowed**	**Allowed**
Short Term (Less than 60 Days)	Over 60 hours	**Allowed**	**Allowed**
SDPC Service Only Ongoing	40.25–60 hours	**Allowed**	***Not Allowed***
SDPC Service Only Ongoing	Over 60 hours	**Allowed**	***Not Allowed***
SDPC and Other Services Ongoing	40.25–60 hours	**Allowed**	**Allowed***
SDPC and Other Services Ongoing	Over 60 hours	**Allowed**	***Not Allowed***
SDPC and Other Services Short Term (Less than 60 Days)	40.25–60 hours	**Allowed**	**Allowed***
SDPC and Other Services Short Term (Less than 60 Days)	Over 60 hours	**Allowed**	**Allowed***

* *Exception requests for non-live-in caregivers who provide a combination of self-directed personal care and other waiver services is allowable. However, the request can only be applied to the other waiver services, not the self-directed personal care services. If your worker only provides self-directed personal care services and is classified as "non-live-in," the worker is limited to working 40 hours per workweek.*

Education

Step #	Responsible Partner(s)	Detail
Step 1	ICA	Each ICA maintains responsibility for ensuring field staff is knowledgeable about these requirements and is adequately prepared to assist participants in plan development incorporating the 40-hour health and safety assurance requirement.
Step 2	FEA	Each FEA maintains responsibility for ensuring their staff is knowledgeable about these requirements and is adequately prepared to implement the assurance requirements to PHWs pay and to provide accurate information to participants and PHWs.
Step 3	ICA	Each ICA maintains responsibility for educating participants regarding the 40-Hour Health and Safety Assurance Policy for PHW using the IRIS Participant Education Manual (P-01704). This education must occur prior to submitting paperwork to hire the first PHW.
Step 4	Participants	As the employer, each participant is responsible for educating his or her current and future workers regarding the 40-Hour Health and Safety Assurance Policy using the IRIS Participant Education Manual (P-01704). This education must occur prior to the employee providing services.

Incorporating the 40-hour Health and Safety Assurance into the Planning Process

Step 5	Participant, IC	The participant and the IC ensure that the participant has hired enough PHWs and/or agency workers to provide the participant's needed cares.
Step 6	IC	The IC verifies that there are a sufficient number of workers available to provide the hours authorized to meet the participant's long-term care outcomes and health and safety needs.

Submitting Timesheets

Step 7	Participant	The participant requires the worker to complete his or her timesheets reflecting the actual number of hours worked.
Step 8	Participant	The participant reviews and approves the PHW's timesheets, ensuring the total hours do not exceed the authorized amount on the participant's ISSP.

How FEAs will apply the 40-hour Health and Safety Assurance to Timesheets Exceeding the 40-Hour Limit

Step 9	FEA	The FEA reviews the timesheets and pays according to the timesheets approved by the employer.
Step 10	FEA	The FEA notifies the ICA of the number of hours that were paid, but that exceeded the service authorization. The FEA tracks the occurrences of timesheets it pays that exceed the service authorization and sends a report to the ICA each payroll cycle for follow-up.

Requesting Additional Hours

Step 11	ICA, Participant	The ICA and the participant develop an ISSP and accompanying service authorizations for an additional .25 to 60.0 hours for an individual worker above 40 hours across all services paid at an hourly rate on the approved ISSP.
Step 12	ICA, Participant	The ICA and the participant complete the 40-Hour Health and Safety Assurance Exception Request (F-01689) and provide justification for the request.
Step 13	ICA	The ICA reviews the completed F-01689 relevant to the participant's needs, the safeness, and healthiness of the plan, and the exception requirements identified in business rules.
Step 14	ICA	Generally, the IC should make a decision with the participant at that time based on the conversation surrounding the completion of the exception request form. If a decision cannot be issued immediately, the IC will notify the participant within five business days of the decision.
Step 15	ICA	If the request is approved, the IC should indicate the approval on form F-01689, upload the form into Wisconsin Self-Directing Information Technology System (WISITS) using the document category: "Participant-Hired Worker" and document type: "40-Hour Health and Safety Assurance Exception Request." The IC should update the ISSP accordingly.
Step 16	ICA	If required, the ICA prepares and submits a budget amendment request per IRIS Policy 5.7A Budget Amendments.
Step 17	ICA	If required, the IC explains the additional oversight visits required.
Step 18	ICA	If the request is denied, indicate the denial on form F-01689, upload the form into WISITS using the document category: "Participant-Hired Worker" and document type: "40-Hour Health and Safety Assurance Exception Request." The IC will send the exception request denial letter notifying the participant.
Step 19	ICA	The IC identifies situations where a current plan does not meet this policy and assists the participant to make changes in his/her IRIS plan in order to become compliant.
Step 20	ICA	Refer individuals who are unwilling or unable to make plan changes to achieve compliance with this policy to DHS for program disenrollment approval.

Data Collection, Reporting, and Monitoring

Step 21	DHS	DHS ensures the completion of the IRIS Participant Education Manual—Acknowledgement (F-01947) form through the record review process. Remediation of individual negative findings is completed as described in section 10.4A.1 Record Review Process.
Step 22	DHS	DHS reviews the data related to additional hour requests available in WISITS regularly and addresses any performance issues with the appropriate ICA or FEA through the Quality Management Plan process outlined in Section 10.4B.1.
Step 23	FEA	The FEA provides DHS with quarterly data regarding timesheets in excess of the 40-hour health and safety assurance. The FEA provides the following data points: • Number of PHWs submitting timesheets in excess of the 40-hour assurance. • Number of hours paid that exceeded the 40-hour assurance. • Number of dollars paid for the hours that exceeded the 40-hour assurance.

4.1A.1 Assessing Risk

Business Rules

1. The Department of Health Services (DHS) defines "risk" as the presence of factors that could jeopardize or otherwise negatively affect the participant's health and safety.
2. The IRIS consultant agency (ICA) is responsible to assess risk on an ongoing basis; however, the ICA must document a formal risk assessment process that occurs, at a minimum, during orientation and on an annual basis.
3. DHS does not mandate the use of a specific form to facilitate or document the ICA's risk assessment process.
4. DHS requires ICAs to assess risk in all areas including, but not limited to:
    a. Acute and chronic medical issues
    b. Access to primary care provider, pharmacy, medical supplies, and non-emergency medical transportation
    c. Abuse, neglect (including self-neglect), and misappropriation of funds
    d. Behavior and mental health needs
    e. Substance abuse needs
    f. Relationship concerns
    g. Financial concerns
    h. Egress issues (inability to safely get in and out of the residence)
    i. Falls
    j. Inability to obtain providers
    k. Eviction, foreclosure, or other cause for housing loss
    l. Insufficient backup plan
    m. Environmental issues (unsanitary conditions, housing structural issues, or exposure to crime)
    n. Issues identified on the Long-Term Care Functional Screen (LTC FS)
    o. Reportable critical incidents
5. ICAs must report all critical incidents identified through the assessment of risk according to section 4.4 using the Incident Report – Medicaid Waiver Programs (F-22541) and the DHS Critical Incident Reporting SharePoint site.
6. Upon discovery of the risk, the IRIS Consultant (IC) must work with the participant or legal representative to ensure the immediate and ongoing health and safety of the participant.
7. Participants have the right to make informed decisions about risk. This means that when a participant chooses not to address an identified risk, the IC provides information about accessing alternative options and then asks the participant if they maintain their original decision.
8. The ICA must inform participants choosing not to address identified risks that a referral may be made to DHS for a decision on involuntary disenrollment should a risk be serious enough to create a severe health or safety concern.

9. The IC has two separate and distinct conversations with the participant concerning the risk. The IC documents both conversations on the same form, Risk Agreement – IRIS Program (F-01558). The initial conversation occurs immediately at the time of the discovery of the risk. This discussion includes the identification of risk to the participant, an explanation of why the IRIS program perceives the issue as a risk, the IC's attempt to encourage the participant to address the risk, and the outcome of the initial discussion. In situations that require the use of F-01558, the IC documents this conversation in numbers 1, 2, and 3, respectively.
10. F-01558 is only required when the participant chooses not to address the identified risks. It is not necessary when the IRIS participant uses IRIS-funded services, Medicaid card services, unpaid supports, or other strategies to address the concern. The IC must clearly document these services, supports, and strategies in the participant's Individual Support and Service Plan (ISSP).
11. The follow-up conversation must include a discussion of options, how to access the options, and the participant's plan of action or inaction.
12. While the participant has the right to make informed decisions about risk, the IRIS program has the obligation to the participant and the Centers of Medicare and Medicaid Services (CMS) to ensure the health and welfare of the participant.
13. In cases wherein the participant and IC cannot reach an agreeable solution that ensures the health and welfare of the participant, the ICA has the right to submit a request for involuntary disenrollment to DHS for consideration. The ICA determines whether to send the referral for involuntary disenrollment.
14. In cases wherein the IC is considering the submission of a request for involuntary disenrollment, the IC **must** document this on the Risk Agreement – IRIS Program (F-01558) in number 4 as part of the initial conversation and in number 10 as part of the follow-up conversation.
15. The follow-up discussion must occur within 24 hours of the initial conversation in cases wherein the IC is considering the submission of a request for involuntary disenrollment and within 10 calendar days of the initial conversation in which the IC is not considering involuntary disenrollment.
16. The IC, the participant, and the legal representative (when applicable) must sign the Risk Agreement – IRIS Program (F-01558).

Identifying Risk

Step #	Responsible Partner(s)	Detail
Step 1	IC, Participant	Clearly documented risk assessments occur during orientation and annually thereafter. The IC assesses for risk on an ongoing basis.
Step 2	IC, Participant	The IC and participant have a conversation about risk-related subjects including, but not limited to, those identified in Business Rule number 4.

Step 3	IC	The IC performs observations of the participant's residence, person, and other environmental factors to assess risk.
Step 4	IC	The IC submits the Incident Report – Medicaid Waiver Programs form (F-22541) for all reportable incidents discovered during the course of assessing risk.
Step 5	IC, Participant	The IC and participant work together to ensure that participant's immediate and ongoing health and safety.

Addressing Risk in the ISSP

Step #	Responsible Partner(s)	Detail
Step 6	IC, Participant	The IC and the participant work together to identify strategies, unpaid supports, supports funded by other sources, and IRIS-funded supports to address the identified risk.
Step 7	IC	The IC documents the identified strategies, supports, and services to mitigate the risk on the ISSP.
Step 8	Participant	The participant engages providers or participant-hired workers as needed to provide the identified supports or services on the ISSP to mitigate the identified risk.
Step 9	IC	The IC monitors the risk to ensure the success of the course of action determined by the participant.

Allowing for Informed Decision-Making about Risk

Step #	Responsible Partner(s)	Detail
Step 10	IC	When the participant states that he or she does not want to address an identified risk, the IC restates the identified risk, identifies why it is considered a risk, and encourages the participant to agree to mitigate the risk.
Step 11	IC	The IC notifies the participant he or she is at risk of referral for involuntary disenrollment at the conclusion of the initial conversation regarding the risk if the risk is not mitigated.
Step 12	IC	The IC completes numbers 1-4 on the Risk Agreement – IRIS Program form (F-01558) documenting the initial conversation.
Step 13	IC	The IC completes number 5-6 on the F-01558 identifying how to access alternative solutions to mitigate the risk
Step 14	IC, Participant	The IC and participant schedule a follow-up meeting. The follow-up meeting must be within 24 hours if the risk is such that the participant is at risk of referral for involuntary disenrollment and within 10 calendar days if the participant is not at risk of referral for involuntary disenrollment.
Step 15	IC, Participant	The IC presents the alternative solutions to the participant. The IC documents the follow-up discussion during the meeting in numbers 7-10 on the F-01558, including the final plan determined by the participant.
Step 16	IC, Participant	The IC and the participant sign the document agreeing to the content of the F-01558. If the IC is considering the submission of a request for involuntary disenrollment, the IC must disclose this to the participant, and it must be acknowledged as part of signing the F-01558.

Step 17	IC, Participant	The IC and participant update the ISSP to reflect the plan identified in Step 15.
Step 18	IC	In cases where the participant does not agree to a plan in Step 15, and the ICA is not referring the participant for involuntary disenrollment, the IC continues to monitor and encourage the participant to mitigate the risk. The IC documents these activities in case notes.
Step 19	IC	In cases where the participant does not agree to a plan in Step 15, but the participant **is** being referred for involuntary disenrollment, the IC follows the program requested disenrollment process per Chapter 7.

Monitoring

Step 21	DHS	DHS completes record review monitoring for compliance with indicator Service Plan number 2 that measures whether the ICA adequately addressed the health and safety risks identified in the participant's record.
Step 22	DHS, ICA	DHS ensures that the ICA remediates each negative finding in the record review.
Step 23	DHS, ICA	DHS and the ICA discuss any apparent trends or other issues during the monthly quality meetings.

4.3A.1 Restrictive Measures

Business Rules

1. The Department of Health Services (DHS) does not permit the unapproved use of restrictive measures except in the case of an emergency. The emergency (unapproved) use of restrictive measures is only permitted when the following conditions are present:
    - An emergency exists;
    - A participant's behavior poses an immediate threat of harm to self or others;
    - There is no approved behavior support plan for that participant that includes the planned use of restraint, isolation, or protective equipment intended to address this behavior or there is an approved plan, but it has been found to be ineffective;
    - The behavior in question has either not occurred previously or could not have been reasonably foreseen to occur based on observations of the participant's behavior.
2. The IRIS Consultant Agency (ICA) must complete and submit an Incident Report – Medicaid Waiver Programs (F-22541) each time unauthorized or emergency restrictive measures are used.
3. The IRIS Consultant is responsible to provide the participant or legal representative with education on the restrictive measures process using the Participant Education Manual (P-01704) during the orientation process and annually.

4. Each ICA is responsible to ensure that its IRIS Consultants receive Department-approved training encompassing the following information during the orientation process and annually:
    - Utilizing the Long Term Care Functional Screen and other parts of the participant's record as tools to identify behaviors;
    - Identifying behaviors in the home and community;
    - Developing strategies to support behaviors in the least restrictive way possible;
    - Developing communication skills related to discussing behaviors with families;
    - Identifying restrictive measures;
    - Following the guidelines and requirements for the use of restrictive measures and these work instructions; and
    - Developing strategies to replace challenging behaviors with positive behaviors.
5. The IRIS Consultant must discuss the effectiveness of the restrictive measures plan at every contact with the participant and/or legal representative whether by phone or email, or in person. These discussions must be documented in detail in the case notes.
6. Every six months the entire plan must be reviewed and the participant and/or legal representative should again sign the signature page indicating agreement with the behavior support plan, including the use of restrictive measures.
7. All restrictive measures applications for participants in the developmentally disabled target group are reviewed by the Division of Long Term Care (DLTC) Restrictive Measures Review Panel.
8. All restrictive measures applications for participants in the frail elder and/or physically disabled target groups who reside in a facility regulated by the Division of Quality Assurance (DQA) are reviewed by the Waivers, Approvals, Variances, Exceptions (WAVE) Committee.
9. All restrictive measures applications for participants in the frail elder and/or physically disabled target groups who do not reside in a facility regulated by DQA are reviewed by the IRIS Restrictive Measures Review Panel.
10. The IRIS Restrictive Measures Review Panel is chaired by the DHS IRIS Quality Lead and is comprised of representatives from the DHS IRIS Quality Team.
11. Each member of the IRIS Restrictive Measures Review Panel must have documented training conducted by the Department of Health Services on an annual basis.
12. All approvals for restrictive measures must have an expiration date. Medical restraints may be approved one-time and therefore do not need re-approval.

13. Exceptional measures are defined as specific forms of restraint that, due to their level of intrusiveness, present a potentially higher level of risk to the participant and to those implementing the procedure; exceptional measures include but are not limited to the following:
    - Physically forcing the participant to the ground or other surface;
    - Physically forcing an individual to lay in a horizontal position;
    - Restraint vests, jackets, camisoles used to restrain, body wraps;
    - Devices that are used to tie or secure a wrist or ankle to prevent movement;
    - Restraint chairs or chairs with devices that prevent movement; may include wheelchairs if they are used to restrain;
    - Removal of a participant's mobility aids such as a wheelchair, walker, or cane;
    - Bed enclosures;
    - Seclusion by the use of closed rooms locked with a mechanism that requires the constant application of some type of pressure or control to maintain the locked condition. (Note: all other forms of seclusion are prohibited.);
    - Criteria for the release of someone from a restrictive measure that calls for maintaining the restraint for more than five minutes after the participant is calm;
    - Any practice that is more restrictive than these practices listed here; or
    - The waiving or modification of any process requirement associated with the approval process covered in these work instructions is also an exceptional measure.
14. The following documents are required to be submitted as part of the restrictive measures application:
    - Request for Use of Restraints, Isolation, or Protective Equipment as Part of a Behavior Support Plan (F-62607) **or** Request for Use of Medical Restraints (F-62608).
    - Pictures of the Restrictive Measure.
    - Doctor's approval (Signature/Letter).
    - Cover letter from ICA indicating the Restrictive Measure type and reason for application.
    - Data collection form of the activity surrounding the use of the Restrictive Measure.
    - Appropriate signatures from the participant's circle of support.
    - Behavior Support Plan.
15. The following committees are responsible for the review of restrictive measures applications:
    - DHS Restrictive Measures Review Panel – Reviews all restrictive measures applications for participants with developmental disabilities.

- WAVE – Reviews all restrictive measures applications for participants who are elderly, or who have physical disabilities and reside in a facility licensed by DHS Division of Quality Assurance (DQA).
- Office of IRIS Management Review Panel – Reviews all restrictive measures applications for participants who are elderly, or who have physical disabilities and do not reside in a facility license by DQA.

16. The Office of IRIS Management (OIM) is responsible for extracting data related to restrictive measures from the Wisconsin Self-Directed Information Technology System (WISITS).

Development of Restrictive Measures Application

Step #	Responsible Partner(s)	Detail
Step 1	IC, Participant	The IRIS Consultant provides the participant or legal representative with education on the restrictive measures process using the Participant Education Manual (P-01704) during the orientation process and annually. The participant or legal representative and IRIS Consultant sign the document indicating understanding of the process.
Step 2	Participant	The participant or legal representative identifies a circle of support to help develop the behavior support plan and restrictive measures application.
Step 3	Circle of Support, Participant	With their Circle of Support, the participant completes the restrictive measures application and required supplementary documentation as identified in Business Rule number13.
Step 4	IC	IC completes final review and submits to the ICA for the ICA pre-review using the work request type, “Restrictive Measures: ICA Complete Pre-review.”
Step 5	ICA	ICA submits application for OIM pre-review using the work request type, “Restrictive Measures: OIM Complete Pre-review.”

Restrictive Measures Application Approval Process

Step 6	OIM	OIM completes pre-review of restrictive measures application to ensure the application is complete and ready for panel review.
Step 7	OIM	When additional work is needed, OIM sends a work request to the ICA requesting additional information using the work request type, “Restrictive Measures: Additional Info (ICA).”
Step 8	OIM	When the application is complete, OIM sends a work request to each member of the appropriate review panel as described in Business Rule number 14, using the appropriate work request type, “Restrictive Measures: Panel Review (DHS/WAVE/OIM)”
Step 9	Review Panel/OIM/ICA	The review panel reviews the application. When additional work is needed, the review panel sends a work request to OIM requesting additional information using the work request type, “Restrictive Measures: Additional Info (OIM).”
Step 10	OIM/ICA	If OIM is unable to provide the panel with the needed information, OIM sends a work request to the ICA requesting additional information using the work request type, “Restrictive Measures: Additional Info (ICA).”

Step 11	ICA	ICA resubmits the restrictive measures application to OIM using the work request type, "Restrictive Measures: OIM Complete Pre-Review."
Step 12	OIM	When appropriate, OIM resubmits the updated restrictive measures application to the review panel using the work request type, "Restrictive Measures: Panel Review (DHS/WAVE/OIM).
Step 13	Review Panel	Review panel makes decision and notifies OIM using the work request type, "Restrictive Measures: Decision Issued."

Communication of Review Panel's Decision and Implementation of Restrictive Measures

Step 14	OIM	OIM receives notification of the decision from the review panel. OIM documents the decision in WISITS using the case note type, "Restrictive Measures: Decision."
Step 15	OIM	OIM notifies the ICA of the review panel's decision by sending the letter via the appropriate work request type, "Restrictive Measures: Decision Letter Approved/Denied/Approved with Conditions: Behavioral/Medical – Type" to the ICA. ICA will also attach the approved application as well as copy of the letter in WISITS.
Step 16	OIM	OIM creates a work request to prompt the renewal of the application approximately 60 days prior to the approval's expiration date using the work request type, "Restrictive Measures: Application Renewal."
Step 17	ICA	The ICA sends the letter to the participant or legal representative informing them of the review panel's decision.
Step 18	ICA	The ICA sends notice to the IC of the review panel's decision and any instructions relative to implementation of the approved restrictive measures using the work request type, "Restrictive Measures: Implementation."
Step 19	IC, Participant	The IC and participant work together to implement the approved restrictive measures to include training the caregivers responsible for using the restrictive measures. The IC documents implementation activities using the case note type, "Restrictive Measures: Implementation."

ICA Monitoring of Restrictive Measures

Step 20	DHS	OIM sends monitoring work requests for each month the restrictive measures application is approved triggering the IRIS Consultant to complete monitoring activities. The work request type used is, "Restrictive Measures: Monitoring."
Step 21	IC	The IRIS Consultant visits with the participant or legal representative either by phone or email, or in person and discusses the effectiveness of the approved restrictive measures. The IC documents this discussion thoroughly in WISITS using the case note type, "Restrictive Measures: Monitoring."
Step 22	IC	In situations where the IC finds that the restrictive measures are ineffective, the IC documents this information using the case note type, "Restrictive Measures: Modification of Approved Application" and initiates the modification of the application using the work request type, "Restrictive Measures: Modification of Approved Application." The IC then repeats steps 4-19.

Step 23	IC	In situations where the IC finds that the restrictive measures are no longer needed, the IC documents this information using the case note type, "Restrictive Measures: Discontinuation of Approved Application" and initiates the discontinuation of the application sending the work request type to OIM, "Restrictive Measures: Discontinuation of Approved Application."
Step 24	OIM	OIM will issue a letter of discontinuation to the ICA using work request type, "Restrictive Measures: Discontinuation Letter."
Step 25	ICA	ICA will mail the letter to legal representative to keep for their records and attach a copy of the letter in WISITS.
Step 26	IC	Upon completion of all monthly activities related to the monitoring of restrictive measures, the IC closes the monitoring work request for the month.

DHS Monitoring of Restrictive Measures Processes

Step 27	OIM	Using data from WISITS, OIM evaluates following data elements: • length of time it takes to process restrictive measures applications, • types of restrictive measures, • target groups using restrictive measures, • whether applications were approved or denied, • the quality of the application submitted, and • the quality of contacts documenting the IRIS consultants' monthly monitoring activities. This list is not all-inclusive.
Step 28	OIM	OIM collects data for federal reporting through the record review process in accordance with section 10.4A.1, Record Review Process.
Step 29	OIM	OIM provides the IRIS consultant agencies with information related to positive and negative trends identified concerning restrictive measures. OIM also prescribes individual remediation activities using the work request type, "Restrictive Measures: Remediation".
Step 30	OIM, ICA	OIM requires the ICA to complete quality management activities in accordance with section 10.4B.1, Quality Management Plans, to address negative trends.
Step 31	ICA	The ICAs are responsible for remediating any negative findings. The ICA documents remediation activities for negative findings discovered outside the record review process using the case note type, "Restrictive Measures: Remediation."

4.4B.1 Critical Incident Reporting
Business Rules

Refer to addendum: Reporting and Follow-up for Immediate Reportable and Critical Incidents (P-03131).

4.5A.1 Emergency Backup Plan
Business Rules

1. Per the 1915 (c) Home and Community-Based Services (HCBS) Waiver approved by the Centers for Medicare and Medicaid Services (CMS), all IRIS participants are required to have an emergency backup plan in their record.
2. Each IRIS consultant agency (ICA) must have its own format, approved by the Office of IRIS Management (OIM), containing the following components:
    a. Contact information for the legal representative and IRIS Consultant;
    b. Contact information for people who are willing to provide emergency care if a worker does not report to work as scheduled;
    c. Contact information for people authorized to help make decisions or sign documents on behalf of the participant;
    d. Contact information for suppliers and repairers of medical equipment and supplies;
    e. Information related to the participant's daily schedule;
    f. Information to use in the event of an emergency medical situation;
    g. Information to use in the event of a home emergency or disaster;
    h. Location of additional participant-specific information within the residence; and
    i. Dates and signatures of the participant, legal representative, and IRIS Consultant.
3. The initial emergency backup plan must be developed during the 90-day orientation period.
4. The IRIS consultant and participant must review the emergency backup plan during each contact to ensure that the information is current with a new emergency backup plan to be reviewed, signed, and dated, at minimum, one time each calendar year.
5. When a participant transfers between ICAs, transferring the content of the emergency backup plan onto the new ICA's format is not required upon transfer. Participants are required to change to their current ICA's emergency backup plan format at the time of the annual update, or to accommodate a change in provider or emergency process.
6. The IRIS consultant agencies maintain responsibility to educate participants on the requirement of maintaining an accurate and functional emergency backup plan, using the Participant Education Manual (P-01704) during orientation and annually thereafter.

7. The unwillingness or inability to maintain an accurate and reliable emergency backup plan may result in the participant's involuntary disenrollment from the IRIS program due to health and safety concerns or due to a general unwillingness to comply with IRIS program policies. Work instructions relative to involuntary disenrollment are located in the IRIS Eligibility Policy (P-03515).
8. In order to be considered a "complete" emergency backup plan, all fields on the form must be completed. If a section is not applicable, it must be identified as such, including the reason it is considered not applicable.
9. ICAs are required to obtain OIM approval prior to implementing any changes to the format or content of their emergency backup plan.
10. Participants who receive IRIS Self-Directed Personal Care (SDPC) services will be required to maintain an emergency backup plan that also satisfies the requirements of the IRIS SDPC program. The IRIS SDPC nurse reviews the emergency backup plan to validate the plan's compliance with the IRIS SDPC program.
11. Participants are responsible for ensuring individuals and agencies listed on their emergency backup plan are willing and able to provide the services for which they are identified.
12. IRIS consultants are responsible for ensuring participants understand how to access funding for the individuals and agencies identified on the emergency backup plan if they will not be providing natural or unpaid supports.
13. Participant-hired workers and agencies identified on the emergency backup plan that will provide paid services and supports must be established in the Wisconsin Self-Directed Information Technology System (WISITS) as a provider prior to the implementation of the emergency backup plan.

Education

Step #	Responsible Partner(s)	Detail
Step 1	IRIS Consultant Agency	The IRIS consultant agency educates the participant and/or legal representative regarding the requirements of maintaining an accurate and effective emergency backup plan at the time of enrollment and on an annual basis using the Participant Education Manual (P-01704).

Completing the Emergency Backup Plan

Step 2	IRIS Consultant, Participant	The IRIS Consultant and participant complete each section of the emergency backup plan with accurate information.
Step 3	Participant	The participant ensures that individuals and agencies identified on the emergency backup plan are agreeable to their role.
Step 4	IRIS Consultant	The IRIS Consultant ensures the participant understands their role in obtaining any needed funding in the event of emergency backup plan activation, if the individuals or agencies will not be providing natural supports.
Step 5	IRIS Consultant	The IRIS Consultant reviews the content of the emergency backup plan with the participant at each contact and documents this conversation in case notes.

Changing the Emergency Backup Plan

Step 6	Participant	The participant maintains the responsibility to inform the IRIS Consultant of any changes needed to the emergency backup plan.
Step 7	IRIS Consultant, Participant	The IRIS Consultant and participant update each section of the emergency backup plan with new and accurate information.
Step 8	Participant	The participant ensures that individuals and agencies identified on the emergency backup plan are agreeable to their role.
Step 9	IRIS Consultant	The IRIS Consultant ensures the participant understands their role in obtaining any needed funding in the event of emergency backup plan activation, if the individuals or agencies will not be providing natural supports.
Step 10	IRIS Consultant	The IRIS Consultant reviews the content of the emergency backup plan with the participant at each contact and documents this conversation in case notes.

Completing the Annual Emergency Backup Plan Review

Step 11	IRIS Consultant, Participant	The IRIS Consultant and participant update each section of the emergency backup plan and sign and date the emergency backup plan annually, at a minimum.
Step 12	Participant	The participant ensures that individuals and agencies identified on the emergency backup plan are agreeable to their role.
Step 13	IRIS Consultant	The IRIS Consultant ensures the participant understands their role in obtaining any needed funding in the event of emergency backup plan activation, if the individuals or agencies will not be providing natural supports.

Data Collection, Reporting, and Monitoring

Step 14	DHS	The Department of Health Services (DHS) verifies the completion of the Participant Education Manual (P-01704) and development of an accurate emergency backup plan through the record review process.

Chapter 5: Person-Centered Planning

5.0A Meaningful Individual Support and Service Plan Development

Business Rules

1. IRIS participants must develop and maintain an individual support and service plan (ISSP) that ensures health and safety and assists with achieving his or her long-term care related outcomes.
2. The IRIS consultant (IC) and participant must meet at least annually to ensure the ISSP adequately supports the participant's long-term care outcomes.
3. The participant's budget estimate can only be utilized to fund supports, services, and/or goods when all other approaches have been maximized, including: natural supports, Medicaid, Medicare, and/or any other funding sources available to the participant.
4. Updates to the ISSP occur when the following exist:
    a. Participant requests changes to his or her ISSP based on their desired long-term care outcomes.
    b. When there is a documented change in condition within the Long-term Care Functional Screen (LTCFS).
    c. The IC determines the ISSP is out of compliance.
5. ISSP planning meetings must be in person with the participant and occur at a location and time that is convenient to the participant.
6. The participant must establish a long-term care outcome prior to identifying the ***strategy*** and/or ***approach*** that will be needed to support the outcome.
7. Long-term care outcomes must be related to the Six Domains of Self-Direction. These include:
    a. Maintaining and/or establishing a **living arrangement of one's own**;
    b. Maintaining and/or obtaining **community-integrated employment**;
    c. Maintaining and/or establishing **community inclusion**;
    d. Ensuring health and safety;
    e. Building positive relationships;
    f. Having control of, and access to, transportation.
8. Ensuring health and safety, building positive relationships, and having control of, and access to, transportation must be assessed when developing all long-term care related outcomes related to the participant's living arrangement, community integrated employment, and community inclusion.
9. Once the participant has identified his or her long-term care outcome(s), strategies, and approach to maintaining and/or or obtaining his/her long-term care outcome(s), the IC will assist the participant with support, service, and good prioritization. See steps 6-8 for details.
10. The IC must document and mitigate all conflicts of interest identified during the ISSP development process. Please review 10.3A.1 Conflict of Interest for further details.
11. Long-term care related outcomes must have a direct correlation with the findings of the LTCFS.
12. IRIS participants may include family members, friends, or other individuals during the ISSP development process.
13. IRIS-funded supports, services, and goods listed within the ISSP must be within the participant's monthly budget estimate. If additional supports, services, or goods are needed to assist the participant with achieving his or her long-term care outcomes, the IC must determine if a budget amendment or one-time expense is necessary. See Chapter 5.7A.1 and 5.8D.1 within the IRIS Policy Manual: Work Instructions for further details.

14. The IC is required to collaborate with the participant to: identify potential health and safety risks, help identify strategies to mitigate the risks identified through ISSP development and develop a robust emergency backup plan. See IRIS Policy 4.5 Emergency Backup Plan for further details.
15. Long-term care outcomes that are obtained, maintained, or achieved through the use of natural supports, Medicaid, Medicare, or community services, such as church organizations, must be identified on the participant's ISSP.
16. The long-term care related outcomes must benefit the participant. Long-term care related outcomes that appear to benefit the "provider" or "guardian" are not acceptable. Exceptions to this business rule would include respite services to alleviate primary caregivers from the risk of caregiver burnout.

Identifying Long-Term Care Outcomes

Step #	Responsible Partner(s)	Detail
Step 1	IC, Participant	The IC and IRIS participant meet to discuss and determine the participant's desired long-term care outcomes, as well as the supports, services, and/or goods to support the long-term care outcomes. Long-term care outcomes must be directly related to the Six Domains of Self-Direction.
Step 2	IC, Participant	The IC and participant determine meaningful long-term care outcomes by determining the kind of life the participant wants to live, and the supports needed to do so.
Step 3	IC, Participant	The IC and participant determine what ***strategy*** is needed to achieve, maintain, or obtain the identified long-term care outcome(s). Strategies can vary and should identify *how* the participant is going to achieve, maintain, or obtain the identified long-term care outcome. Strategy examples include: • Utilizing an individual to assist with *supportive home care* tasks. • Utilizing a church's van/bus to provide *transportation* to and from church services. • Utilizing an agency provider to provide *respite* services. • Utilizing an agency provider to provide *supported employment*.
Step 4	IC, Participant	The IC and participant determine what ***approach*** will be used to achieve, maintain, or obtain the identified long-term care outcome. Approach examples include: • Natural supports • Medicaid or Medicare • Community services such as the participant's church or community center • IRIS Waiver Services
Step 5	ICA, Participant	When it's determined that IRIS Waiver Services are needed to meet the long-term care outcomes, the participant and IC will determine the following: • Identify the **type** of support/service/good needed. • Identify the **amount** of support/service/good needed. • Identify the **cost** of the support/service/good needed. • Identify the **provider** of the support/service/good.

Support/Services/Goods Prioritization

Step #	Responsible Partner(s)	Detail
Step 6	IC, Participant	The participant and IC determine which long-term care outcomes are related to ensuring the participant's health, safety, and independence related to *achieving*, *maintaining, or obtaining a* ***living arrangement of one's choice***. If the long-term care outcome requires IRIS Waiver funds to purchase the supports, services, and/or goods, these must be deducted from the participant's budget estimate prior to moving on to step 7. *If the budget estimate is not sufficient to purchase the identified supports, services, or goods, the IC must determine if a budget amendment or one-time expense request is needed. If needed, the IC must complete the budget amendment process, and all supports, services, and goods that do not fit within the budget estimate will need to be submitted as a budget amendment or one-time expense.*
Step 7	IC, Participant	The participant and IC determine which long-term care outcomes are related to ensuring the participant's health, safety, and independence related to *achieving, maintaining, or obtaining* ***community-integrated employment***. If the long-term care outcome requires IRIS Waiver funds to purchase the supports, services, and/or goods, these must be deducted from the participant's budget estimate prior to moving on to step 8. *If the budget estimate is not sufficient to purchase the identified supports, services, or goods, the IC must determine if a budget amendment or one-time expense request is needed. If needed, the IC must complete the budget amendment process, and all supports, services and goods that do not fit within this step will need to be submitted as a budget amendment or one-time expense.*
Step 8	IC, Participant	The participant and IC determine which long-term care outcomes are related to ensuring the participant's health, safety, and independence related to *achieving*, *maintaining, or obtaining* ***community inclusion***. If the long-term care outcome requires IRIS Waiver funds to purchase the supports, services, and/or goods, these must be deducted from the participant's budget estimate prior to moving on to step 9. *If the budget estimate is not sufficient to purchase the identified supports, services, or goods, the IC must determine if a budget amendment or one-time expense request is needed. If needed, the IC must complete the budget amendment process, and all supports, services, and goods that do not fit within this step will need to be submitted as a budget amendment or one-time expense.*

WISITS

Step 9	IC	The IC completes the initial and ongoing **service authorizations** based on the long-term care outcomes identified within steps 1-5.

Monitoring

Step 10	IC	The IC reviews the ISSP at least annually to ensure the long-term care outcomes are directly related to the Six Domains of Self-Direction. The IC ensures that the supports, services, and goods are allowable, the most effective, cost effective, and are supporting the participant with achieving, maintaining, or obtaining his or her long-term care outcomes.
Step 11	MetaStar, IC	MetaStar completes quarterly reviews of participant records directly related to his or her ISSP. Please refer to the IRIS Record Review Tool (F-01496) for details, which is available through the Record Review SharePoint site.

5.7A.1 Budget Amendment Process

Business Rules

1. The participant's individual budget estimate is calculated using a model that processes the data from the participant's Long Term Care Functional Screen (LTC FS). Each time the LTC FS is completed, an individual budget estimate is generated. The most current individual budget estimate (LTC FS) is used when developing the Individual Support and Service Plan (ISSP).
2. Budget reinstatements no longer exist. Individual budget estimates are derived for all participants in the same manner. Therefore, previous procedures applied to "Cohort 1", or "early entrants" are no longer applicable.
3. Any participant who is unable to meet his or her needs with his or her individual budget estimate is required to submit a Budget Amendment Request (F-01210) form to obtain additional funding.
4. The IRIS consultant agencies (ICAs) are responsible for ensuring IRIS participants are eligible for budget amendments prior to initiating the process. Participants requesting a budget amendment (BA) who meet any of the following criteria are not eligible for BAs.
    - The IRIS participant resides in a 1-2 bed adult family home (AFH), 3-4 bed AFH, residential care apartment complex, and does not intend to move into an independent community living setting (See Business Rule #39 for exception).
    - The IRIS participant is in the process of voluntarily or involuntarily disenrolling from the IRIS program.
    - The IRIS participant is delinquent in cost share payments. Participants who are compliant with the repayment plan are eligible for a BA.
5. Participants in the referral stage are eligible for BAs.
6. The ICAs are responsible for assisting the IRIS participant or legal representative in navigating the BA process.
7. ICAs are responsible for educating IRIS participants and legal representatives on the BA process using the Participant Education: Budget Amendments (F-01205B) form. An IRIS consultant (IC) will provide this document and corresponding education to an IRIS participant each time he or she requests a BA.

8. The ICAs are responsible for issuing Notices of Action (NOA) when the good or service requested meets one or more of the reasons for denial listed on the NOA. In these cases, the participant should be given their due process rights for a State Fair Hearing, rather than initiating the BA process.
9. Prior to submitting a BA, ICAs must verify that the IRIS-funded services on the current ISSP are being utilized and expensed to meet the participant's long-term care outcomes.
10. The ICAs are responsible for submitting the IRIS participant's request within 30 days of the IRIS participant or legal representative identifying the need for additional funding beyond the Individual Budget Estimate.
11. An IRIS participant requesting an increase in his or her budget estimate of 25 percent or more for care-related services or supports (supportive home care, prevocational training, respite, daily living skills, adult day care, or adult day services) must first have a change in condition LTC FS. A change in condition LTC FS may reflect an increase in budget estimate sufficient to meet the IRIS participant's needs without completing the BA process. Exception: A change in condition LTC FS does not have to be completed if the current LTC FS has been completed within 90 days of the BA request and there is no indication that the participant has experienced a change in condition.
12. The most current LTC FS must be used for developing the budget amendment request.
13. BA requests for additional supportive home care (SHC) hours for shared tasks in a shared household (ex., cleaning the common areas or preparing meals that the entire household, including the participant, will eat) are only accepted when the SHC hours requested are clearly documented as being specific to the participant's needs related to his or her disability. For example, the Office of IRIS Management (OIM) would accept a request for SHC hours for meal preparation if the participant has specific dietary constraints that prevent him/her from eating the meal prepared for the rest of the household.
14. An IRIS participant seeking additional SHC hours must ensure that he or she has maximized any care hours available through private duty nursing (PDN), IRIS Self-Directed Personal Care (SDPC), or medical assistance personal care (MAPC), prior to requesting additional hours. IRIS participants seeking additional SHC hours must use all services approved by, and available through, Medicaid card services first. Participants are required to participate in screenings and referrals for appropriate Medicaid card services.
15. IRIS participants cannot request additional IRIS SDPC hours through the BA process.
16. Participants requesting a BA to cover overtime wages must have an approved 40-Hour Health and Safety Assurance Exception Request (F-01689) prior to submitting a BA request. The approved exception must be submitted to DHS with all other required documentation per Business Rule #17.
17. BA requests require the following documentation:
    - Signed Participant Education: Budget Amendments (F-01205B),

- Budget Amendment Request (F-01210),
- Budget Amendment Provider Quote Comparison (F-01210A),
- LTC FS (current and change in condition, when applicable)
- Current ISSP,
- Any other documentation the IRIS participant or legal representative deems relative to the request,
- Adult Family Home Provider Agreement, when applicable,
- An **approved** 40-Hour Health and Safety Assurance Exception request, when applicable, and
- Project Search approval letter, when applicable.

18. The ISSPs submitted as part of the BA request must clearly define the service, support, or goods, the provider(s), the number of units and rate for each provider, and the long-term care outcome the service, support, or good supports.
19. All natural supports, unpaid supports, and any services received through funding sources other than IRIS must be included on the plan. All services, supports, or goods paid for with IRIS funds must be allowable Medicaid Home and Community-Based Waiver services. Definitions of appropriate services are included in the IRIS Service Definition Manual (P-00708B).
20. The Budget Amendment Provider Quote Comparison (F-01210A) form must demonstrate that the provider's quotes or bids are equitable in terms of type and quantity of service to be delivered. A minimum of three quotes or bids must be included on the form. In the event the participant is unable to obtain three quotes or bids, the participant must submit documentation, including the name(s) of the providers from whom they attempted to obtain quotes or bids and the reason(s) why the provider was unable to be a viable option.
21. The Budget Amendment Provider Quote Comparison (F-01210A) form provides the opportunity for the IRIS participant to indicate his or her preferred provider. The OIM Review Committee is not obligated to approve the IRIS participant's preferred provider if another provider would be more cost effective.
22. All BA requests must be reviewed and approved by the IRIS participant or legal representative prior to submittal to OIM for review.
23. For **initial** BAs, OIM and the ICAs collaboratively facilitate the process, including centralizing communications and paperwork, using a DHS-owned SharePoint site.
24. The ICAs and DHS must complete the fields in the DHS BA SharePoint site as per the DHS BA SharePoint Instruction Guide (P-00706B).
25. Only one service, support, or good is allowed on each request form and each SharePoint entry. For example, if the IRIS participant wants to request additional funds for three different services, supports, or goods, the IC must submit three separate forms and SharePoint entries.

26. The ICA and DHS must use the DHS BA SharePoint site to:
    - Submit the BA request, including all documents identified in Business Rule #16;
    - Exchange all communication between the ICA and DHS relevant to the BA request;
    - Track the progress of the submitted request;
    - Review the request; and
    - Track the mailing of the letters and NOAs.
27. The DHS and the ICA enter all communication (email, phone call, fax, letter) exchanged in the "Contact Log Field" in the DHS BA SharePoint site. The party initiating the phone call maintains responsibility to log the call in the DHS BA SharePoint site. DHS documents directives to the ICA requesting additional work in the "Comments/Conditions/Modifications" field in the DHS BA SharePoint site.
28. The DHS Review Committee reviews complete and accurate records in the DHS BA SharePoint site with the status, "Pending Review" when the request meets the requirements in the "Pre-Review" section.
29. The DHS Review Committee will not adjust plans as part of the review process. DHS returns the request to the ICA for additional work before review, or DHS approves, limits, modifies, or denies the request as submitted.
30. The IRIS participant, legal representative, and IC maintain responsibility to ensure all requests are complete, cost effective, and accurate related to the information presented.
31. The ICA is responsible for updating the ISSP, including service authorizations, to reflect the approved BA.
32. DHS issues NOAs for all BA requests that are denied, limited, or modified. The ICAs are responsible for mailing the NOAs and applicable decision letters.
33. IRIS participants who have experienced a decrease in their individual budget estimate at the time of an LTC FS but did not have any changes in the responses given during the screening process should follow the initial BA process outlined in Steps 1-19. Business Rule #10 is applicable to participants meeting these criteria.
34. IRIS participants who had an approved BA and continue to meet the criteria in Business Rule #33 in subsequent years should complete the Budget Amendment Annual Verification (BAAV) form (F-01210B) to demonstrate justification for continuing the original BA as described in Steps 20-27.
35. Participants meeting the criteria in Business Rule #33 are only permitted to use the Budget Amendment Annual Verification (BAAV) form (F-01210B) when requesting continued approval, or a decrease, of the original services and supports. Increases to the original BA must be submitted as a new BA request. For example, the original BA approved 10 hours of SHC. The participant now needs 15 additional hours of SHC. The participant should complete the full BA process for 15 hours because of the increase in hours.
36. For participants who meet the criteria in Business Rule #33 or Business Rule #34, the participant continues operating under the existing plan and budget until the BA process is complete, meaning the decision letter has

been mailed. The ICAs are responsible for updating service authorizations in weekly increments to ensure that providers continue to receive payment during these processes.

37. ICs must review each previously approved BA with participants during their annual planning meeting. ICs who determine previously approved budget amendments are no longer needed, justified, or allowed based on the participant's need, should issue an NOA and participant appeal rights. ICs who determine previously approved budget amendments are still needed, justified, and allowed based on the participant's need, must complete the Budget Amendment Annual Verification Request (F-0121B).
38. The BAAV request is uploaded and saved in the Wisconsin Self-Directed Information Technology System (WISITS) under document type "BAAV-Calendar Year."
39. If a participant meets the criteria in Business Rule #33, a BA can be requested to maintain the current AFH daily rate. Participants must document the following information in Section 5 (Step 4) of the IRIS Budget Amendment Request (F-01210):
    a. Conversation with AFH provider regarding the negotiations of a lower daily rate.
    b. Adjusting other services within the current ISSP.
40. The following table outlines general estimates of timeframes related to the BA process. When the ICA and participant do not provide adequate information as part of the BA review documents, DHS returns the documents for additional work. This adds days between the date the participant identified the need for a BA and DHS' decision. Note: Complicated requests, or multiple requests submitted by the same participant at the same time, may require additional time.

Responsible Partners	Description	Time Frame
Participant/ICA	Identifies the need for a BA.	---
Participant/ICA	Completes the required BA paperwork	Up to 30 days
DHS	Completes the pre-review. Returns incomplete requests.	Within five business days of receiving the BA request.
Participant/ICA	Amends and resubmits returned requests.	Unknown – dependent upon how quickly the ICA resubmits the request with the required information.
DHS	Completes the BA review and provides the ICA with the decision letter.	Within 10 business days of receiving a complete and accurate request
Participant/ICA	Provides additional information when requested by DHS	Unknown – dependent upon how quickly the ICA resubmits the request with the required information.
ICA	Mails the DHS decision letter.	Within two days of the decision.
Participant	Requests an independent review.	Within 15 calendar days of the date on the decision letter.

DHS	Completes the independent review and provides the ICA with the decision letter and NOA, when appropriate.	Within 10 business days.
ICA	Mails the DHS decision letter and NOA (when applicable).	Within two days of the decision.

Identifying the Need for a Budget Amendment

Step #	Responsible Partner(s)	Detail
Step 1	IRIS Participant	Upon identifying the need for additional supports or services that will exceed his or her existing budget estimate, the IRIS participant is responsible for notifying his or her IC to initiate the BA process. The IRIS participant or legal representative is responsible for providing the required information for a BA request.
Step 2	IC	The IC reviews the IRIS participant's budget estimate, plan, unpaid supports, and other available funding sources, to determine whether there is another way to meet the IRIS participant's need using the existing budget.
Step 3	IC, LTC FS Screener	If the IRIS participant is requesting an increase of 25 percent or more of his or her budget for additional care-related supports, then the IC arranges for an LTC FS screener to administer a change in condition LTC FS. This process will determine whether the change in condition increases the person's budget, such that a BA is unnecessary. If the current LTC FS has been completed within 90 days of the BA request and there is no indication that the participant has experienced a change in condition, a change in condition LTC FS does not need to be completed.
Step 4	IC, IRIS Participant	The IC and IRIS participant, or his or her legal representative, discuss the outcome of steps 2 and 3 to determine whether a BA is necessary. If the IRIS participant's needs can be met by adjusting the current ISSP or budget estimate, then a BA is unnecessary. The IC submits a plan amendment to update the service(s) on the ISSP to meet the IRIS participant's needs.

Budget Amendment Submission Process

Step 5	IC, Participant	The IRIS participant and the IC collaboratively complete the Budget Amendment Request (F-01210) form. The IC is responsible for ensuring all fields are complete.
Step 6	ICA	Upon the IRIS participant's identification of the need for additional funding, the ICA initiates the request in the DHS BA SharePoint site. The status of the case in the DHS BA SharePoint site is "Open" while the IC and IRIS participant collect the required information.
Step 7	IC, ICA	The IC and ICA are responsible for collecting the following information from the IRIS participant: Budget Amendment Request (F-01210), BA Provider Quote Comparison, LTC FS, Home and Community Support Assessment Tool, current ISSP, and any other documentation the IRIS participant or legal representative deems relative to the request. The ICA is responsible for attaching the required documentation to the record in the DHS BA SharePoint site. If a change in condition rescreen was required, the ICA attaches both the most recent annual LTC FS and the change in condition LTC FS.
Step 8	IC, Participant	The IRIS participant reviews the accuracy and signs the BA request prior to submittal to DHS for review.

Step 9	ICA	Upon the completion and attachment of all documentation, and the completion of all required fields in the DHS BA SharePoint site, the ICA submits this information to DHS. The ICA changes the DHS BA SharePoint site status to "Pending Review" and assigns the designated DHS representative. The system generates an email to the DHS representative notifying him or her of the request.

Pre-Review Process

Step 10	DHS	The DHS representative completes a pre-review of the record in the DHS BA SharePoint site including all attached documents to ensure the request is complete and accurate prior to reviewing the request. The DHS representative pre-reviews the request to ensure compliance with the following requirements: • The IRIS participant is eligible for a BA as per Business Rule #4. • The ICA completed all of the required fields. • The ICA attached all of the required documents. • The ICA attached a change in condition LTC FS (if applicable) when the request is for an increase of 25 percent or greater of the existing budget. • The attached ISSP is in compliance with the requirements in Business Rules #17 and #18. NOTE: The DHS representative may return the request to the ICA for additional work for other reasons as this list is not all-inclusive.
Step 11	DHS	The DHS representative assigns a "DHS Review Date" and assigns the record to the other DHS Review Committee member(s) in the DHS BA SharePoint site when the DHS representative indicates the request is ready for DHS review.
Step 12	DHS	The DHS representative changes the "Status" and the "DHS Decision" to "Returned to ICA for Additional Work" when the DHS representative determines a need for additional information or corrections during the pre-review. The DHS representative enters a description of the needed information in the "Comments/Conditions/Modifications" field.
Step 13	ICA	The ICA is responsible for the collection of all outstanding information requested by DHS. The ICA changes the status back to "Pending Review" once the ICA updates and attaches the information to the record in the DHS BA SharePoint site.
Step 14	DHS, ICA	Steps 10-13 recur until the DHS representative considers the BA request ready for DHS review, or the IC and the IRIS participant come to the conclusion that the request cannot meet the requirements for a BA. In this case, the IRIS participant withdraws the BA request.

DHS Review

Step 15	DHS Review Committee	Each week, the DHS Review Committee reviews the provided information to ensure the request is the most appropriate and cost-effective way to meet the IRIS participant's identified need(s). The DHS Review Committee will approve, approve with conditions/modifications/time restrictions, limit, or deny the request. The DHS Review Committee only reviews requests that the DHS representative indicates as passing the "Pre-review" process and labeled with the status, "Pending Review."

Step 16	DHS/ICA	Following the review, the DHS representative completes the following fields in the DHS BA SharePoint site to record the decision: "DHS Decision," "Comments/Conditions/ Modifications," "DHS Decision Date," "Decision Letter Issue Date," "Approved Increase," "Duration of Approval," "If Denied, Deciding Factor," and "Date to Send NOA if Independent Review Request Not Received." The ICA is required to review decisions in the DHS BA SharePoint site weekly.
Step 17	DHS	The DHS Representative changes the status to "Decision Issued" and attaches the IRIS participant notification letters to the DHS BA SharePoint record. DHS dates the letter two days in the future to allow the ICA time to mail the letter without impeding the IRIS participant's 10-day response time.
Step 18	ICA	The ICA mails the DHS decision letter (Budget Amendment/One-Time Expense Approval Letter – F-01211, Budget Amendment/One-Time Expense Approval Letter – F-01211a, or Budget Amendment/One-Time Expense Denial Letter – F-01211b) attached in SharePoint to the IRIS participant within two calendar days of the decision The letter communicates the decision to the IRIS participant, and in the case of a denial, the letter also communicates the IRIS participant's option for an independent review.
Step 19	DHS	The DHS representative monitors incoming mail for communication from the IRIS participant requesting an independent review.

Budget Amendment Annual Verification

Step 20	IC, Participant	Participants meeting the criteria in Business Rule #33 collaborate with his or her IC to complete the Budget Amendment Annual Verification (BAAV) (F-01210B) form to justify the continuation of the previously approved budget amendment. A continuation of a previously approved BA does not have to be submitted for DHS approval.
Step 21	ICA	The ICA uploads the BAAV form (F-01210B) to participant document console in WISITS for verification purposes.
Step 22	DHS	A BAAV is required for all participants who have a previously approved BA that is 365 days old, and there is a need to maintain the previously approved services to ensure health and safety.

Independent Review Process (Does not apply to BAAVs)

Step 23	IRIS Participant, IC	Upon receipt of the DHS decision letter, the IRIS participant chooses whether he or she wants to pursue an independent review of the DHS Review Committee's denial of his or her BA request. The IRIS participant mails additional information or clarification for additional consideration to: IRIS Section Chief P.O. Box 7851 1 West Wilson, Rm. 655 Madison, WI 53707-7851 The participant can also submit the request for an independent review via email to: dhsiris@wisconsin.gov,with the subject line, "Independent Review."

		The IRIS participant ensures his or her request for an independent review is postmarked or emailed within 15 calendar days of the date on the DHS decision letter.
Step 24	DHS	Upon receipt of the IRIS participant's request for an independent review, the DHS representative changes the status to "Independent Review Requested," completes the Independent Review Request Received field, and assigns the record to the IRIS section chief. The DHS representative scans and attaches the IRIS participant's letter and accompanying materials submitted with the independent review request. The DHS representative attaches this documentation to the request record in the DHS BA SharePoint site.
Step 25	DHS IRC	The Independent Review Committee includes DHS employees who review the original BA request submitted and the additional information submitted. The DHS Independent Review Committee is at the direction of the IRIS section chief and does not have any members in common with the Initial BA Review Committee completing the initial review. The DHS Independent Review Committee will either overturn or uphold the DHS Initial BA Review Committee's initial decision.
Step 26	DHS	Upon completion of the independent review, the DHS representative completes the following fields in the DHS BA SharePoint site: "Date Independent Review Request Received," "Justification for Independent Review," "Independent Review Decision," "Independent Review Decision Detail," and "Independent Review Decision Date."
Step 27	DHS	Upon completion of the independent review, the DHS representative generates the appropriate independent review decision letter (Budget Amendment/One-Time Expense – IR Combination Letter – F-01211C, Budget Amendment/One-Time Expense – IR Overturned Letter – F-01211D, or Budget Amendment/One-Time Expense – IR Upheld Letter – F-01211E) communicating the outcome of the independent review to the participant. The DHS representative attaches the letter to the request record in the DHS BA SharePoint site. The DHS representative will change the status to "Independent Review - Decision Issued." In cases wherein the decision remains to deny, limit, or modify the request, DHS completes a NOA and attaches it in SharePoint.
Step 28	ICA	The ICA mails the independent review decision letter and NOA (when applicable) attached in SharePoint to the IRIS participant. Upon mailing the letter, the ICA changes the status to "DHS – Contract Compliance Review."
Step 29	DHS	When DHS issues an NOA, DHS initiates a record in the DHS NOA SharePoint site. DHS completes the following fields in the DHS BA SharePoint site: "Date NOA Sent" and "BA/OTE Case Number."
Step 30	DHS/ICA	If the IRIS participant does not request an independent review within the 15-day timeframe, DHS completes and attaches a Budget Amendment or One-Time Expense - Non-Response Letter (F-01211F) and NOA in SharePoint. The DHS representative changes the status to "Independent Review – Decision Issued" to notify the ICA to mail the non-response letter. The ICA then completes Step 28 and DHS completes Step 29.

Appeals Process

Step 31	IRIS Participant, IC	When the IRIS participant receives the NOA, he or she also receives information regarding the fair hearing process. The IRIS participant chooses to accept DHS' decision or chooses to request a fair hearing. The IC assists the IRIS participant in understanding the appeals process and provides referral information to the relevant advocacy agencies.

Step 32	ICA	The ICA is responsible for updating information relative to the NOA in the DHS NOA SharePoint site. No information regarding the fair hearing process is stored in the DHS BA SharePoint site once the ICA mails the NOA.

Monitoring Process

Step 33	DHS	When DHS approves the initial request, DHS completes the following sections in the DHS BA SharePoint site after verifying the ICA sent the approval letter: "Request Information Correct," and "If Not, Why?" The DHS representative changes the status from "DHS – Contract Compliance Review" to "Closed."
Step 34	DHS	When DHS denies, modifies, or limits the initial request and the IRIS participant does not request an independent review within 10 business days, DHS completes the following sections in the DHS BA SharePoint site after the letter and NOA are sent: "Request Information Correct," and "If Not, Why?" The DHS representative changes the status from "DHS – Contract Compliance Review" to "Closed."
Step 35	DHS	When DHS denies, modifies, or limits the initial request and the IRIS participant requests an independent review, DHS completes the following sections in the DHS BA SharePoint site after the independent review is complete and the letter and NOA are sent: "Request Information Correct" and "If Not, Why?" The DHS representative changes the status from "DHS – Contract Compliance Review" to "Closed."

Data and Quality Management Process

Step 36	DHS	DHS extracts data from the DHS BA SharePoint site and WISITS regularly.
Step 37	DHS Quality Team Lead, ICA Quality	The DHS IRIS Quality Team lead reviews the BA data and addresses any performance issues at monthly DHS and ICA Quality Management meetings. Based on this data, DHS may require a quality improvement project. The ICA completes quality improvement projects as per IRIS Policy Manual Section 10.4B.1 and in accordance with any further direction by DHS.

5.8D.1 One-Time Expense Requests

Business Rules

1. IRIS Consultant Agencies (ICAs) maintain responsibility for training IRIS participants and staff on the One-Time Expense (OTE) Request process using the document, Participant Education: One-Time Expense Requests (F-01205C). IRIS Consultants (ICs) provide this document and corresponding education to IRIS participants each time he/she requests an OTE.
2. Each ICA maintains responsibility for assisting the IRIS participant and/or his/her legal representative with the navigation of the OTE process.
3. Each ICA maintains responsibility for submitting the IRIS participant's OTE request, including bids, within 60 days of the IRIS participant and/or his/her legal representative identifying the need for additional funding.

4. The IC maintains responsibility to request only one service/support/good per request form and per SharePoint entry. For example, the IC submits three forms and three SharePoint entries when an IRIS participant wants to add to their budget to fund three different services/supports/goods. However, all components of a bathroom modification project, for example, can be on the same OTE request. The IC submits one OTE request for a bathroom modification that includes the new floor, new tub, and wider doorway.
5. Materials used in home modifications must be the most cost-effective available. For example, the DHS Review Committee does not approve OTE requests in which the flooring material in the bid was for an expensive material, when more cost-effective alternatives are available and appropriate.
6. The IC maintains responsibility to ensure OTE requests for home modifications only include improvements related to the IRIS participant's disability. For example, when an IRIS participant needs his/her bathroom doorway widened to accommodate his/her wheelchair, it is not appropriate to request a new vanity and bathroom sink if the vanity and cabinet replacement are not related to the IRIS participant's disability. However, if the vanity/sink modification is needed to accommodate the wheelchair, it is permissible to enable the participant to be more independent.
7. The IRIS participant and IC must submit a required accessibility assessment completed by a qualified assessor who is independent of the contractor, for all home modifications, vehicle modifications, and adaptive aids. Accessibility assessments are valid for one year.
8. The One-Time Expense Vendor Bid Comparison (F-01206A) form must demonstrate that the provider's quotes or bids are equitable in terms of type and quantity of service to be delivered. A minimum of three quotes or bids must be included on the form. In the event the participant is unable to obtain three quotes or bids, the participant must submit documentation, including the name(s) of the providers from whom they attempted to obtain quotes or bids and the reason(s) why the provider was unable to be a viable option.
9. The vendor comparison sheet must demonstrate that the bids are equitable in terms of materials and tasks to be completed. The IRIS participant is required to submit a minimum of three bids. For example:
    a. Conflict/Non-Comparable Materials: A vendor comparison sheet that has one vendor proposing linoleum and another vendor as proposing tile for the flooring of a home modification is not acceptable, as an accurate comparison between the estimates cannot be made.
    b. Conflict/Non-Comparable Tasks: A vendor comparison sheet that has one vendor proposing lowering the kitchen countertops, and another vendor proposing lowering the countertops *and* replacing the kitchen floor is not acceptable as an accurate comparison between the estimates cannot be made.

10. The vendor comparison sheet provides the opportunity for the IRIS participant to indicate his/her preferred vendor. The DHS Review Committee is not obligated to approve the IRIS participant's preferred vendor when another vendor would be more cost effective.
11. The OTE request must include the following documentation: a signed Participant Education sheet, OTE Request Form, Vendor Comparison Form, bids from three vendors, Accessibility Assessment, a current Long Term Care Functional Screen (LTC FS), Supportive Home Care (SHC) Hour Tool, a current Individual Support and Service Plan (ISSP), and any other documentation the IRIS participant and/or his/her legal representative deems relative to the request. The ICA attaches the required documents to the record in the DHS/OTE SharePoint site.
12. An OTE request for a van lift must include the following information: make/model of the vehicle, make/model of the wheelchair, and make/model of the proposed van lift.
13. ISSPs submitted as part of the OTE request must clearly define the service/support/good, the provider(s), the number of units and rate for each provider, and the long-term care outcome the service/support/good supports. The total plan cost of the current ISSP must not exceed the budget amount provided via the LTC FS. All natural supports and any services received through funding sources other than IRIS must be included on the plan. All services/supports/goods paid for with IRIS funds must be allowable Medicaid Waiver Services.
14. The IRIS participant must have a valid driver's license when the OTE request is for modification of the driver's seat/steering mechanism of a vehicle, which the IRIS participant intends to drive.
15. The ICA and DHS use the DHS/OTE SharePoint site to submit the OTE request, exchange all communication between the ICA and the DHS relative to the OTE request, track the progress of the submitted request, review the request, and track the mailing of the letters and Notices of Action (NOA). The ICA and DHS must complete the fields in the DHS/OTE SharePoint site as per the DHS/OTE SharePoint Instruction Guide.
16. The DHS and the ICA enter all communication (email, phone call, fax, letter) exchanged in the "Contact Log Field" in the DHS/OTE SharePoint site. The party initiating the phone call maintains responsibility to log the call in the DHS/OTE SharePoint site. DHS documents directives to the ICA requesting additional work in the "Comments/Conditions/Modifications" field in the DHS/OTE SharePoint site.
17. The DHS Review Committee will not manipulate the ISSP or other aspect of the submitted plans as part of the review process. DHS returns the request to the ICA for additional work before review, and before DHS issues an approval, limitation, modification, or denial of the OTE request as submitted. The IRIS participant, legal representative, and IC maintain responsibility to ensure all requests are complete, are cost-effective, and that the information presented provides clarity regarding the request and the manner in which the request will meet the person's long-term care need.

18. The DHS Review Committee reviews records in the DHS/OTE SharePoint site with the status, "Pending Review" as of noon on Thursday on the preceding week. The DHS Review Committee meets each Tuesday to review requests that meet the requirements in the "Pre-Review" section.
19. The ICA maintains responsibility to notify the appropriate FEA of an approved OTE request by sending the FEA the updated ISSP reflecting the approved request.
20. IRIS participants who meet any of the following criteria are not eligible for OTEs:
    - The IRIS participant resides in a 1-2 Bed Adult Family Home, 3-4 Bed Adult Family Home, Residential Care Apartment Complex, or Community-Based Residential Facility and does not intend to move into the community.
    - The IRIS program is in the process of disenrolling the IRIS participant.
    - The IRIS participant is delinquent in cost share payments.
21. Home Modifications are generally not available in rental units as the IRIS Program is not responsible for modifying a rental unit.

Identifying Needs for One-Time Expense

Step #	Responsible Partner(s)	Detail
Step 1	IRIS Participant	Upon identifying the need for additional cares that will cost more than his/her existing IRIS budget, the IRIS participant is responsible to notify his/her IC to initiate the OTE request process. The IRIS participant and/or his/her legal representative maintain responsibility to provide the required information to submit the OTE request.
Step 2	IC	The IC will review the IRIS participant's budget, plan, natural supports, other available funding sources, and SHC hour's tool to determine whether there is any way to meet the IRIS participant's need using the existing budget.
Step 3	IC, IRIS Participant	The IC and IRIS participant and/or his/her legal representative discuss the outcome of Step 2 to determine when an OTE request is necessary. If the IRIS participant's needs can be met by adjusting the current ISSP/budget and an OTE request is unnecessary, then the IC submits a plan amendment to update the service(s) on the ISSP to meet the IRIS participant's needs.

One-Time Expense Submission Process

Step 4	IC, Participant	The IRIS participant and the IC collaboratively complete the OTE Request. The IC maintains responsibility to ensure all fields are completed.
Step 5	ICA	Upon the IRIS participant's identification of the need for additional funding, the ICA initiates the request in the DHS/OTE SharePoint site. The status of the case in the DHS/OTE SharePoint site is "Open" while the IC and IRIS participant collect the required information. Once initiated, the ICA assigns the DHS/OTE SharePoint record to the designated ICA representative.

Step 6	IC, ICA	The IC and ICA maintain responsibility to collect the following information: • One-Time Expense Request (F-01206); • One-Time Expense Vendor Bid Comparison (F-01206A); • Bids from three vendors; • An Accessibility Assessment (F-01213); • One-Time Expense Request – Ramp (F-01206B) (if applicable); • A current LTC FS; • A completed SHC Hour Tool; • The current ISSP; and • Any other documentation the IRIS participant and/or legal representative deems relative to the request. The ICA maintains responsibility to attach the required documentation to the record in the DHS/OTE SharePoint site.
Step 7	ICA	Upon the completion and attachment of all documentation, and the completion of all required fields in the DHS/OTE SharePoint site, the ICA maintains responsibility to submit this information to DHS. The ICA changes the DHS/OTE SharePoint site status to "Pending Review" and assigns the designated DHS Representative. The system generates an email to the DHS Representative notifying him/her to review the request.

Pre-Review Process

Step 8	DHS	The DHS representative completes a pre-review of the record in the DHS/OTE SharePoint site including all attached documents to ensure the request is complete and accurate prior to reviewing the OTE request. The DHS representative pre-reviews the request includes the following requirements: • The IRIS participant is eligible for an OTE as per Business Rule number 19. • The ICA completed all of the required fields. • The ICA attached all of the required documents. • The ICA attached three comparable bids. • The attached ISSP complies with the requirements in Business Rule number 12. • There is adequate justification for SHC hours that are in excess of the SHC hours recommended by the SHC Hour Tool. The DHS representative may return the request to the ICA for additional work for these or other reasons.
Step 9	DHS	The DHS representative assigns a "DHS Review Date" and assigns the record to the other DHS Review Committee members in the DHS/OTE SharePoint site once the DHS representative indicates the request is ready for DHS review.
Step 10	DHS	The DHS representative changes the "Status" and the "DHS Decision" to "Returned to ICA for Additional Work" when the DHS representative determines a need for additional information or corrections during the pre-review, The DHS representative enters a description of the needed information in the "Comments/Conditions/ Modifications" field.

Step 11	ICA	The ICA maintains responsibility to collect all outstanding information requested by DHS. When the ICA updates and attaches the information to the record in the DHS/OTE SharePoint site, the ICA changes the status back to "Pending Review."
Step 12	DHS, ICA	Steps 8-11 recur until the DHS representative considers the OTE request ready for DHS review, or the IC and the IRIS participant conclude that the request cannot meet the requirements for an OTE. In this case, the IRIS participant withdraws the OTE request.

DHS Review

Step 13	DHS Review Committee	Each Tuesday, the DHS Review Committee reviews the OTE request and information to ensure the request is the most appropriate and cost-effective way to meet the IRIS participant's identified need(s). The DHS Review Committee approves, approves with conditions/modifications/time restrictions, limits, or denies the request. The DHS Review Committee only reviews requests that the DHS representative has indicated have passed the "Pre-review" process and labeled with the status, "Pending Review," as of the previous Thursday.
Step 14	DHS/ICA	Following the review, the DHS Representative completes the following fields in the DHS/OTE SharePoint site to record the decision: "DHS Decision," "Comments/Conditions/ Modifications," "DHS Decision Date," "Decision Letter Issue Date," "Approved Increase," "Duration of Approval," "If Denied, Deciding Factor," or "Date to Send NOA if Independent Review Request Not Received." The ICA maintains responsibility to review decisions in the DHS/OTE SharePoint site every Wednesday.
Step 15	DHS	The DHS Representative changes the SharePoint status to "Decision Issued" and attaches the IRIS participant notification letters to the DHS/OTE SharePoint record. DHS dates the letter two days in the future to allow the ICA time to mail the letter without impeding the IRIS participant's ten-day response time.
Step 16	ICA	The ICA mails the DHS decision letter (Budget Amendment/OTE Approval Letter – F-01211, Budget Amendment/OTE Approval Letter – F-01211A, or Budget Amendment/OTE Denial Letter – F-01211B) attached in SharePoint to the IRIS participant within two calendar days of the decision (by Thursday). The letter communicates the decision to the IRIS participant, and in the event of a denial, the letter also communicates the IRIS participant's option for an Independent Review.
Step 17	DHS	The DHS Representative monitors incoming mail for communication from the IRIS participant requesting an Independent Review.

Independent Review Process

Step 18	IRIS Participant, IC	Upon receipt of the DHS decision letter, the IRIS participant chooses whether he/she wants to pursue an Independent Review of the DHS Review Committee's denial of his/her OTE request. The IRIS participant mails additional information or clarification for additional consideration to: Section Chief – IRIS Office of IRIS Management P.O. Box 7851 1 West Wilson, Rm. 655 Madison, WI 53707-7851 The IRIS participant must ensure that DHS receives his/her request for an Independent Review within ten calendar days of the date on the DHS Decision letter.
Step 19	DHS	Upon receipt of the IRIS participant's request for an Independent Review, the DHS Representative changes the status to "Independent Review Requested," completes the Independent Review Request Received field, and assigns the record to the IRIS Section Chief. The DHS Representative scans and attaches the IRIS participant's letter and accompanying materials sent with the Independent Review request. The DHS representative attaches this documentation to the request record in the DHS/OTE SharePoint site.
Step 20	DHS Independent Review Committee	A secondary review committee made up of DHS employees will review the original OTE request submitted and the additional information submitted. The DHS Independent Review Committee is convened by the IRIS Section Chief and does not have any members in common with the DHS Review Committee completing the initial review. The DHS Independent Review Committee may either overturn or uphold the DHS Review Committee's initial decision.
Step 21	DHS	Upon completion of the Independent Review, the DHS Representative completes the following fields in the DHS/OTE SharePoint site: "Date Independent Review Request Received," "Justification for Independent Review," "Independent Review Decision," "Independent Review Decision Detail," and "Independent Review Decision Date."
Step 22	DHS	Upon completion of the Independent Review, the DHS Representative generates the appropriate Independent Review decision letter (Budget Amendment/OTE – IR Combination Letter – F-01211C, Budget Amendment/OTE – IR Overturned Letter – F-01211D, or Budget Amendment/OTE – IR Upheld Letter – F-01211E) communicating the outcome of the Independent Review to the participant. The DHS representative attaches the letter to the request record in the DHS/OTE SharePoint site. The DHS representative will change the status to "Independent Review - Decision Issued."
Step 23	ICA	The ICA mails the Independent Review decision letter attached in SharePoint to the IRIS participant. When the Independent Review committee's decision aligns with the original decision, meaning the request remains denied/modified/limited, the ICA includes a Notice of Action (F-01204) using the information provided in the DHS/OTE SharePoint site and in the decision letter to the IRIS participant. Whether the original denial is upheld or overturned, the ICA mails the Independent Review decision letter immediately. Upon mailing the letter, the ICA changes the status to "DHS – Contract Compliance Review."

Step 24	ICA	When DHS issues an NOA, DHS initiates a record in the DHS/NOA SharePoint site. DHS completes the following sections in the DHS/OTE SharePoint site: "Date NOA Sent" and "BA/OTE Case Number."
Step 25	DHS/ICA	When the IRIS participant does not request an Independent Review within the ten day timeframe, DHS completes and attaches a Budget Amendment/OTE - Non-Response Letter (F-01211F) and NOA in SharePoint. The DHS Representative changes the status to "Independent Review – Decision Issued" to notify the ICA to mail the non-response letter. The ICA then completes Steps 23 and 24.

Appeals Process

Step 26	IRIS Participant, IC	When the IRIS participant receives the NOA, he/she also receives information regarding the fair hearing process. The IRIS participant may choose to accept DHS' decision or request a fair hearing. The IC maintains responsibility to assist the IRIS participant in navigating the appeals process.
Step 27	ICA	The ICA maintains responsibility to update information relative to the NOA in the DHS/NOA SharePoint site. Information regarding the fair hearing process is not stored in the DHS/OTE SharePoint site once the ICA mails the NOA.

Monitoring Process

Step 28	DHS	When DHS approves the initial request, DHS completes the following sections in the DHS/OTE SharePoint site after verifying the ICA sent the approval letter: "Request Information Correct," and "If Not, Why?" The DHS Representative changes the status from "DHS – Contract Compliance Review" to "Closed."
Step 29	DHS	When DHS denies/limits/modifies the initial request and the IRIS participant does not request an Independent Review within ten business days, DHS completes the following sections in the DHS/OTE SharePoint site after the letter and NOA are sent: "Request Information Correct," and "If Not, Why?." The DHS Representative changes the status from "DHS – Contract Compliance Review" to "Closed."
Step 30	DHS	When DHS denies/limits/modifies the initial request and the IRIS participant requests an Independent Review, DHS completes the following sections in the DHS/OTE SharePoint site after the Independent Review is complete and the letter and NOA are sent: "Request Information Correct" and "If Not, Why?." The DHS Representative changes the status from "DHS – Contract Compliance Review" to "Closed."

Data and Quality Management Process

Step 31	DHS	DHS extracts data from the DHS/BA SharePoint site on a monthly basis as per the document, "Budget Amendment/OTE Monthly Data Requirements."
Step 32	DHS Quality Team Lead, ICA Quality	The DHS IRIS Quality Team Lead and the ICA Quality Lead review the OTE data and address any performance issues at monthly DHS/ICA Quality Management meetings. Based on this data, DHS may require a Quality Improvement Project. The ICA completes Quality Improvement Projects as per IRIS Policy Manual section 10.4 and in accordance with any further direction by DHS.

5.9E.1 Project SEARCH

Project SEARCH is a nine to 12-month program that provides training and education leading to competitive employment for disabled adults aged 18-25 years old. Project SEARCH is a collaboration that includes a local business, school district(s), and the Division of Vocational Rehabilitation (DVR).

- The business provides a training classroom, a business liaison, and rotational internships for on-the-job training.
- The school provides an instructor.
- DVR works with a local vocational services agency to supply job coaches who support the students on their internships as needed and assist with final job placement. The disability services agency provides follow along services for any eligible student who is hired at the business site or in the community.

The cornerstone of Project SEARCH is total immersion in a large business. Each day, the participant-intern will report to the host business, learn employability skills in the classroom and job skills while participating in three non-paid work rotations during the year. Interns participate in progress meetings to define their career goal and plan necessary steps to achieve that goal. Managers at the internship sites work with the Project SEARCH instructor and job coaches to support the students.

Project SEARCH requires collaboration with the Department of Workforce Development – Division of Vocational Rehabilitation (DWD-DVR) and the Department of Public Instruction (DPI). The IRIS Consultant Agency (ICA):

- Must work collaboratively with these partners during and after the Project SEARCH program.
- Is responsible for identifying Project SEARCH sites that serve adults (18-25 years old) and potential IRIS participants in their service region.

A current list of Project SEARCH sites is maintained by DWD-DVR and is available at: https://dwd.wisconsin.gov/dvr/programs/project-search/locations.htm.

If an IRIS participant is accepted into a Project SEARCH program, IRIS will fund the Project SEARCH program fees if the participant remains in the program. If additional funding is needed, a budget amendment may be submitted.

Identification, Outreach & Assessment

Step #	Responsible Partner(s)	Detail
Step 1	IRIS Consultant (IC), Participant	The IRIS Consultant (IC) identifies a participant as a potential candidate for Project SEARCH or the IRIS Participant (participant) discloses to their consultant his or her interest in applying for Project SEARCH.
Step 2	IC	The IC shares an overview of the Project SEARCH program and assesses the participant's level of interest in applying for the program.
Step 3	IC	The IC determines whether any Project SEARCH sites serve the participant's region and serves the participant's age group (18 – 25 years old).
Step 4	IC	If there are no sites in the participant's region that serve the participant's age group, then the IC documents the participant's interest in Project SEARCH on their plan and enters a case note indicating the need for follow-up in the next calendar year. In these cases, steps 1 through 4 are completed annually between the months of January and February or until the participant is accepted into the program or aged out of Project SEARCH eligibility.
Step 5	Participant, IC	The IC or participant identifies a Project SEARCH site in their area.
Step 6	Participant, IC	The participant engages the site to see whether there is a Project SEARCH open house that the participant could attend to learn more about Project SEARCH and the Project SEARCH site. The IC encourages the participant to attend any site-specific open houses or learning opportunities.
Step 7	Participant	The participant decides to apply for Project SEARCH. The participant communicates his or her intent to apply with his or her IC.

Chapter 6: Participant Choice of Qualified Providers

6.1A.1 Participant Employer and Participant-Hired Worker Setup Packets

Business Rules

1. IRIS participants can choose to receive their caregiver services from agency-employed caregivers, or they may elect to hire and manage their own caregivers (employer authority). Caregivers assist the participant in achieving his/her long-term-care-related goals.
2. When the participant exercises employer authority there is no third-party employer. The participant functions as the sole employer and the hired caregiver is known as a participant-hired worker (PHW).
3. In the case of guardianship, the guardian exercises employer authority on behalf of the participant.
4. The IRIS consultant agency (ICA) is responsible for providing information to the participant regarding the responsibilities of being an employer. See the IRIS Participant Handbook (P-01008) for information about employer roles and responsibilities.
5. The participant selects a fiscal employer agent (FEA) from a list of those certified in the participant's geographic region. This choice is communicated to the IRIS consultant (IC) and is documented in the Wisconsin Self-Directed Information Technology System (WISITS).
6. The FEA operates in accordance with Section 3504 of Internal Revenue Code. This means that the FEA performs employer agent tasks, including payroll and other tax-related withholding and reporting on behalf of the employer.
7. Each FEA creates a set of the required forms that must be completed in order for the IRIS participant to serve as employer. These forms and documents comprise the "employer packet." The forms and documents included are those listed in the FEA Certification Criteria P-00825.
8. Each FEA also creates a set of the required forms that must be completed for each PHW. These forms and documents comprise the "participant-hired worker employee packet" and the forms and documents included are listed in the FEA Certification Criteria P-00825.
9. The IC distributes the FEA employer and employee packets to the IRIS participant.
10. The participant and any prospective PHWs complete the forms and documents included in the employer and employee packets and return them to the IC.
11. The ICA is responsible for reviewing each completed packet to ensure it is complete and accurate. The ICA returns incomplete or inaccurate packets to the participant employer for correction.
12. Once the ICA verifies the packets are complete and accurate, the packets are uploaded into the IRIS WISITS data system and the ICA issues a work request to the FEA.
13. If the FEA receives a packet directly from a participant or a PHW, the information should be scanned and sent to the ICA so it can be reviewed as noted in business rule 11 above.

14. The FEA reviews the packets to ensure they are complete and accurate. Any packets found to be deficient are rejected and returned to the ICA to be completed or corrected. Once the packets are correct and complete, the ICA uploads the packets into WISITS and issues a corresponding work request to the FEA, informing it that the revised packet is now complete. Any remaining outstanding issues are handled by going back to business rule #11 above.
15. The FEA uses the documents and forms in the packets to complete its FEA work with state and federal tax and other governmental or payroll-related authorities.

FEA Set-up of Participant Employer and PHWs

Step #	Responsible Partner(s)	Detail
Step 1	ICA/ Participant	Provides FEA choice soon after referral to IRIS and the participant selects his/her FEA. (See Section 6.3 Choosing a FEA Provider for additional information on choosing an FEA.)
Step 2	FEA	Provides employer and employee packets to each ICA.
Step 3	ICA	Establishes an internal process of to manage and track the distribution and submission of employer and employee packets. This includes establishing the approach and designating staff that will be involved in reviewing the packets for accuracy and completeness and also the process for tracking any packets rejected by the FEA.
Step 4	ICA	Includes the roles and responsibilities of being an employer for those participants who elect to hire and manage their own participant-hired workers. Serves as a resource to participants who have questions about being an employer of their caregivers. The IRIS participant handbook (P-01008) includes information regarding employer roles and responsibilities.
Step 5	ICA	Distributes FEA employer and employee packets to participants based on FEA choice.
Step 6	ICA	Provides assistance to participant employers so they can accurately and completely complete the employer and employee paperwork packets.
Step 7	ICA	Uploads the completed employer and employee packets into WISITS and issues a work request to the FEA.
Step 8	FEA	Scans any packets received directly from participants and forwards the scanned documents to the ICA for review. Stores the scanned document in the WISITS system and issues a work request to the ICA for follow-up. Note that alternate steps may be required until WISITS functionality in this area is complete.
Step 9	FEA	Reviews the packets submitted for completeness and accuracy. Returns incomplete or inaccurate packets to the ICA indicating the reason for the rejection.
Step 10	ICA	Corrects the rejected packets and resubmits into WISITS with a new work request to the FEA.
Step 11	FEA	Once complete and accurate, sends a WISITS notice to the ICA that the packet is acceptable. Uses the documents and information from the employer and employee packets in the course of its work as an FEA and interactions with various tax and other governmental authorities.

Monitoring

Step 12	ICA	Monitors internally to ensure that submitting and correcting employer and employee packets occurs without unnecessary delay.
Step 13	FEA	Monitors internally to ensure that employer and employee packets are reviewed, accepted or rejected, and then processed without unnecessary delay.
Step 14	DHS	Reviews data on employer and employee packet submission and correction.

6.1B.1 Participant-Hired Worker Background Checks

Business Rules

1. The IRIS Policy on caregiver and criminal background checks is stringent because the IRIS participant direct-hire and employee-employer relationship increases vulnerability. The policy covers participant-hired workers who are hired directly by the participant and individual providers. The term "applicant," as used in these work instructions, refers to all individuals in the hiring process who meet the criteria of participant-hired workers or individual providers meeting the definition of caregiver.
2. The criminal background check includes a review of any criminal conviction record of the applicant.
3. The caregiver background check includes a review of any applicants who have been responsible in an employment setting for the care, safety, and security of children and adults.
4. Any applicant will be denied employment if they have negative findings on their caregiver background check, even if they do not have any criminal convictions.
5. All providers of IRIS services, including participant-hired workers and individual providers must be considered "willing and qualified." Successfully completing the criminal and caregiver background checks is a requirement to demonstrate the provider is qualified.
6. The applicant must pass both background checks before starting employment.
7. Background check results are either "pass" or "fail."
8. The fiscal employer agent (FEA) conducts both background checks at the time of application for employment and every four years thereafter.
9. The FEA may not issue payments to applicants for services rendered before the background checks are completed.
10. The FEA is prohibited from giving an applicant a start date occurring prior to the successful completion of the criminal and caregiver background checks. This includes situations wherein the FEA failed to process the applicant's packet in a timely manner.
11. The FEA is permitted to backdate start dates up to the date of the successfully completed background check. For example, the applicant's paperwork is submitted on January 1, 2015. The applicant successfully completes the caregiver and criminal background checks on February 1, 2015, because the packet was misplaced. The applicant's packet was not fully processed until February 28, 2015. The FEA is permitted to backdate this participant- hired worker's start date to February 1, 2015. However, no participant-hired worker should provide services with the expectation of being compensated with IRIS funds prior to receiving a start date from the FEA.
12. The IRIS consultant agencies (ICAs) are prohibited from assigning start dates or otherwise advising participants and applicants on when they may begin providing IRIS-funded supports and services.

13. Effective January 1, 2016, instances wherein the FEA gave a participant-hired worker a start date prior to the date of the successfully completed criminal and caregiver background checks will result in a performance adjustment to the Monthly Rate of Service (MROS).
14. The participant ensures that all participant-hired worker applicants complete and submit the required criminal and caregiver background check paperwork to the IRIS Consultant (IC).
15. The FEA completes both a caregiver and criminal background check on each proposed participant-hired worker applicant as part of the worker qualification process.
16. The FEA also completes an ad-hoc background check for participant-hired workers for whom reports exist that convictions of crimes listed in this background check policy may have occurred.
17. The FEA sends a written request explaining the need for the ad-hoc or four-year background check along with the required Background Disclosure (F-82064) and the Background Disclosure Addendum (F-01246).
18. The participant-hired worker or individual provider must send in the F-82064 and the F-01246 to authorize the background check. For four-year background checks, if the FEA does not receive the signed F-82064 and the F-01246 within 10 days of the date on the second written request, the participant-hired worker or individual provider no longer meets the definition of "willing and qualified" and is terminated on the four-year anniversary. For ad-hoc background checks, if the FEA does not receive the signed F-82064 and the F-01246 within 10 days of the date on the second written request, the participant-hired worker or individual provider no longer meets the definition of "willing and qualified" and is terminated immediately.
19. If the background check reveals convictions listed in the appendix of these work instructions, the participant-hired worker or individual provider is no longer considered eligible and is terminated immediately.
20. The ICs and participants are required to maintain current and robust emergency backup plans.
21. Participant-hired workers and participant-hired worker applicants may appeal background check results to the Department of Health Services (DHS).
22. Participant-hired workers and participant-hired worker applicants do not appeal background check results through the Division of Hearings and Appeals.
23. Participants have access to the Wisconsin Circuit Court Access website: http://wcca.wicourts.gov and the Wisconsin Sex Offender Registry website: http://doc.wi.gov/community-resources/offender-registry.
24. If the participant-hired worker's application has not been denied by the FEA, they cannot appeal the decision until their application has been denied.
25. DHS manages the appeals process using the background check appeals list within the Wisconsin Self-Directed Information Technology System (WISITS).

26. Participant-hired workers and individual providers are required to notify the FEA of any criminal convictions that occur while employed by an IRIS participant.
27. There are no exceptions to this policy.

Identification of Applicant and Completion of Paperwork

Step #	Responsible Partner(s)	Detail
Step 1	Participant, IC	The participant determines the need for a participant-hired worker or individual provider to meet his/her long-term care related outcomes.
Step 2	Participant	The participant identifies a potential participant-hired worker or individual provider.
Step 3	Participant, IC	The participant and/or IC inform the applicant of the requirement to complete criminal and caregiver background checks prior to employment.
Step 4	Participant, IC	The participant and/or IC inform the applicant of Business Rule number 9, reiterating that no IRIS funds may be disbursed for hours worked prior to the approved background checks.
Step 5	Applicant	The applicant completes the Background Information Disclosure (BID) (F-82064) and returns to participant employer.
Step 6	Applicant	The applicant completes the Background Information Disclosure Addendum – IRIS (F-01246) and returns it to the participant employer.
Step 7	Participant, IC	The participant and the IC review all new hire paperwork for completeness and forward the packet to the FEA.

Completion of Background Checks for New Hires

Step 8	FEA	The FEA submits the required paperwork to the agency with whom they contract for performing background checks within two business days of receiving the paperwork.
Step 9	FEA	The FEA compares any convictions identified in the applicant's background check against the list of crimes that appear in the Appendix. The applicant does not pass the background check when he/she has convictions of one, or more, of the crimes listed in the Appendix.
Step 10	FEA	The FEA notifies the participant and the applicant of the background check result (pass or fail) in writing within two business days of receiving the results of the background check. Applicants who "fail" the background check are not hired. The FEA refers participants and applicants who "fail" the background check to Steps 20-28 of these work instructions related to the appeal process.
Step 11	FEA	The FEA logs the date of the passed background check into a tracking mechanism for the purpose of triggering the completion of follow-up background checks within 60 days of each four-year anniversary. Follow-up background checks are required at minimum every four years per the approved Medicaid 1915 (c) Home and Community Based Waiver.
Step 12	FEA	The FEA documents the background check result in the data system and processes the remainder of the new hire paperwork (I-9, SS-4 etc.).

Completion of Scheduled Background Checks for Ongoing Participant-Hired Workers

Step 13	FEA	The FEA completes a follow-up background check for all participant-hired workers and individual providers within 60 days prior to four years of employment as an employee. The FEA mails the first notice 60 days prior to four years of employment as an employee. The FEA mails the second notice 45 days prior to four years of employment as an employee.
Step 14	FEA	The FEA notifies the participant and employee of the background check result (pass or fail) in writing within two business days of receiving the results of the background check.
Step 15	FEA, Participant, IC	The participant is required to terminate participant-hired workers who fail the follow up background check immediately. The FEA communicates this requirement via letter to the participant-hired worker and participant. The IC and the participant ensure the participant has adequate supports to meet caregiving needs. The FEA refers participants and participant-hired worker applicants who "fail" the background check to Steps 22-30 of these work instructions related to the appeal process.
Step 16	FEA, Participant, IC	The participant is also required to terminate participant-hired workers or employees who fail to submit the required paperwork to complete the background check within 10 days of the date on the second written notice. The termination date in this case is the four-year anniversary date. The FEA communicates this requirement via letter to the participant-hired worker and participant. The IC and the participant ensure the participant has adequate supports to meet caregiving needs. The FEA refers participants and participant-hired worker applicants who "fail" the background check to Steps 20-28 of these work instructions related to the appeal process.

Completion of Ad-Hoc Background Checks for Ongoing Participant-Hired Workers

Step 17	ICA, FEA	If the IC, ICA, or FEA receives notification that a current, participant-hired worker or individual provider may have been convicted of one of the crimes identified in these work instructions, the FEA notifies the participant and the employee, in writing, of the need and reason to conduct subsequent background checks. The FEA includes the required Background Disclosure (F-82064) and the Background Disclosure Addendum (F-01246) for the employee to complete and return.
Step 18	ICA	The FEA completes the subsequent background checks.
Step 19	ICA	The FEA notifies the participant and employee of the background check result (pass or fail) in writing within two business days of receiving the results of the background checks.
Step 20	ICA	The participant is required to immediately terminate employees who fail the follow up background check. The FEA communicates this requirement, in writing, to the participant-hired worker and participant. The IC and the participant ensure the participant has adequate supports to meet caregiving needs. The FEA refers participants and participant-hired worker applicants who "fail" the background check to Steps 22-30 of these work instructions related to the appeal process.

Step 21	FEA, Participant, IC	The participant is also required to immediately terminate participant-hired workers or employees who fail to submit the required paperwork to complete the background check within 10 days of the date on the second written notice. The FEA communicates this requirement via letter to the participant-hired worker and participant. The IC and the participant ensure the participant has adequate supports to meet caregiving needs. The FEA refers participants and participant-hired worker applicants who "fail" the background check to Steps 20-28 of these work instructions related to the appeal process.

DHS Appeal Process for Participant-Hired Workers

Step 22	IC, Participant	If an applicant or current employee does not pass the background check, then the IC discusses, with the participant, the option of hiring the applicant through an agency. ***This option applies only to convictions for crimes not included in Wisconsin Statute Chapter 50.065:*** https://docs.legis.wisconsin.gov/statutes/statutes/50/I/065 ***and/or Wisconsin Administrative Code DHS Chapter 12:*** docs.legis.wisconsin.gov/code/admin_code/dhs/001/12.pdf .
Step 23	Participant, Applicant or Employee	The participant and participant-hired worker may complete an IRIS Background Check Appeal Request (F-01352). Both parties must complete their respective sections on the request form. The participant, and applicant or employee, mail the completed form within 10 business days of the date on the results notification letter to: IRIS Background Check Appeals P.O. Box 7851, 1 W. Wilson St., Rm. 655 Madison, WI 53707-7851 ***This appeal process applies only to convictions for crimes not included in Wisconsin Statute Chapter 50.065:*** docs.legis.wisconsin.gov/statutes/statutes/50/I/065 ***and/or Wisconsin Administrative Code DHS Chapter 12:*** docs.legis.wisconsin.gov/code/admin_code/dhs/001/12.pdf.
Step 24	OIM	The Office of IRIS Management (OIM) Administrative Assistant receives the form and sends a work request in the Wisconsin Self-Directed Information Technology System (WISITS) to the OIM Quality Lead to complete the review using the work request type, "Criminal Background Check Appeal – Complete Review."
Step 25	OIM	The Office of IRIS Management (OIM) Quality Lead sends a work request asking the FEA to attach the background check denial letter and original background check in the document console in the participant's IRIS record in WISITS.
Step 26	FEA	The FEA representative attaches the denial letter and original background check in the document console in the participant's IRIS record in WISITS. The FEA representative sends a work request to the OIM Quality Lead to complete the review using the work request type, "Criminal Background Check Appeal – OIM Review."

Step 27	OIM	The OIM Quality Lead reviews the request and original background check in accordance with these work instructions examining the following information: 1. The relationship between the participant and participant-hired worker; 2. The conviction which caused the participant-hired worker's denial; 3. The type of services the participant-hired worker was to perform; 4. Whether the conviction substantially relates to the tasks the participant-hired worker would perform if hired, using Wisconsin Administrative Code DHS Chapter 12.06; 5. The participant-hired worker's statement of rehabilitation; and, 6. The reason the participant-hired worker's employment is important to the participant (participant's impact statement).
Step 28	OIM	The OIM Administrative Assistant mails the appropriate letter to the participant and applicant or employee.
Step 29	OIM	The OIM Quality Lead sends a work request to the FEA communicating the decision using either, "Decision – Approved" or "Decision – Denied (type)" as the work request type. The letter from OIM is attached to the work request.
Step 30	FEA	The FEA either continues processing the application in situations wherein the OIM approves the applicant to work.

Monitoring

Step 31	OIM, FEA	The FEA provides OIM with data, annually, to confirm all participant-hired workers, hired during that calendar year, passed background checks prior to working with the participant.
Step 32	OIM, FEA	The FEA provides OIM with data, annually, to confirm all participant-hired workers, with a four-year anniversary of date of hire, passed subsequent background checks.
Step 33	OIM	OIM uses the data provided by the FEA to report to the Centers for Medicare and Medicaid Services (CMS).
Step 34	OIM , FEA	Data showing less than 100% compliance precipitates a Quality Improvement Project. FEAs and ICAs complete all Quality Improvement Projects as per section 10.4B.1, Quality Management Plans, as well as in accordance with any further direction by OIM.
Step 35	OIM	OIM reviews data from WISITS on a quarterly basis.

APPENDIX

Participant-hired workers and individual providers otherwise noted as "employees," or participant-hired worker applicants and individual provider applicants otherwise noted as "applicants" convicted of any of the following crimes **cannot** be hired and paid with IRIS Medicaid Home and Community-Based Services Waiver funding.

Employees and applicants may ***not*** appeal crimes in **bold text** that are part of Wisconsin Statute 50.065 and/or Wisconsin Administrative Code Chapter 12 through the IRIS Background Check Appeal Request Process. Employees and applicants may appeal crimes *not* in bold text through the IRIS Program Appeal process described in Steps 20-28.

Employees and applicants are considered ineligible for employment if convicted of any of the following crimes related to ***loss of life***:

940.01 – First-degree Intentional Homicide
940.02 – First-degree Reckless Homicide
940.03 – Felony Murder
940.05 – Second-degree Intentional Homicide
940.06 – Second-degree Reckless Homicide
940.07 – Homicide resulting from negligent control of vicious animal.
940.08 – Homicide by negligent handling of dangerous weapon, explosives, or fire.
940.09 – Homicide by intoxicated use of vehicle or firearm.
940.10 – Homicide by negligent operation of vehicle.
940.12 – Assisting Suicide

Employees and applicants are considered ineligible for employment if convicted of any of the following crimes related to ***physical harm to others:***

940.19 (2), (3), (4), (5), (6) – Battery; substantial battery; aggravated battery. *940.19 (2), (4), (5), (6) may not be appealed.*
940.195 – Battery to an unborn child; substantial battery to an unborn child; aggravated battery to an unborn child
940.20 – Battery: special circumstances
940.201 – Battery or threat to witnesses
940.203 – Battery or threat to judge
940.205 – Battery or threat to Department of Revenue Employee
940.207 – Battery or threat to Department of Safety and Professional Services or Department of Workforce Development employee
940.208 – Battery to certain employees of counties, cities, villages, or towns
940.21 – Mayhem
940.23 – Reckless injury
940.235 – Strangulation and suffocation
940.24 – Injury by negligent handling of dangerous weapon, explosives, or fire
940.25 – Injury by intoxicated use of a vehicle
940.285 – Abuse of individuals at risk. *940.285 (2) is not appealable*
940.29 – Abuse of residents of penal facilities
940.295 – Abuse and neglect of patients and residents
940.30 – False imprisonment
940.302 – Human trafficking
940.305 – Taking hostages
940.31 – Kidnapping
940.32 – Stalking

Employees and applicants are considered ineligible for employment if convicted of any of the following crimes related to ***sexual harm of others***:

940.22 – Sexual exploitation by therapist; duty to report. *940.22 (2) and (3) are not appealable.*
940.225 – Sexual assault 940.225 *(1). (2), or (3) are not appealable.*

Employees and applicants are considered ineligible for employment if convicted of any of the following ***crimes against property*:**

943.02 – Arson of buildings; damage of property by explosives.
943.10 – Burglary.
943.20 – Theft.
943.201 – Unauthorized use of an individual's personal identifying information or documents.
943.203 – Unauthorized use of an entity's identifying information or documents.
943.32 – Robbery
943.38 – Forgery
943.395 – Fraudulent insurance and employee benefit program claims
943.41 – Financial transaction card crimes
943.81 – Theft from a financial institution
943.82 – Fraud against a financial institution
943.83 – Loan fraud
943.85 – Bribery involving a financial institution
943.86 – Extortion against a financial institution
943.87 – Robbery of a financial institution
943.88 – Organizer of financial crimes
943.89 – Mail fraud
943.90 – Wire fraud against a financial institution
49.49 – Medicaid or Public Assistance Fraud

Employees and applicants are considered ineligible for employment if convicted of any of the following crimes related to ***crimes against children***:

948.02 – Sexual assault of a child. *948.02 (1) and (2) is not appealable*
948.025 – Engaging in repeated acts of sexual assault of the same child
948.03 – Physical abuse of a child. *948.03 (2)(a), (b), or (c) are not appealable*
948.04 – Causing mental harm to a child
948.05 – Sexual exploitation of a child
948.051 – Trafficking of a child
948.055 – Causing a child to view or listen to sexual activity
948.06 – Incest with a child
948.07 – Child enticement
948.075 – Use of a computer to facilitate a child sex crime
948.08 – Soliciting a child for prostitution
948.085 – Sexual assault of a child placed in substitute care
948.09 – Sexual intercourse with a child age 16 or older
948.095 – Sexual assault of a child by a school staff person or a person who works or volunteers with children
948.11 – Exposing a child to harmful material or harmful description or narrations *948.11 (a) and (am) are not appealable*
948.12 – Possession of child pornography

948.13 – Child sex offender working with children
948.14 – Registered sex offender and photographing minors
948.20 – Abandonment of a child
948.21 – Neglecting a child. *948.21 (1) is not appealable*
948.23 – Concealing or not reporting death of a child; not reporting disappearance of a child
948.30 – Abduction of another's child; constructive custody
948.53 – Child unattended in child care vehicle

Employees and applicants are considered ineligible for employment if convicted of any of the following crimes under the ***Uniform Controlled Substances Act:***

961.41 (1) – Manufacture, Distribution or Delivery
961.41 (1m) – Possession with intent to manufacture, distribute, or deliver
***961.41 (3g) – Possession or attempt to possess a controlled substance analog**
961.42 – Maintaining a drug trafficking dwelling
961.43 (1) (a) – Acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception, or subterfuge
961.43 (1) (b) – To make, distribute or possess material designed to reproduce the trademark upon any drug or container or label so as to make a counterfeit substance or to duplicate the physical appearance, form, package, or label of a controlled substance
961.453 – Purchases of pseudoephedrine products on behalf of another person
961.455 – Using a child for illegal drug distribution or manufacturing purposes
961.46 – Distribution to persons under age 18
961.49 – Offenses involving intent to deliver or distribute a controlled substance on or near certain places
961.495 – Possession or attempted possession on or near certain places

***Only if the date of conviction is within five or fewer years from the date the results of the criminal background check are obtained by the entity.**

6.31 Transferring/Changing Fiscal Employer Agent Providers

Business Rules

Refer to addendum: Fiscal Employer Agent (FEA) Enrollments and Transfers (P-03107).

Chapter 7: Disenrollments

This chapter has been removed and replaced with the IRIS Eligibility Policy (P-03515).

Chapter 10: Program Integrity

10.1A.1 Fraud Allegation Review and Assessment (FARA)

Business Rules

1. IRIS Consultant Agencies (ICAs) are responsible for training participants on the principles of identifying and mitigating fraud using the Participant Education Manual (P-01704). This document and corresponding education must be provided to IRIS participants at the time of orientation, annually, and each time allegations of fraud occur. "Orientation" is defined as the 90 days period following the date of referral.
2. The ICAs are responsible for educating participant-hired workers on appropriate completion of timesheets and educating participants regarding employer responsibilities.
3. The ICAs and Fiscal/Employer Agents (FEAs) are responsible for ensuring all ICA and FEA employees are trained and competent in the areas of fraud identification, prevention, and mitigation, via a Department of Health Services (DHS) developed and/or approved curriculum.
4. The FEAs are responsible for monitoring timesheets and participant-hired worker employee packets for indications of fraud.
5. The FEAs are responsible for implementing and maintaining a fraud monitoring system.
6. The ICAs and FEAs are responsible for collaborating to complete the Fraud Allegation Review and Assessment (FARA) process for participants choosing those respective agencies.
7. The FARA team consists of the DHS FARA representative(s), the ICA FARA representative(s) from the participant's chosen ICA, and the FEA FARA representative(s) from the participant's chosen FEA. (The "participant" referenced in this business rule refers to the IRIS participant for whom the allegations of fraud exist.)
8. The FARA team systematically collects information regarding the reported allegation(s), ensures the health and welfare of the participant, determines whether a reasonable person would determine that fraud/waste/abuse is present, and ensures the identified fraud/waste/abuse is mitigated.
9. The FARA team reports cases resulting in substantiated fraud to the Office of the Inspector General (OIG). The OIG utilizes the FARA to determine if there is a "sufficient cause for Department of Justice investigation." When appropriate, the DHS FARA representative and OIG will work together to prepare the referral of the allegation to the Department of Justice (DOJ).

10. The DOJ maintains investigative authority regarding fraud, evaluates the facts submitted by the FARA team and responds and investigates as per DOJ Policy.
11. The FARA team's review period from referral to resolution, not including referrals to the DHS, OIG, and/or DOJ, will not exceed 30 days.
12. Any time an individual allegedly commits fraud, also known as "FARA subject," provides services and/or has access to additional IRIS participants' funds, the ICA and FEA FARA Team representatives conduct a related review of other transactions to determine the need to open companion cases.
13. The FARA must include the following activities:
    - Review of FEA records of the participant and providers;
    - Review of ICA records;
    - Allegation-related interviews of each involved party – FARA subjects should only be interviewed in cases that appear to be unsubstantiated or abuse after an audit of related FEA and ICA records;
    - DHS/Program Integrity SharePoint site documentation of all fact-finding activities;
    - DHS/Program Integrity SharePoint site attachment of relevant documents obtained during the FARA process;
    - Implementation of appropriate mitigation strategies based on identified FARA outcome;
    - A resolution description all fact-finding activities, information collected, FARA determination, and mitigation strategy determination; and
    - Identification, documentation, and mitigation of any concerns regarding participant health and welfare.
14. **Fraud** refers to "any intentional deception made for personal gain or to damage another individual, group, or entity. It includes any act that constitutes fraud under applicable Federal or State law. Examples include, but are not limited to:
    - Falsification of provider credentials;
    - Falsification of participant needs;
    - Falsification of participant assets, income, or any information used in determination of eligibility;
    - Intentionally performing or billing services improperly, including false claims, or intentionally denying appropriate services.

    Fraud is **knowingly** and **willfully** executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain, by means of false or fraudulent pretenses, representation, or promises, any of the money or property owned by, or under the custody of control of, any health care benefit program (18 U.S.C. 1347)."
15. *Unsubstantiated Fraud* refers to fraud allegations unsupported by the facts collected during the FARA.

16. *Abuse* refers to FARA cases wherein facts supporting the allegations of fraudulent activity were found, but no facts indicate that the FARA subject knowingly and willfully committed the fraudulent activity.
17. *Substantiated Fraud* refers to cases wherein by the facts collected during the FARA supported the fraud allegations *and* facts indicate that the FARA subject knowingly and willfully committed the fraudulent activity.
18. For any type of fraud allegation, the following activities may be completed to mitigate the issues identified during the FARA process, and commensurate with the outcome of the FARA taking into consideration other factors including but not limited to number of previous cases, outcomes of previous cases, and budget utilization patterns.

All types of fraud allegations	Unsubstantiated	• Educate and Monitor • Flagged in Payroll System • Increased Monitoring • Payment Issued
	Abuse	• Amended Level of Support (for future use) • Changed Agency that Provides Service • Changed Personnel Working with Participant • New Timesheet • Payment Modified • Payment Withheld • Reduction in Service • Stop Payment on Issued Funds • Terminated Service
	Substantiated	• Disenrollment – Involuntary • IRIS Exclusion List (for future use) • Mandate Agency • Mandate Support Broker • Recoupment of Funds (DHS Collections) • Reduction in Service • Refer to DHS

- For allegations that were considered unsubstantiated for fraud and were not considered "Abuse," the FARA team will select mitigation activities from the "Unsubstantiated" section.
- For allegations considered "Abuse," the FARA team will select mitigation activities from the "Unsubstantiated Fraud" or "Abuse" sections.
- For allegations considered "Substantiated," the FARA team will select mitigation activities from the "Unsubstantiated," "Abuse," or "Substantiated" sections.

19. The DHS has the authority to disenroll participants identified as the FARA subject in substantiated FARA cases due to misappropriation of funds.
20. The DHS *automatically* disenrolls all IRIS participants identified as the FARA subject in FARA cases accepted by the DOJ for investigation due to misappropriation of funds.

21. Participants disenrolled from the IRIS program under the conditions outlined in Business Rule number 20 may re-enroll in the IRIS program following the closure of their DOJ investigation when the determination result is unsubstantiated.

Identifying and Reporting Process

Step #	Responsible Partner(s)	Detail
Step 1	Party who identified fraud, ICA, FEA	The party (e.g., participant, guardian, provider, consultant) identifying the potential fraud notifies the ICA or FEA and reports the allegations within one business day of discovery. The provider agency staff receiving the report transfers the reported information, immediately, to the receiving agency's Fraud Allegation Review and Assessment (FARA) representative.
Step 2	ICA, FEA	The ICA or FEA FARA representative documents the report of potential fraud in the DHS/Program Integrity SharePoint site within one business day of initial fraud notification. The one business day timeframe encompasses the tasks identified in Steps 2-4. The required fields in the DHS/Program Integrity SharePoint site include "Participant's Name," "MCI," "Participant's Contact Information," "County," "IC," "IC Supervisor," "Target Group," "Date Reported," "Reported Fraud Type," "Fraud Allegation," "Estimated Fraud Amount," "FARA Subject," "FARA Subject's Contact Information," "FARA Subject Relationship," "Is the FARA Subject the Guardian?," "Referral Source," "Referral Source Contact Information," "Relationship of Referral Source," "Health/Welfare Concerns," and "Health/Welfare Specific Concern(s)."
Step 3	ICA, FEA	The FARA representative receiving the report co-assigns the FARA representative from the other agency. For example, if the FARA representative from the ICA receives the report of fraud allegations, they co-assign the FARA representative from the FEA. The FARA representative captures the co-assignment in the "Assigned To" field in the DHS/Program Integrity SharePoint site.
Step 4	ICA, FEA	The FARA representatives report all cases, regardless of FARA involvement, to the OIG via the OIG portal: http://www.dhs.wisconsin.gov/fraud/. The party entering the case into the DHS/Program Integrity SharePoint site also makes the OIG referral via the portal. The FARA representative enters the date of the referral to OIG in the "Date Entered into OIG Portal" field in the DHS/Program Integrity SharePoint site.

Step 5	ICA, FEA	The FARA representatives from the ICA and FEA evaluate the information presented in the referral and the information available in the participant's record and collaboratively determine whether the case is opened for FARA. After all FARA avenues (see Steps 5-8) are exhausted, the case is closed without conducting a FARA if the following conditions exist: • The allegation is extortion, meaning the participant is requiring the employee to give the participant a portion of their check for legitimate hours worked. • Insufficient information existed to continue pursuit of the allegation. • The manner in which the IRIS program operates renders occurrence of the allegation impossible. • The allegation is theft, exclusive of the participant's IRIS funds or materials purchased by the IRIS program for the participant but with focus on the participant's personal property such as medications and personal funds. FARA representatives must determine within three business days of receiving the report whether the case is opened.

Fraud Allegation Review and Assessment Process

Step 6	FEA, ICA	FARA representatives from the ICA and the FEA collaborate to review the participant's record and attach all pertinent documentation – timesheets, budget reports, employee packets, etc. –to the FARA record in the DHS/Program Integrity SharePoint site. The FEA FARA representative enters a narrative analysis of the FEA documentation in the "Documented Contacts" section. The FARA representative from the ICA reviews the participant's record and attaches all pertinent documentation – case notes, plans, etc. – to the FARA record in the DHS/Program Integrity SharePoint site. The ICA FARA representative enters a narrative analysis of the documentation in the "Documented Contacts" section.
Step 7	ICA, FEA	The FARA representatives from the ICA and the FEA obtain information from all known individuals with knowledge regarding the fraud allegation and enter a detailed account of each contact in the "Documented Contacts" section of the fraud allegation review and assessment record in the DHS/Program Integrity SharePoint site. All documented contacts must include names; the role of the contacted individual; date of the contact; information obtained; and any action items resulting from the contact. FARA representatives interview FARA subjects when the information collected through interviews with other involved parties and completion of the activities in Step 6 indicate the outcome will likely be "Fraud Unsubstantiated" or "Abuse." The FARA representative conducting the interview with the FARA subject should stop the interview immediately if the FARA subject provides information indicative of their intent to commit fraud.
Step 8	ICA	Upon receiving a report of health and safety issues as part of the FARA allegations, the FARA representative from the ICA ensures the participant's IRIS Consultant addresses these issues during the FARA process to ensure the immediate and ongoing health and welfare of the participant is secured. This information is documented in the DHS/Program Integrity SharePoint in fields: • "Health and Welfare Concerns" • "Health and Welfare Specific Concern(s)" • "Health and Welfare Referral" • "Critical Incident Report"

Mitigation of Fraud/Abuse

Step 9	ICA, FEA	When FARA cases do not meet the criteria for referral to DHS as defined in Step 14, the FARA Team determines whether the allegation is: substantiated (facts indicative of fraudulent activity and intent are BOTH present); abuse (facts indicative of fraudulent activity are present, but facts indicative of intent are NOT present); unsubstantiated (no facts indicative of fraudulent activity are present), or insufficient information exists to make a determination. The FARA representatives denote the FARA outcome in the "FARA Outcome" field the DHS/Program Integrity SharePoint site.
Step 10	ICA, FEA	The FARA Team identifies steps to prevent the occurrence of subsequent fraudulent activity and documents the mitigation activities in the following sections of the DHS/Program Integrity SharePoint site: "Mitigation Strategies," and "Resolution." The "Resolution" section must include a detailed FARA summary including a synopsis of all information-gathering activities, the outcome, and cause for the determination of the FARA, and the mitigation strategies including cause for recommendation.
Step 11	ICA, FEA	The FARA Team communicates the next steps to the appropriate ICA and/or FEA staff to execute the identified mitigation strategies. The FARA Team monitors implemented mitigation activities to ensure the steps outlined in the resolution section in the DHS/Program Integrity SharePoint site are completed.
Step 12	ICA, FEA	The FARA team includes the mitigation strategies in the "Resolution" field in the DHS/Program Integrity SharePoint site. Upon completion and implementation of the mitigation strategies, the FARA team enters a statement in the "Resolution" field documenting the date of completion and changes the status to "DHS – Review." The FARA team assigns the case to the DHS FARA representative to trigger a review of the FARA case in the DHS/Program Integrity SharePoint site.
Step 13	ICA, FEA	FARA representatives from the ICA and FEA complete all information-gathering activities detailed in Steps 6-8 and the decision-making and mitigation steps detailed in Step 9-12 within 30 days.

Referral to the Department of Health Services

Step 14	ICA, FEA	A DHS referral is made via the DHS/Program Integrity SharePoint site in cases where the FARA meets the following criteria:
		• FARA Team determines a referral to OIG is appropriate
		• FARA Team determines a referral to the DOJ is appropriate
		• FARA Team recommends the following actions
		  ○ Amended Level of Support (for future use)
		  ○ Involuntary Disenrollment
		  ○ Exclusion List (for future use)
		  ○ Mandated Agency
		  ○ Mandated Broker
		  ○ Recoupment of Funds
		  ○ Reduction in Services
		  ○ Referral to Law Enforcement
		  ○ Termination of Service
		• FARA Team is unable to make a determination
		• FARA Team is unable to make a mitigation recommendation
		
		(The FARA Team assigns the case to the DHS FARA Team representative, enters the date of DHS referral, and changes the status to "Open – DHS" in the DHS/Program Integrity SharePoint site.)

Step 15	DHS	DHS serves as the decision-making authority regarding referrals to OIG or DOJ for investigation and as the approving authority regarding mitigation strategies specified in Step 14 as proposed by the FARA Team. DHS leads problem solving in complex cases.
Step 16	DHS	Upon notification of the assignment of the FARA case, the DHS FARA representative reviews the FARA case in advance of the next scheduled Program Integrity meeting (see Step 39). If the case requires immediate action, the DHS FARA representative schedules a separate meeting to assist the FARA Team in resolving the issue.
Step 17	DHS, ICA, FEA	During the Program Integrity meeting, DHS advises the FARA Team on issue resolution. The FARA Team responds to ensure appropriate referrals occur and the mitigation strategies are implemented. The DHS FARA representative enters a summary of the conversation and stated directives in the DHS/Program Integrity SharePoint record.
Step 18	ICA	Upon completion of the FARA and mitigation strategies, the FARA team changes the status in the DHS/Program Integrity SharePoint site to "DHS – Review" to trigger the DHS FARA representative to review the FARA record. In situations where the FARA is not completed within 30 days, the FARA team provides an explanation using the fields, "If Yes, why?" and "Explanation" in the DHS/Program Integrity SharePoint site. The DHS FARA representative rejects/approves the explanation using the fields, "Reason Accepted by DHS" and "If No, Why?" Generally speaking, DHS accepts explanations that are outside of the FARA team's control (e.g., participant will not make themselves available) while explanations describing the ICA's or FEA's inability to manage within the prescribed process are not accepted.

Referral to the Office of the Inspector General/Department of Justice

Step 19	DHS	The DHS FARA representative authorizes the OIG referral, which assists in referring the case to the DOJ, when the following criteria are met: • Detailed facts exist, indicative that the allegation of fraud has occurred; **AND** • Facts exist indicative of **intent** to defraud the program.
Step 20	DHS	The DHS FARA representative conducts a final review of the FARA record in the DHS/Program Integrity SharePoint site to ensure that all required information is present.
Step 21	DHS, OIG	Upon the DHS FARA representative approval of an OIG/DOJ referral, the DHS FARA representative makes the appropriate contacts within OIG to have the FARA record screened for DOJ referral. The DHS FARA representative changes the status in the DHS/Program Integrity SharePoint site to "Open – OIG."
Step 22	OIG	OIG conducts a review of the FARA record and makes a determination regarding referral activity to DOJ or recommends another course of action. OIG's determination includes whether the information collected during the FARA presents a "sufficient cause for DOJ investigation." (See OIG policy.)
Step 23	DHS	The DHS FARA representative enters OIG's recommendations in the DHS/Program Integrity SharePoint site in the following fields: • "Documented Contacts" • "Mitigation Strategies" and/or • "Resolution"
Step 24	DHS	The DHS FARA representative monitors the FARA records referred to OIG and serves as the liaison between the FARA process and OIG.
Step 25	DHS	The DHS FARA representative changes the status in the DHS/Program Integrity SharePoint site to "closed" after OIG provides a recommendation to DHS. Only DHS can change the status in the DHS/Program Integrity SharePoint site to "Closed."

Referral to Department of Justice

Step 26	DHS/OIG	The DHS FARA representative forwards all appropriate cases to the DOJ as guided by the OIG after ensuring the packet of information is sufficient to meet the requirements of DOJ.
Step 27	DHS	The DHS FARA representative changes the status in the DHS/Program Integrity SharePoint site to "Open – DOJ."
Step 28	DHS	The DHS FARA representative monitors the FARA record(s) referred to DOJ and serves as the liaison between the FARA process and DOJ.
Step 29	DHS	The DHS FARA representative changes the status in the DHS/Program Integrity SharePoint site to "closed" after DOJ provides a recommendation to DHS. Only DHS can change the status in the DHS/Program Integrity SharePoint site to "closed."

Pursuing Recoupment

Step 30	ICA	The ICA FARA representative prepares a single page summary of the IRIS funds received by the individual through fraudulent means as evidenced by the FARA's fact-finding activities and subsequent documentation thereof using information from the FARA case in the DHS/Program Integrity SharePoint site. This document is the FARA Summary for Recoupment.
Step 31	ICA	The ICA FARA representative completes referral form (F-80921) and attaches the Summary for Recoupment.
Step 32	ICA	The ICA FARA representative forwards the completed F-80921 and the FARA Summary for Recoupment to the DHS FARA representative by attaching the documents into the FARA record in the DHS/Program Integrity SharePoint site and assigning the case to the DHS FARA representative.
Step 33	DHS	The DHS FARA representative reviews and approves the F-80921 and FARA Summary for Recoupment attached in the DHS Program Integrity SharePoint site.
Step 34	DHS	The DHS FARA representative forwards the approved Form F-80921 to DHS/DES/BFS for processing and changes the status to "Closed" in the DHS Program Integrity SharePoint site.
Step 35	DHS/DES/ BFS	DHS/Division of Enterprise Services (DES)/Bureau of Fiscal Services (BFS) provides individuals written notice that they have up to 90 days to pay the delinquency in full or they may be referred to Department of Revenue (DOR) Collections.
Step 36	DOR	DOR adds a collection fee to the delinquency and attempts to collect the debt.

Monitoring

Step 37	DHS	The DHS FARA representative reviews and approves all fraud allegation review and assessment records in the DHS/Program Integrity SharePoint site in accordance with the document, "Criteria for Closing a Fraud Allegation Review and Assessment (FARA)." The DHS FARA representative captures this information in the "DHS Approval" and "Date FARA Closed by DHS" fields in the DHS/Program Integrity SharePoint site.
Step 38	DHS	The DHS FARA representative utilizes the "DHS Requested Follow Up" and "Follow Up Due Date" fields to communicate requests for additional information/action to the appropriate agency and assigns either the FEA FARA representative or ICA FARA representative to complete the follow up. The DHS FARA representative changes the status back to "Open – ICA" or "Open – FEA" depending on which agency needs to complete the work.
Step 39	ICA, FEA	The assigned FEA FARA representative or ICA FARA representative provides a narrative of the mitigation activities to respond to the DHS FARA representative's request for additional action/information in the "DHS Requested Follow Up" section. The FARA team has five business days to respond to all requests for follow up actions/information and the DHS FARA representative prescribes a due date in the "Follow Up Due Date" field in the DHS/Program Integrity SharePoint site. The FARA team changes the status to "DHS-Review."

Step 40	DHS	Upon DHS FARA representative approval of a FARA case, the DHS FARA representative completes the DHS/Program Integrity SharePoint site fields, "DHS Approval" and "Date FARA Closed by DHS." The DHS FARA representative changes the status to "Closed" in the DHS/Program Integrity SharePoint site. Only the DHS FARA representative can change the status to "Closed."
Step 41	DHS	The DHS FARA representative reviews the monthly data, quarterly reports, and annual reports for trends and systems issues.
Step 42	DHS, ICA, FEA	At the request, and under the instruction of the DHS FARA representative, the ICAs and FEAs engage in quality improvement projects related to the data obtained via the SharePoint system. The DHS FARA representative ensures the ICA and FEA providers complete all quality improvement projects as instructed by DHS.

Data/Narrative Reporting

Step 43	ICA	On a monthly basis, the DHS FARA representative pulls data according to the "Program Integrity Monthly Data Requirements" document. DHS makes this data available to FARA team members by the 15th of the following month on the DHS/Program Integrity SharePoint site.
Step 44	ICA, FEA, DHS	The FARA Team meets monthly to review active cases requiring DHS involvement, review the data, and discuss any process issues.
Step 45	ICA	Each ICA prepares reports, on a quarterly basis, as instructed in the "Program Integrity Quarterly Narrative Report Outline."
Step 46	ICA	Each ICA prepares reports, on an annual basis, as instructed in the "Program Integrity Annual Narrative Report Outline."
Step 47	DHS	The DHS FARA representative reviews and approves all quarterly and annual narrative reports.
Step 48	DHS	The DHS FARA representative prepares annual reports providing comparative data.

10.3A.1 Conflict of Interest – Participant

Business Rules

1. IRIS Consultant Agencies (ICAs) maintain responsibility to train participants and staff on the identification and resolution of conflict of interest utilizing the Participant Education Manual (P-01704). This document and corresponding education must be provided to IRIS participants each time a conflict of interest is identified, at the time of orientation, and annually. The Department of Health Services (DHS) defines "orientation" as the 90-day period following the date of referral.
2. ICAs maintain responsibility for identifying, resolving, and monitoring conflicts of interest.
3. All conflicts of interest must be resolved, or sufficiently addressed, to ensure compliance with IRIS policy.
4. ICAs maintain responsibility to document all conflicts of interest.
5. ICAs maintain responsibility for facilitating the resolution of conflicts of interest.
6. Legal representatives may provide up to 40 hours of any combination of Supportive Home Care (SHC), Daily Living Skills, and IRIS Self-Directed Personal Care (IRIS SDPC), or receive up to 75 percent of the IRIS participant's budget in earnings (whichever comes first) without it being considered a conflict of interest.
7. Support brokers may not provide any other paid support or service to the participant.
8. Legal representatives may only provide IRIS SDPC, Respite, Daily Living Skills Training, Supported Employment, Nursing Services, 1-2 Bed Adult Family Home, Customized Goods and Services, Specialized Transportation, Specialized Transportation 2, and Supportive Home Care per the approved 1915(c) Medicaid Home and Community-Based Services Waiver and IRIS Service Definition and Code Manual.
9. IRIS Consultants (ICs), ICA Staff, and fiscal employer agent (FEA) Staff may not receive IRIS funds for providing Medicaid Waiver services to the IRIS participants supported as an IC, ICA Staff, or FEA Staff. For example, an IC may not serve as a consultant and an SHC worker for the same participant. However, an IC may serve as a SHC worker for an IRIS participant for whom they do not also provide consulting services.
10. ICs, ICA Staff, and FEA Staff may not benefit directly or indirectly, financially, or otherwise, from the service providers chosen by the IRIS Participant they support.

Identification and Reporting of a Conflict of Interest

Step #	Responsible Partner(s)	Detail
Step 1	IC, ICA, DHS, FEA, Participant, Other	The individual discovering the conflict of interest notifies the IC of the conflict of interest.
Step 2	IC	The IRIS Consultant documents the identification of the conflict of interest using the Conflict of Interest – Participant form (F-01310A).

Investigation Process

Step 3	IC	The IC explains to the IRIS participant and/or legal representative that a conflict of interest exists and identifies the specific conflict of interest.
Step 4	IC, Participant, Legal Rep.	The IC reviews the Participant Education Manual (P-01704) with the IRIS participant and/or legal representative.
Step 5	IC, Participant, Legal Rep.	The IC collects information regarding the conflict of interest from the IRIS participant and/or legal representative.

Resolution Process

Step 6	IC	The IC and the IRIS participant and/or legal representative collaborate to identify at least two viable options of resolution strategies to resolve the conflict of interest. All presented strategies must comply with the IRIS Policy Manual.
Step 7	Participant, Legal Rep.	The IRIS participant and/or legal representative choose one or more of the identified resolution strategies. The IC and/or ICA will determine if the proposed resolution strategies sufficiently resolve the conflict of interest and remain in compliance with IRIS policy.
Step 8	IC, Participant, Legal Rep.	The IC, IRIS participant, and/or legal representative collaborate to strategize and develop an implementation and monitoring plan including timeframes.
Step 9	IC	The IC completes the "resolution strategies," "implementation plans," and "monitoring fields" on the Conflict of Interest – Participant (F-01310A) form.

Implementation Process

Step 10	IC, Participant, Legal Rep.	The IC, IRIS participant, and/or legal representative collaborate to implement the resolution strategies and timeframes.
Step 11	IC	The IC adheres to the monitoring plan and schedule and continues to document all information relative to the conflict of interest resolution in the data system under the contact type, "Conflict of Interest."

Monitoring

Step 12	DHS	DHS monitors the conflict of interest process through the record review process.
Step 13	ICA	The ICA provides the Department with quarterly data regarding participant conflict of interest on the following elements: • Number of conflicts of interest identified; • Type of conflicts of interest; • Action(s) taken; and • Number/Percent resolved
Step 14	DHS, ICA	DHS and the ICA review the data during monthly quality management meetings.

Step 15	DHS, ICA, FEA	At the request and instruction of DHS, and under the instruction of DHS, the ICA engages in quality improvement projects related to the data collected. DHS ensures the ICA and FEA providers complete all quality improvement projects as instructed.

10.3A.2 Conflict of Interest – Provider

Business Rules

1. IRIS Consultants (ICs), IRIS Consultant Agency (ICA) Staff, and fiscal employer agent (FEA) Staff may not benefit directly, or indirectly, financially, or otherwise, from the service providers chosen by the IRIS Participants they support.
2. ICA and FEA providers must ensure all employees receive training to include principals regarding the identification of potential conflicts of interest and the risk mitigation protocol for any identified conflicts of interest.
3. ICA and FEA providers must maintain signed documentation of each employee's receipt, and understanding of, the DHS' conflict of interest policy.
4. ICAs and FEAs must disclose if an employee or a member of an employee's immediate family owns or controls a 10 percent interest or greater or receives payment of more than $3,000 within a 12-month period from any provider of Wisconsin Medicaid services in any Wisconsin Medicaid program.
5. All employees of all ICAs and all FEAs must identify whether a conflict of interest exists using the Conflict of Interest Disclosure – Provider form (F-01310). Annual employee completion of this form is required.
6. The Conflict of Interest Disclosure form includes the following information:
    a. The employee's name and contact information;
    b. The employee's position within the ICA or FEA;
    c. The ICA or FEA provider's information;
    d. The Wisconsin Medicaid provider's information;
    e. The percentage of control and/or payment received within a 12- month period; and,
    f. The mitigation strategies in place to prevent a conflict of interest.
7. All conflicts of interest must be resolved, or sufficiently addressed, to ensure compliance with IRIS policy.
8. The Department of Health Services (DHS) reviews the Conflict of Interest Disclosure form, applies it against the IRIS Conflict of Interest policy, and makes a determination regarding whether the employee sufficiently mitigated any documented conflict of interest.
9. The DHS issues statements to ICA and FEA providers communicating any insufficient mitigation of employee conflicts of interest. The ICA and FEA providers must address the actions required in the form of a Conditional Certification Improvement Plan (CCIP) as described in section 10.4B.1, Quality Management Plans.

10. ICs, ICA Staff, and FEA Staff may not receive IRIS funds for providing Medicaid Waiver services to the IRIS participants they support in their role as an IC, ICA Staff, or FEA Staff. For example, an IC may not serve as a consultant and a Supportive Home Care (SHC) worker for the same participant. However, an IC may serve as an SHC worker for an IRIS participant for whom the IC does not also provide consulting services.
11. ICAs may not provide any other direct services to participants with an approved Individual Service and Support Plan (ISSP)/budget and actively receiving services in the IRIS program. For example, ICAs cannot also operate a Supportive Home Care (SHC) agency.
12. ICAs may not employ, as an IC or Long Term Care Functional Screener, any immediate family member or guardian of a participant in the IRIS program to directly serve the participant.

Completion of the Conflict of Interest Disclosure Form

Step #	Responsible Partner(s)	Detail
Step 1	ICA employees, FEA employees	All employees of ICA and FEA providers complete the Conflict of Interest Disclosure – Provider form (F-01310) at the time of hire and annually, thereafter.

Conflict of Interest Mitigation Process

Step 2	ICA, FEA	The ICAs and FEAs assist employees with identifying a mitigation strategy that complies with all IRIS policies and requirements.
Step 3	DHS	DHS reviews and approves all Conflict of Interest Disclosure forms.
Step 4	ICA, FEA	The ICAs and FEAs ensure employee compliance with specified mitigation strategies.

Monitoring

Step 5	ICA, FEA	The ICAs and FEAs monitor the employee's compliance with specified mitigation strategies as described in each individual agency's policy manual.
Step 6	ICA, FEA	The ICAs and FEAs provide DHS with quarterly data regarding participant conflict of interest regarding the following elements: • Number of conflicts of interest identified; • Types of conflicts of interest; • Action(s) taken; and, • Number/Percent resolved.
Step 7	DHS, ICA, FEA	DHS reviews the data with ICAs and FEAs during monthly quality management meetings.
Step 8	DHS, ICA, FEA	At the request, and under the instruction of DHS, the ICAs engage in quality improvement projects related to the data collected. DHS ensures the ICA and FEA providers complete all quality improvement projects as instructed.

10.3A.3 IRIS Self-Directed Personal Care Disclosure Statement

Business Rules

1. The Management Group (TMG) operates two, separate lines of business providing services to IRIS participants: an IRIS Consultant Agency (ICA) and the IRIS Self-Directed Personal Care (SDPC) Oversight Agency. These work instructions apply only to the TMG-ICA.
2. The Department of Health Services (DHS) uses the IRIS Self-Directed Personal Care (SDPC) Disclosure Statement (F-01258) as one method of mitigating actual, or perceived, conflict of interest between TMG's separate lines of business.
3. DHS defines "Personal care-related discussions" as any discussion wherein the participant requests information about personal care; the participant inquires about eligibility for personal care; the participant requests clarification of the difference between IRIS SDPC and Medical Assistance Personal Care (MAPC); and other related conversations.

Form Implementation

Step #	Responsible Partner(s)	Detail
Step 1	TMG-ICA	The TMG's ICA must review the IRIS SDPC Disclosure Statement with participants receiving ICA services from TMG, at the onset of personal care-related discussions and annually, thereafter, for TMG-ICA participants receiving IRIS SDPC services.
Step 2	IRIS Consultant (IC)	The IC attaches the signed IRIS SDPC Disclosure Statement to the participant's record, in the IT system.

Monitoring

Step 3	DHS	DHS reviews participant records to ensure the records contain a current, signed IRIS SDPC Disclosure Statement. "Current" is defined as being signed by the participant within the last 365 calendar days.
Step 4	DHS	DHS communicates negative findings including instructions for remediation to the TMG-ICA.
Step 5	IC	The IC reviews the IRIS SDPC Disclosure Statement with the participant, obtains the participant's signature, and attaches the form to the participant's record.
Step 6	TMG-ICA	The TMG-ICA provides DHS with a response to the requested remediation.
Step 7	DHS	DHS confirms the presence of a current, signed IRIS SDPC Disclosure Statement in the participant's record and closes the remediation request.
Step 8	DHS, IC, TMG-ICA	Steps 6 and 7 recur until DHS is satisfied with the TMG-ICA's remediation response and closes the remediation request.
Step 9	DHS TMG-ICA	Upon the identification of a system issue, DHS can require that TMG-ICA complete a quality improvement plan to address the system issue. The TMG-ICA completes quality improvement plans following the steps in section 10.4B.1, Quality Management Plans.

10.4A.1 Record Review Process

Business Rules

1. The approved 1915 (c) Home and Community-Based Waiver contains performance measures that the Department of Health Services (DHS) reports to the Centers for Medicare and Medicaid Services (CMS) annually. The data source for many of these performance measures is the individual participant record review.
2. DHS conducts participant record reviews each quarter from a sample containing participants from all three (3) target groups – physical disabilities, developmental disabilities, and frail elders.
3. DHS reviews the participant records using a pre-defined tool, the IRIS Record Review Tool (F-01496) with pre-defined scoring criteria, which can be found in the IRIS Record Review Instructions (P-01014).
4. DHS uses the DHS IRIS Record Review SharePoint site to document the record review findings and facilitate remediation of negative findings.
5. CMS requires remediation of all individual negative findings; therefore, IRIS consultant agencies (ICAs) must complete remediation activities as prescribed by DHS in the DHS IRIS Record Review SharePoint site.
6. The ICA must complete remediation of all negative findings in each calendar year by March 1 of the following calendar year. For example, for calendar year 2015, all negative findings must be remediated by March 1, 2016.
7. The DHS IRIS Quality Management Record Review Lead sends quarterly results to the ICA. DHS addresses identified trends and problems with the ICAs during the monthly quality management meetings. ICAs address systemic issues through the Quality Management Plan process specified in section 10.4B.1, Quality Management Plans.
8. DHS writes both quarterly and annual reports summarizing the results of the record review and comparing performance between ICAs.
9. The DHS IRIS Quality Management Team updates the IRIS Record Review Tool (F-01496) and IRIS Record Review Instructions (P-01014) annually and provides the ICAs with training.
10. The ICAs must complete all activities in the IRIS Record Review SharePoint site according to the IRIS Record Review SharePoint Instructions (P-00706G).
11. The ICAs are not permitted to change responses to any fields in the DHS IRIS Record Review SharePoint site that are the responsibility of DHS. The “Status” and “Remediation Discussion” fields are shared between DHS and the ICAs.
12. Each ICA has its own DHS IRIS Record Review SharePoint site to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Record Review Sample

Step #	Responsible Partner(s)	Detail
Step 1	DHS	DHS generates the record review sample for each quarter consisting of participants from all three target groups who have been in the IRIS program for at least one year.
Step 2	DHS	DHS uploads the record review sample to the DHS IRIS Record Review SharePoint site.

Record Review Process

Step 3	DHS	DHS uses all available data systems, including the centralized data system and DHS SharePoint sites to evaluate the information against the criteria in the IRIS Record Review Instructions (P-01014).
Step 4	DHS	DHS records all record review findings on the IRIS Record Review Tool (F-01496) and in the participant's record in the DHS IRIS Record Review SharePoint site.
Step 5	DHS	In the DHS IRIS Record Review SharePoint site, DHS indicates the required remediation activities for each negative finding following the steps outlined in the IRIS Record Review SharePoint Instructions (P-00706G).
Step 6	DHS	DHS changes the status in the DHS IRIS Record Review SharePoint site to "Remediation – ICA" to indicate that the ICA should begin remediation.

Remediation Process

Step 7	IC, Participant	The IRIS Consultant (IC) works with the participant to complete the required remediation activities prescribed by DHS. The IC enters the action taken in the "Remediation Action Taken" field(s) and the date of the case note in the "Date of Case Note (Remediation)" field(s).
Step 8	IC	If the IC has questions about a negative finding or the prescribed remediation, the IC requests clarification from DHS using the "Remediation Discussion" field in the DHS IRIS Record Review SharePoint site. The IC changes the status to "ICA Requesting Clarification" to alert DHS to respond to the request for clarification.
Step 9	DHS	DHS responds to requests for clarification in the "Remediation Discussion" field in the DHS IRIS Record Review SharePoint site. DHS changes the status to "Clarification Provided" to alert the IC that the requested clarification has been provided.
Step 10	IC	The IC changes the status to "Remediation Validation – DHS" when all remediation activities have been completed.

Remediation Validation

Step 11	DHS	DHS confirms that the prescribed remediation activities were completed and there is acceptable evidence in the participant's record. When no further action is required, DHS indicates "Yes" in the "DHS Approval" field and enters the date into the "Date Remediation Approved" field.
Step 12	DHS	In cases where the IC did not provide acceptable evidence that remediation was completed, DHS indicates "No" in the "DHS Approval" field and changes the status to "Remediation Re-review – ICA."

Step 13	DHS, IC, Participant	Steps 7-12 repeat until the IC has provided sufficient evidence that all negative findings for the participant have been remediated.

DHS IRIS Record Review SharePoint Case Closure

Step 14	DHS	When each negative finding has been remediated for the participant, DHS completes the "Remediation Completed" field and the "Date Review Closed" field.
Step 15	DHS	DHS changes the status to "Closed."

Data Collection, Reporting, and Monitoring

Step 16	DHS	The DHS IRIS Record Review SharePoint site aggregates the data for each quarter and generates graphs that indicate the findings for each indicator and also generate tables that demonstrate the reasons for negative findings for each indicator.
Step 17	DHS	DHS completes quarterly and annual narrative reports providing an explanation of the data from the DHS IRIS Record Review SharePoint site and a comparison between ICA providers when there are multiple ICA providers.
Step 18	DHS, ICA	DHS reviews the quarterly and annual reports with the ICA and systemic issues are addressed through the Quality Management Plan templates as identified in section 10.4B.1, Quality Management Plans.

10.4B.1 Quality Management Plans

Business Rules

1. Each IRIS Consultant Agency (ICA) and fiscal employer agent (FEA) must complete a Quality Management (QM) Tracking Mechanism on an annual basis.
2. ICAs and FEAs will complete a corresponding QM Plan Template for each strategy identified on the QM Tracking Mechanism.
3. ICAs and FEAs update the QM Tracking Mechanism and subsequent QM Plan Templates at a minimum, on an annual basis.
4. The Department of Health Services (DHS) reviews and approves all QM Tracking Mechanisms and corresponding QM Plan Templates.
5. All ICAs and FEAs receiving a conditional certification are required to complete specific Conditional Certification Improvement Plans (CCIPs). All CCIPs are listed on the QM Tracking Mechanism and will require the related QM Plan Template. The CCIPs are identified on QM Plan Templates and QM Tracking Mechanisms by the modifier "CCIP."

Quality Management Plan Development

Step #	Responsible Partner(s)	Detail
Step 1	DHS	DHS provides ICAs and FEAs with a list of required subjects (CMS Performance Measures and Contract Obligations) to be recorded on the QM Tracking Mechanism.
Step 2	ICA/FEA	The ICAs and FEAs develop an agency QM Tracking Mechanism by adding other quality management strategies the agency plans to implement.
Step 3	DHS	The DHS IRIS Quality Lead or designee will review and approve, or modify, the Quality Management Tracking Mechanism.
Step 4	ICA/FEA	The ICAs and FEAs complete the QM Plan Template for each strategy identified on the QM Tracking Mechanism.
Step 5	DHS	The DHS IRIS Quality Lead or designee reviews and approves, or modifies, the QM Plan Templates and indicates approval by signing the signature line on the QM Plan Template.

Monitoring Process

Step 6	ICA/FEA	The ICAs and FEAs provide reports as identified in the deliverables section of the QM Plan Templates by the 15th of the following month for monthly reports. Quarterly reports are due on April 15, July 15, October 15, and January 15. All reports are submitted to the agency's assigned Quality Team Representative **and** Contract Specialist at DHS. Other dates/reporting schedules may be permitted as specified in Department-approved QM Plan Templates.
Step 7	ICA/FSA	The ICAs and FEAs update the QM Tracking Mechanism each quarter. These updates are due to the agency's assigned Quality Team Representative **and** Contract Specialist at DHS on April 15, July 15, October 15, and January 15. Other dates are permitted as specified in Department-approved QM Plan Templates.
Step 8	DHS/ICA/ FSA	DHS conducts quarterly meetings with the contracted agencies to review progress on the agency's QM strategies. These meetings occur during the second half of the months of April, July, October, and January.

Modifying/Adding/Discontinuing Quality Management Strategies

Step 9	ICA/FSA	If the ICAs or FEAs change/add/discontinue a QM strategy from a QM Tracking Mechanism, the ICA or FEA will submit a QM Plan Template making the request to change/add/discontinue the QM strategy. ICAs and FEAs request discontinuation of a strategy through completing the "Strategy Discontinuation" portion of the QM Plan Template.
Step 10	DHS	The DHS IRIS Quality Lead or designee reviews and approves, or modifies, the QM Plan Templates and indicates approval by signing the signature line.
Step 11	DHS	DHS may mandate the addition to, or modification of, the QM Plan Template and/or QM Tracking Mechanism at any time due to performance, or as part of a Conditional Certification Improvement Plan (CCIP). The ICAs or FEAs, and DHS then complete Steps 2-5 of this process to initiate the Quality Management/CCIP strategy.

Chapter 11: Appeals and Grievances

11.1A.1 Appeals

Business Rules

1. IRIS Consultant Agencies (ICAs) are responsible for training participants on the appeals process including Notices of Action (NOA) using the IRIS Participant Education Manual (P-01704). This document and corresponding education must be provided to IRIS participants at the time of orientation and annually thereafter. ICAs are responsible for attaching the signed forms to each participant's record.
2. Denials, limits, reductions, and terminations in IRIS services require the participant's IRIS Consultant Agency to send an NOA to the participant to provide notice of the action taken and an explanation of the decision.
3. Notices of Action include information about the Division of Hearings and Appeals (DHA) appeals process including information about requesting a continuation of services pending an appeal outcome.
4. IRIS participants must request an appeal within 45 days of the date on the NOA by sending written notification to DHA as indicated in the appeals information mailed with the NOA.
5. MetaStar conducts a "concurrent review," as contracted by DHS, for each participant for whom DHA accepts a request for appeal. Concurrent reviews consist of MetaStar reviewing the participant's paperwork and conferring with the participant's ICA and/or the Department of Health Services (DHS) to resolve the issue and eliminate the need for an appeal. Participants may opt out of this service.
6. IRIS participants also have the option of working directly with their ICA, DHS, Disability Rights Wisconsin (DRW) (ombudsman for participants ages 18-59), or the Board on Aging and Long-Term Care (ombudsman for participants age 60 and above) to resolve the issue in advance of a DHA hearing.
7. Negotiations with ICAs, DRW, and/or DHS may occur concurrently with MetaStar concurrent reviews.
8. IRIS Consultant Agencies have assigned DHS/NOA SharePoint sites and for which DHS, ICAs, and MetaStar engage in tracking NOAs/appeals and exchanging information regarding the appeals process.

Notice of Action

Step #	Responsible Partner(s)	Detail
Step 1	ICA, DHS	ICAs complete the NOA any time there is a denial (F-01204A), limit (F-01204B), reduction (F-01204C), or termination (F-01204D) of IRIS services. DHS completes the NOA in situations in which a denial or limit of a requested good or service comes as a result of a Budget Amendment or One-Time Expense (BA/OTE) request.
Step 2	ICA	ICAs mail all NOAs, including those prepared by DHS, which include information regarding the process to file an appeal. The NOA is sent to the participant within ten (10) days of the decision.

Step 3	ICA	ICAs enter the NOA information into the DHS/NOA SharePoint site. Required fields include: "Status," "Participant's Name," "MCI," (Master Client Index) "County," "Target Group," "IRIS Consultant," "Area Lead," "Date NOA Sent," "Type of NOA Sent," "Source of NOA", "BA/OTE Reference #," "Subject of NOA," "Specific Good/Service," "NOA Detail," "Reason(s) for NOA," and "NOA Issued By." DHS is responsible for completing these fields for all NOAs pertaining to BA/OTE.
Step 4	Participant	Participants determine whether they will file an appeal and are responsible to submit the required paperwork within 45 days to the DHA. Participants also determine whether to request a continuation of service(s) at this time.

Notification of Appeal

Step 5	DHA	DHA sends notification to the DHS of their acceptance of the participant's request for appeal.
Step 6	DHS	DHS forwards the DHA notifications to the ICA and to MetaStar.
Step 7	ICA	ICAs enter the hearing information into the DHS/NOA SharePoint Site completing the following fields: "Appeal Received" and "Date Appeal Filed."

Concurrent Review

Step 8	MetaStar	MetaStar initiates the concurrent review process by checking the "Appeal Received/Concurrent Review" option in the "Status" field and completing the "Date Concurrent Review Opened" field in the DHS/NOA SharePoint site. MetaStar will assign a staff person for review.
Step 9	MetaStar	MetaStar notifies the participant, in writing, of his/her option to participate in the concurrent review process. MetaStar attaches concurrent review notification letters to the NOA record in the DHS/NOA SharePoint site.
Step 10	Participant	The IRIS participant determines whether he/she will participate in the concurrent review process.
Step 11	MetaStar, Participant	MetaStar collects information from the participant pertinent to the appeal for participants that elect to have the concurrent review.
Step 12	MetaStar, ICA, DHS	MetaStar engages with the participant's ICA and when appropriate, DHS, in an effort to reach a mutually acceptable agreement with the participant. All parties document all contacts in the "Communication Log" in the DHS/NOA SharePoint site.
Step 13	MetaStar	Upon completion of the concurrent review, MetaStar completes the "Concurrent Review Outcome" and "Concurrent Review Closed" fields in the DHS/NOA SharePoint site. MetaStar sends a closure letter to the participant and attaches the letter in the DHS/NOA SharePoint site. In cases for which the appeal was resolved during the concurrent review, MetaStar shares information with the IRIS participant regarding the process to notify DHA of his/her intent to withdraw the appeal.
Step 14	Participant	If MetaStar was able to assist the IRIS participant in resolving his/her case without a hearing, then the IRIS participant submits the "Voluntary Withdrawal" form to withdraw his/her request for hearing to DHA.
Step 15	DHA, DHS	DHA sends DHS formal notification of a dismissal reflecting the IRIS participant's withdrawal of his/her request for a hearing. DHS forwards the information to the participant's ICA and MetaStar.

Step 16	ICA	The ICA enters "Withdrawn" as the status in the DHS/NOA SharePoint site, completes the "Was Appeal Withdrawn" field, and enters the appropriate date in the "Date Withdrawal Accepted by DHA" field. The ICA then makes the appropriate notations in the "Pre-hearing Resolutions" field.
Step 17	Participant, DHA, ICA	If MetaStar was unable to assist the IRIS participant in resolving their need for an appeal, DHA conducts the hearing as scheduled and the participant's ICA represents the IRIS program.

DHS and ICA Negotiations

Step 18	Participant	The participant decides whether to work directly with their IRIS Consultant Agency or with the DHS to come to a mutually agreeable solution and avoid the need for a DHA hearing.
Step 19	ICA and/or DHS	If the ICA and/or DHS assist the participant in negotiating solutions or providing clarification regarding the contents of NOAs, independent of MetaStar's concurrent review, then the ICA and DHS check the status "Negotiations – ICA" and/or "Negotiations – DHS" respectively in the DHS/NOA SharePoint site to indicate to MetaStar their involvement in the process. ICAs and DHS document all contacts in the "Communication Log" in the DHS/NOA SharePoint site.
Step 20	Participant, DHS, ICA	The participant sends written notification to DHA of his/her intent to withdraw the request for appeal using the "Voluntary Withdrawal" form, upon negotiation of an acceptable resolution. The ICA can provide and assist the participant with the needed "Voluntary Withdrawal" form to submit to DHA to withdraw his/her application.
Step 21	DHA, DHS	DHA sends DHS formal notification of the participant's withdrawn request for a hearing. DHS forwards the information to the ICA and MetaStar.
Step 22	ICA	The ICA enters "Withdrawn" as the status in the DHS/NOA SharePoint site, completes the "Was Appeal Withdrawn" field, and enters the appropriate date in the "Date Withdrawal Accepted by DHA" field. The ICA then makes the appropriate notations in the "Pre-hearing Resolutions" field.

Hearing Process

Step 23	DHA, DHS	DHA sends notification of the hearing date to the participant and DHS. DHS forwards all DHA communications to the ICA and MetaStar.
Step 24	ICA	The ICA completes the following fields in the DHS/Notice of Action SharePoint site: "Date Appeal Filed," "Continuation of Services Requested," "Continuation of Services Ordered by DHA," "Date ICA Received Hearing Notice," "Hearing Date," and "Staff Notified of Hearing Date."
Step 25	ICA	The ICA prepares a Summary of Action (SOA) and provides the SOA to DHA. The ICA completes the "Date SOA Sent to DHA" field in the DHS/Notice of Action SharePoint site.
Step 26	DHA, Participant, ICA	An Administrative Law Judge (ALJ) from DHA facilitates the fair hearing. The participant, and the ICA representing the IRIS program, provide evidence in support of their respective positions.
Step 27	ICA	The ICA completes the "Hearing Record Left Open" field in the DHS/NOA SharePoint site after the hearing.

Step 28	ALJ	The ALJ renders a decision on the appeal and provides written notice to DHS. DHS forwards the decision to the ICA.

Post-Hearing Activities

Step 29	ICA	If there is an initial hearing decision, then the ICA completes the following fields in the DHS/NOA SharePoint site: "Initial Hearing Decision" and "Initial Hearing Decision Date." Subsequently, the ICA provides the ALJ with a written response to the proposed decision.
Step 30	ICA	If the ALJ renders a final decision, then the participant's ICA then completes the following fields in the DHS/NOA SharePoint site: "Final Hearing Decision" and "Final Hearing Decision Date." In cases where the ALJ mandates a new or updated Individual Support and Service Plan (ISSP), the ICA submits a plan restoring the disputed service(s) and completes the "New ISSP Needed" and "ISSP Update Sent" fields in the DHS/NOA SharePoint site. In cases where a revision to the Long Term Care Functional Screen (LTC FS) is required, the ICA completes the revision to the LTC FS and the "Date of LTCFS Revision" field in the DHS/NOA SharePoint site.
Step 31	ICA	Upon completion of all Administrative Actions, the ICA sends written notification to DHA of the completion of these tasks and completes the "Date of Certificate of Administrative Action" field in the DHS/NOA SharePoint site. The ICA then changes the status to "Closed."

Appeals Process

Step 32	Participant	If the ALJ's decision aligns with the decision of the IRIS program, then the participant decides whether to file for a re-hearing.
Step 33	ICA	The ICA continues to represent the IRIS program in re-hearings. The ICA captures these activities in the following fields in the DHS/NOA SharePoint site: "Re-hearing," "Date of Re-hearing," and "Re-hearing Decision." If the re-hearing decision aligns with the participant's desired outcome, then the ICA utilizes the preceding fields related to LTC FS revisions, plan updates, and certificates of administrative action as appropriate.

Monitoring Process

Step 34	DHS	DHS monitors the DHS/NOA SharePoint site to ensure that the ICA and MetaStar correctly enter information into the system and follow the process outlined in these work instructions.
Step 35	DHS	DHS provides directives regarding any required action in the "Communication Log" field of the DHS/NOA SharePoint site.
Step 36	ICA, MetaStar	The ICA and/or MetaStar complete all directives given by DHS in the "Communication Log" field of the DHS/NOA SharePoint site.

Data and Quality Management Process

Step 37	DHS	DHS extracts data from the DHS/NOA SharePoint site on a monthly basis as per the document, "Notice of Action Monthly Data Requirements."
Step 38	ICA	The DHS/Quality Lead and the ICA Quality Manager meet monthly and review the NOA data. If the data indicates poor performance, then DHS requires the development and implementation of a Quality Improvement Project. The ICAs complete all Quality Improvement Projects as per IRIS Policy Manual section 10.4 and in accordance with any further direction by DHS.

11.1A.2 Record Requests

Business Rules

1. IRIS participants may independently request copies of all, or a portion of, their records from the Department of Health Services (DHS), the IRIS consultant agency (ICA), the fiscal employment agent (FEA), and/or the IRIS Self-Directed Personal Care (IRIS SDPC) Oversight Agency. Requests must be made in writing.
2. A legal representative, an ombudsman, or other advocate may request records, on behalf of an IRIS participant, in writing.
3. The ombudsman, or any other individual acting on behalf of the participant, must present the agency from which they are requesting records, with a release of information and a list of requested documentation.
4. For hearings pertaining to fraud-related involuntary disenrollments, the DHS will provide the SharePoint case record(s) for all Fraud Allegation Review and Assessments (FARAs) that contributed to the decision to involuntarily disenroll the participant at the written request of the participant.
5. DHS will redact all information relative to the identity of the referral source collected in the FARA SharePoint site.
6. DHS will redact all information collected from the SharePoint site that is intended to measure the performance of the IRIS consultant agency (ICA) or fiscal employer agent (FEA).
7. DHS will consult with the Department of Justice (DOJ) prior to releasing any FARA SharePoint record if the fraud case has been accepted for investigation by the DOJ.
8. The participant's ICA and FEA will reproduce and provide all documentation as requested per their internal policy.
9. The IRIS Self-Directed Personal Care (IRIS SDPC) Oversight Agency will reproduce and provide all documentation as requested per their internal policy.
10. The participant should send requests for ICA, FEA, or IRIS SDPC Oversight Agency records directly to the agency that provides the participant with these services. The participant should request assistance from his or her IRIS Consultant if he or she is uncertain how to make the request.
11. The participant should send requests for information from the DHS SharePoint sites in writing to:

    Office of IRIS Management
    Attn: Records Request
    Department of Health Services
    1 West Wilson Street
    Rm. 655
    Madison, WI 53707

Making the Request for Records

Step #	Responsible Partner(s)	Detail
Step 1	Participant	The participant, independently or with the assistance of a legal representative, ombudsman, or other advocate, submits a written request to the agency or agencies (ICA, FEA, IRIS SDPC Oversight Agency, and DHS) from whom he or she would like copies of his or her records.
Step 2	Participant, Advocate	In situations where an advocate is acting on behalf of the IRIS participant, the participant and advocate sign and submit a release of information along with the written record request.

When Records are Requested from the DHS Office of IRIS Management (OIM)

Step 3	DHS OIM	DHS produces copies of all requested records. DHS redacts all information that identifies the referral source in FARA SharePoint records or has been collected with the intent of measuring the performance of the ICA and FEA.
Step 4	DHS OIM, DOJ	DHS consults with the DOJ prior to releasing any records related to substantiated fraud for which the DOJ has accepted the case for investigation and is pursuing potential prosecution.

When Records are Requested from the ICA, FEA, or IRIS SDPC Oversight Agency

Step 5	Agency	The agency (ICA, FEA, or IRIS SDPC Oversight Agency) receiving the request reproduces and provides all documentation as requested. The only information permitted to be redacted is information that identifies the referral source in a FARA case.

Chapter 13: IRIS Self-Directed Personal Care (SDPC)

13.4A.1 IRIS SDPC Forms and Documentation

Business Rules

1. The IRIS SDPC Oversight Agency maintains responsibility to educate participants on the option of naming an IRIS SDPC representative at the time of enrollment in the IRIS SDPC program, and annually thereafter, using the IRIS Participant Education: IRIS Self-Directed Personal Care (F-01205J) form.
2. The IRIS SDPC Oversight Agency establishes a participant's eligibility for the IRIS SDPC program using the Personal Care Screening Tool (F-11133). This tool is completed annually or when there is a change in condition that requires more or less personal cares.
3. The IRIS SDPC Oversight Agency is required to complete the IRIS Self-Directed Personal Care (SDPC) – My Cares (F-01566) form at the time of enrollment in the IRIS SDPC program, and annually thereafter.
4. The IRIS SDPC Oversight Agency is required to complete the IRIS Self-Directed Personal Care (SDPC) – Physician Order and Plan of Care (F-01566A) form annually or when there is a change in condition that requires more or less personal cares.
5. The IRIS consultants (ICs) for participants receiving IRIS consultant agency (ICA) services from The Management Group are required to complete an IRIS Self-Directed Personal Care (SDPC) Disclosure Statement (F-01258) with participants at the time of enrollment in the IRIS program and each time personal care options are discussed.
6. The IRIS SDPC Oversight Agency is required to use the versions of the forms provided by the Office of IRIS Management (OIM) and linked below. The IRIS SDPC Oversight Agency is not permitted to use its own version of these documents, formerly known as My Cares Parts A, B, and C.
    - IRIS Participant Education: IRIS Self-Directed Personal Care (F-01205J)
    - IRIS Self-Directed Personal Care (SDPC) – My Cares (F-01566)
    - IRIS Self-Directed Personal Care (SDPC) – Physician Order and Plan of Care (F-01566A)
7. The IRIS SDPC nurse must document all oversight visits. The IRIS SDPC Oversight Agency may use its own form for this documentation; however, OIM must approve its format to ensure all required information is documented.
8. The IRIS SDPC nurse must complete and attach the oversight visit reports in the Document Console in the IRIS SDPC record in the Wisconsin Self-Directed Information Technology System (WISITS) within 72 hours of the oversight visit.

9. All documents must be attached in the Document Console in the IRIS SDPC record in WISITS using the prescribed naming convention identified in the Standard Naming Convention for IRIS (Include, Respect, I Self-Direct) Program Documents (P-01032).
10. The IRIS SDPC nurse must document each contact with the participant receiving IRIS SDPC in the Notes Console in the IRIS SDPC record in WISITS. The IRIS SDPC nurse must document each contact within 72 hours of the contact.

Education

Step #	Responsible Partner(s)	Detail
Step 1	IRIS SDPC Oversight Agency	The IRIS SDPC Oversight Agency educates the participant and/or legal representative regarding the option of designating an IRIS SDPC representative the IRIS SDPC program at the time of enrollment and on an annual basis using the IRIS Participant Education: IRIS Self-Directed Personal Care (F-01205J) form.

Completion of Forms

Step 2	IRIS SDPC Nurse	The IRIS SDPC nurse completes the required forms with the participant, legal representative, or IRIS representative and attaches the forms in the Document Console of the IRIS SDPC record in WISITS.
Step 3	Participant	The IC completes the required forms with the participant, legal representative, or IRIS representative and attaches the forms in the Document Console of the Participant record in WISITS.
Step 4	IRIS SDPC Nurse	The IRIS SDPC nurse completes the IRIS SDPC oversight reports and attaches the forms in the Document Console of the IRIS SDPC record in WISITS within 72 hours of the oversight visit.

Completion of Case Notes

Step 5	IRIS SDPC Nurse	The IRIS SDPC nurse completes the IRIS SDPC oversight reports and attaches the forms in the Notes Console of the IRIS SDPC record in WISITS within 72 hours of the contact.

Data Collection, Reporting, and Monitoring

Step 6	DHS	The Department of Health Services (DHS) ensures the following relative to documentation and forms through the IRIS SDPC record review process: • Completion of the Personal Care Screening Tool; • Completion of the IRIS Participant Education: IRIS Self-Directed Personal Care (F-01205J); • Completion of the IRIS Self-Directed Personal Care (SDPC) – My Cares (F-01566); • Completion of the IRIS Self-Directed Personal Care (SDPC) – Physician Order and Plan of Care (F-01566A); • Completion of the Personal Care Screening Tool (F-11133); • Quality of case notes; and • Completion of an IRIS Self-Directed Personal Care (SDPC) Disclosure Statement (F-01258) for participants who receive ICA services from The Management Group (TMG).
Step 7	IRIS SDPC Oversight Agency	When required by DHS, the IRIS SDPC Oversight Agency completes quality improvement projects according to section 10.4B.1, Quality Management Plans.

13.7A.1 IRIS SDPC: Oversight Home Visits

Business Rules

1. The IRIS SDPC Oversight Agency maintains responsibility to educate participants on the requirement of home visits at the time of enrollment in the IRIS SDPC program, and annually thereafter, using the IRIS Participant Education: IRIS Self-Directed Personal Care (F-01205J) document and as part of the completion of the form, IRIS Self-Directed Personal Care (SDPC) – My Cares (F-01566). (The F-01566 is the participant's care plan specific to IRIS SDPC.)
2. The IRIS SDPC Nurse is responsible for reviewing the participant's F-01566 and evaluating the participant's health status and care.
3. The participant or IRIS SDPC Representative is responsible for supervising providers of IRIS SDPC services. Note: In contrast to Medicaid Personal Care (MAPC), IRIS SDPC nurses do not delegate responsibility to the IRIS SDPC workers.
4. The IRIS SDPC Oversight Agency does not hire or employ IRIS SDPC workers.
5. The standard required frequency of IRIS SDPC oversight visits is every 60 days.
6. IRIS SDPC oversight home visits may occur less frequently (quarterly, semi-annually, or annually) if specified on the F-01566 signed by the participant, participant's physician, and IRIS SDPC nurse. The span of time between oversight visits must not exceed one year in cases wherein annual oversight home visits are permitted.
7. The IRIS SDPC nurse reviews the F-01566 every 60 days for all participants regardless of the frequency of oversight visits ordered on the F-01566.

8. The participant or IRIS SDPC representative, the IRIS SDPC nurse, and/or the participant's physician can terminate agreements to modify the frequency of oversight visits at any time.

Education

Step #	Responsible Partner(s)	Detail
Step 1	IRIS SDPC Oversight Agency	The IRIS SDPC Oversight Agency educates the participant and/or legal representative regarding the frequency of oversight home visits at the time of enrollment and on an annual basis using the IRIS Participant Education: IRIS Self-Directed Personal Care document.

Requesting and Obtaining Fewer IRIS SDPC Nurse Oversight Visits

Step 2	Participant, IRIS SDPC Rep	The participant and/or IRIS SDPC Representative makes a request for fewer oversight visits to the IRIS SDPC nurse when the participant and/or IRIS SDPC representative believes that visits every 60 days are unnecessary.
Step 3	IRIS SDPC Nurse, Participant's Physician	The participant's physician and IRIS SDPC nurse must determine whether the frequency of visits requested by the participant or IRIS SDPC representative: • ensures the participant's health and welfare; • provides effective oversight; and • ensures the participant's needs are met by the IRIS SDPC program.
Step 4	IRIS SDPC Nurse	The IRIS SDPC nurse communicates the decided-upon frequency to the participant or IRIS SDPC Representative and documents the required frequency of oversight visits on the F-01566.
Step 5	IRIS SDPC Nurse, Participant	The IRIS SDPC nurse and participant or IRIS SDPC representative completes the oversight visits at the required frequency documented on the F-01566 signed by the prescribing physician.

Data Collection, Reporting, and Monitoring

Step 6	DHS	The Department of Health Services (DHS) uses the IRIS SDPC record review process to ensure the following: • Completion of the IRIS Participant Education: IRIS Self-Directed Personal Care (F-01205J) document • Completion of the oversight visits • Documentation of the oversight visits • Completion of the IRIS Self-Directed Personal Care (SDPC) – My Cares (F-01566) document.