Technical Assistance Guide
For Adults Seeking Integrated Employment

(Revised: 12/28/2010)

In Support of Interagency Agreement

INTEGRATED EMPLOYMENT

INTEGRATED EMPLOYMENT
Interagency Agreement
Agency Infrastructures Related to Adult Services

**Wisconsin Department of Workforce Development (DWD)**
Division of Vocational Rehabilitation (DVR)

**Wisconsin Department of Health Services (DHS)**
Division of Long Term Care (DLTC)
Bureau of Aging and Disability Resources (BADR)
Office of Family Care Expansion (OFCE)
Bureau of Long Term Support (BLTS)

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The Flowchart illustrates the process where a Job Seeker (and Parent/Guardian when appropriate) interacts with various agencies:

- Department of Workforce Development (DWD)
  - Division of Vocational Rehabilitation (DVR)

An electronic version of this document can be found on DVR’s and DHS’s web page at: [dwd.wisconsin.gov/dvr/service_providers/default.htm](dwd.wisconsin.gov/dvr/service_providers/default.htm)
INTEGRATED
EMPLOYMENT
• Without long term support
• With long term support

Division of Vocational Rehabilitation (DVR)
Individualized Plan for Employment (IPE)
• Provide information on DVR program
• If eligible identify work goal on IPE
• Provide services to assist in achieving IPE goal

IRIS (Include, Respect, I Self-Direct)
Support and Service Plan (SSP)
• Develop SSP with individual person centered outcomes and within the individual’s budget
• Monitor SSP and coordinate with other plans
• Review and monitor SSP as needed

Family Care/Family Care Partnership:
Member Centered Plan (MCP)
• Strength-Based Assessment
• Develop MCP with individual person centered outcomes and interventions
• Use Resource Allocation Decision (RAD) process to demonstrate how outcomes can be supported
• Monitor MCP/coordinate with other plans
• Review MCP at least every six months
How to Use This Guide

This Adult Technical Assistance Guide (Adult TAG) is intended to improve communication, coordination, and services for adults with disabilities seeking integrated employment who participate in either the Family Care, Family Care Partnership, PACE or IRIS long term care programs and who are jointly eligible for Division of Vocational Rehabilitation (DVR) services. It is designed to be useful for all persons and agencies involved in the process of vocational placement and providing long term support for integrated employment.
# Table of Contents

A. **Abbreviation** ........................................................................................................................................ v

B. **Preface** ........................................................................................................................................ vi

C. **Introduction** ..................................................................................................................................... 1

D. **Overview of Benefits by Stakeholders** .......................................................................................... 3

E. **Integrated Employment Process Model** ...................................................................................... 4

   **Integrated Employment Process Model Roles and Responsibilities** .............................................. 5
   1. Job Seeker .......................................................................................................................................... 6
   2. Parent/Guardian ................................................................................................................................. 8
   3. Division of Vocational Rehabilitation Counselor ............................................................................. 10
   4. Aging and Disability Resource Center ........................................................................................... 12
   5. Managed Care Organization Interdisciplinary Team Staff ............................................................. 14
   6. IRIS (Include, Respect, I Self-Direct) Consultant or IRIS Program Staff ........................................ 16

F. **Commonly Asked Questions** ........................................................................................................ 18

G. **Appendices** ..................................................................................................................................... 34

   1. DVR Resources ................................................................................................................................. 34
      a. Eligibility/Order of Selection ........................................................................................................... 34
      b. Services under DVR .......................................................................................................................... 37
   2. DHS Resources ................................................................................................................................. 38
      a. Locally Accessed Programs ............................................................................................................. 38
      b. State or Regionally Accessed Programs .......................................................................................... 40
   3. Process Charts .................................................................................................................................. 42
      a. DVR ................................................................................................................................................. 42
      b. Family Care ...................................................................................................................................... 43
      c. IRIS .................................................................................................................................................. 44
   4. Appeal Rights .................................................................................................................................... 45
      a. DVR ................................................................................................................................................. 45
      b. ADRC/MCO/IRIS............................................................................................................................... 46
   5. Resources .......................................................................................................................................... 54
# Abbreviations

The following is a list of abbreviations used throughout the Adult Technical Assistance Guide (Adult TAG). An abbreviation will be delineated the first time it is used with the abbreviation following in parenthesis, thereafter only the abbreviation will be used.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
</tr>
<tr>
<td>ADRC</td>
<td>Aging and Disability Resource Center</td>
</tr>
<tr>
<td>BADR</td>
<td>Bureau of Aging and Disability Resources</td>
</tr>
<tr>
<td>BLTS</td>
<td>Bureau of Long Term Support</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Health Services</td>
</tr>
<tr>
<td>DLTC</td>
<td>Division of Long Term Care</td>
</tr>
<tr>
<td>DPN</td>
<td>Disability Program Navigators</td>
</tr>
<tr>
<td>DVR</td>
<td>Division of Vocational Rehabilitation</td>
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<tr>
<td>DWD</td>
<td>Department of Workforce Development</td>
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<tr>
<td>ERI</td>
<td>Employment Resources, Inc.</td>
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<tr>
<td>IDT</td>
<td>Interdisciplinary Team</td>
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<tr>
<td>ILC</td>
<td>Independent Living Center</td>
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<tr>
<td>IPE</td>
<td>Individualized Plan for Employment</td>
</tr>
<tr>
<td>IRIS</td>
<td>Include, Respect, I Self-Direct</td>
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<tr>
<td>SSP</td>
<td>IRIS Support and Service Plan</td>
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<tr>
<td>MCO</td>
<td>Managed Care Organizations</td>
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<tr>
<td>MCP</td>
<td>Member Centered Plan</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum Of Understanding</td>
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<tr>
<td>OFCE</td>
<td>Office of Family Care Expansion</td>
</tr>
<tr>
<td>PACE</td>
<td>A Program of All-inclusive Care for the Elderly</td>
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<tr>
<td>RAD</td>
<td>Resource Allocation Decision</td>
</tr>
<tr>
<td>SSA</td>
<td>Social Security Administration</td>
</tr>
<tr>
<td>SSI</td>
<td>Supplemental Security Income</td>
</tr>
<tr>
<td>SSDI</td>
<td>Social Security Disability Income</td>
</tr>
<tr>
<td>TAG</td>
<td>Technical Assistance Guide</td>
</tr>
<tr>
<td>VR</td>
<td>Vocational Rehabilitation</td>
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<tr>
<td>WDA</td>
<td>Workforce Development Areas</td>
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<tr>
<td>WDBN</td>
<td>Wisconsin Disability Benefits Network</td>
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<tr>
<td>WPTI</td>
<td>Wisconsin Pathways to Independence</td>
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<tr>
<td>WIBC</td>
<td>Work Incentive Benefits Counseling</td>
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Preface

This Adult Technical Assistance Guide (Adult TAG) was developed by a workgroup comprised of members from:

✔ The Department of Workforce Development- Division of Vocational Rehabilitation:
   Assists individuals with disabilities to gain, retain, or advance in employment.

✔ The Department of Health Services - Division of Long Term Care:
   Protects and promotes the health, safety and other long term support needs of the people of Wisconsin, while encouraging an open and respectful service system, with choices for all people with disabilities, to enhance the recipient’s quality of life.

Thank you to all the people on the Adult TAG Committee for working on this document:
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Introduction

This Adult Technical Assistance Guide (Adult TAG) was developed to support the 2010 Interagency Agreement between the Department of Workforce Development (DWD), the Department of Health Services (DHS), and the 2010 fiscal agreement, Memorandum of Understanding (MOU), between the Division of Vocational Rehabilitation (DVR) and DHS. This guide suggests best practices and resources to assist key stakeholders: parents/guardians, IRIS (Include, Respect, I Self-Direct) participants, IRIS consultants and other program staff, DVR consumers, DVR counselors, Managed Care Organization (MCO) members, MCO Interdisciplinary Team staff, and Aging and Disability Resource Centers (ADRC) involved in the integrated employment process. This tool can be used as a framework to improve communication, coordination, and services for adults with disabilities seeking integrated employment.

The Interagency Agreement and the MOU can be viewed at:
- dwd.wisconsin.gov/dvr/pdf_files/dpi_interagency_agreement.pdf
- dwd.wisconsin.gov/dvr/pdf_files/dhs_mco_mou.pdf

This Adult Technical Assistance Guide is intended to provide information to adults with disabilities seeking integrated employment. It should be noted that there is some overlap in that some adults over age 18 may continue to be served in schools by law until age 21. The Transition Action Guide developed to assist in the transition of youth should be utilized in conjunction with this guide in providing a smooth transition to adult services and in directing services for this group of adult job seekers.

Department of Health Services (DHS):

DHS has been administering long term services and supports through a county-based system for several decades, and is currently replacing this service delivery system with a long term care reform initiative that includes the programs of Family Care, Family Care Partnership, PACE and IRIS. This conversion is expected to be completed throughout the state of WI. This reform includes private and public partnership efforts and serves people, with disabilities, 18 and above and uses local ADRCs as the point of entry for these services and supports. The target groups served by the Family Care, Family Care Partnership, PACE and IRIS programs are adults with physical disabilities, adults with development disabilities and frail elders.

Until statewide reform is complete, some areas of the state remain under the county system of service, while most areas are already operating under the Family Care, Family Care Partnership, PACE and IRIS long term care reform initiative. While DHS acknowledges that roles and procedures are changing on the local level, the commitment to a coordinated development of integrated employment opportunities for adults remains a high priority. Integrated employment, based on the choices of each individual, is a core value in both service models. It will be important for those involved in the process to become familiar with the long term care resources and systems that exist in their area.
Division of Vocational Rehabilitation (DVR):  
DVR has been administering vocational rehabilitation services since 1920. In 1986, supported employment was added as an employment outcome. In 1997, integrated community employment with supports became the standard definition of Supported Employment success.

We hope that everyone involved in the integrated employment process finds this guide to be a useful tool in their efforts to assist adults with disabilities seeking integrated employment!
### Overview of Benefits by Stakeholder

This is an overview of how adults with disabilities and each stakeholder can benefit from improved and more consistent collaboration. It shows how we can work with an adult as he or she seeks integrated employment. Each of us needs to take specific steps to make this an efficient, effective and seamless process.

#### A few examples of how the new collaboration can help you:

<table>
<thead>
<tr>
<th><strong>For the Job Seeker:</strong></th>
<th><strong>For a Parent/Guardian:</strong></th>
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</thead>
<tbody>
<tr>
<td>• Improved career planning, improved wages</td>
<td>• Timely help, answers and guidance from a local team of stakeholders communicating and collaborating regularly</td>
</tr>
<tr>
<td>• Timely benefits/options counseling with fewer or no waiting lists</td>
<td>• Seamless service with fewer frustrations</td>
</tr>
<tr>
<td>• Opportunities for community activity</td>
<td>• Increased understanding of roles, duties of stakeholders</td>
</tr>
<tr>
<td>• Greater self-determination, empowerment</td>
<td>• More hope for job seeker’s future as an employee</td>
</tr>
<tr>
<td>• Increased successful employment outcomes</td>
<td>• Less worry about job seeker’s future</td>
</tr>
<tr>
<td>• More employer and business partnerships</td>
<td>• Equal access and benefits; better adult life</td>
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<table>
<thead>
<tr>
<th><strong>For a Division of Vocational Rehabilitation Counselor:</strong></th>
<th><strong>For an Aging and Disability Resource Centers:</strong></th>
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<tbody>
<tr>
<td>• Timely and appropriate referral of job seeker</td>
<td>• Increased understanding of roles, duties of stakeholders</td>
</tr>
<tr>
<td>• Maximizing resources, reducing duplication</td>
<td>• Improved communication among stakeholders</td>
</tr>
<tr>
<td>• Improved planning, coordination of services for job seeker</td>
<td>• Improved planning, coordination of services for job seeker</td>
</tr>
<tr>
<td>• Earlier involvement to help stakeholders make better choices</td>
<td>• Better communication to improve teamwork</td>
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<tr>
<th><strong>For a Managed Care Organizations Interdisciplinary Team Staff:</strong></th>
<th><strong>For an IRIS Consultant and other IRIS Program Staff:</strong></th>
</tr>
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<tbody>
<tr>
<td>• Timely and appropriate referral of adult job seeker (18+)</td>
<td>• Increased understanding of roles, duties of stakeholders</td>
</tr>
<tr>
<td>• Better communication to improve teamwork and planning for employment outcomes</td>
<td>• Timely and appropriate information to assist with referral of adult services as needed</td>
</tr>
<tr>
<td>• Maximizing resources, reducing duplication</td>
<td>• Improved communication, teamwork and planning for employment outcomes</td>
</tr>
<tr>
<td>• Identification of stakeholders to resolve problems</td>
<td>• Assisting participants to maximize resources and reduce duplication</td>
</tr>
<tr>
<td>• Earlier involvement to help stakeholders make better employment choices</td>
<td>• Identification of stakeholders/resources to assist job seeker with resolving problems</td>
</tr>
<tr>
<td></td>
<td>• Earlier involvement to help stakeholders make better employment choices</td>
</tr>
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Integrated Employment Process Model

The Departments of Workforce Development and Health Services have jointly developed the following integrated employment process model. This process model identifies six areas of collaboration that can help adult job seekers, parents/guardians, DVR, ADRCs, MCOs and IRIS in the integrated employment process.

Process charts for DVR, Family Care, and IRIS can be found in Appendix 3.
Integrated Employment Process Model Roles and Responsibilities

The following sections describe the roles and responsibilities of each stakeholder in the integrated employment process.

**Color coded roles and expectations:**
You can find what you are expected to do, and what others may expect of you, by locating your role below and noting the color of that line. The same color will be used for specific items relating to your role and activities in the following pages.

- **Job Seeker**
- **Parent/Guardian**
- **Division of Vocational Rehabilitation (DVR) Counselor**
- **Aging and Disability Resource Center (ADRC)**
- **Managed Care Organization (MCO) Interdisciplinary Team staff**
- **IRIS Consultant and other IRIS Program Staff**
As a Job Seeker I can expect:

My Parent/Guardian to:
· Help me explore what I want to do for employment.
· Help me complete activities that will help me meet my employment goal.
· Provide consent for agencies/people to help me learn about their services and work towards my employment goal.
· Help me apply for services and explore these options.
· Help me make sure my employment activities are coordinated.

Division of Vocational Rehabilitation (DVR) Counselor to:
· Provide me with information about their program, attend joint meetings as invited and necessary, and help me choose my employment goal and activities for achieving my goal.
· Send me an application when requested and determine my eligibility for DVR services.
· If I am eligible and off the waitlist, help me develop an Individualized Plan for Employment (IPE), coordinate this plan and services with my case manager, and any other agency’s plans.
· Provide agreed to services to help achieve my employment goal and ensure progress is being made.
· Review/update my IPE, as needed, with me and all stakeholders.
· Consult with me, prior to case closure, when I have met progress measures and achieved my employment goals with supports in place.
· Coordinate my transition from DVR to long term support.
· Inform me of my appeal rights if I disagree with a decision of the DVR counselor.

Aging and Disability Resource Center (ADRC) to:
· Help me understand my eligibility and appeal rights for long term services and supports.
· Provide information to me and my parent/guardian about my employment options.
· Help me learn about my options for the support of employment and living.
· Assist in applying for other benefits that may be available to me.

Managed Care Organization (MCO) Interdisciplinary Team Staff to:
· Once found eligible for long term support (LTS), get to know me and develop a Strength-Based assessment about me.
· Develop employment and personal outcomes with me.
· Use Resource Allocation Decision (RAD) process to determine how to support my employment outcome.
· Attend joint meetings, as invited and necessary.
· Participate in planning discussions to help me make good and appropriate decisions about courses of action.
· Coordinate my transition from DVR to long term support.
· Inform me of my appeal rights if I disagree with a decision of the MCO IDT staff.

IRIS Consultant and other IRIS Program Staff to:
· Once found eligible for LTS, provide an IRIS Consultant to assist me.
· Provide information on choices and responsibilities I have as an IRIS participant.
· Provide me with information and options on resources that can assist me.
· Develop my integrated employment goals and outcomes with me.
· Attend joint planning meetings as invited and coordinated with DVR and others as needed.
· Help me design my support and service plan within my allocated budget and put it into action if needed.
· Inform me of my appeal and grievance rights.
· Coordinate my transition from DVR to IRIS long term support funded services.
As a Job Seeker I am expected to:

Participate in my planning meetings:
- Help run my meetings.
- Ask questions.
- Share my thoughts and be part of the discussions occurring.
- Talk about my interests and what I would like to do.
- Develop my integrated employment and living goals.
- Determine what I can do now and in the future to achieve those goals.

Work towards my goals:
- Complete activities that we agree will help me achieve my goals.
- Apply for programs, services and/or supports that will help me achieve my goals.
- Work with these programs to help me achieve my goals.
- Include my social network contacts that can help me achieve my goals.
- Ask questions to make sure I understand my options and what I need to do.
- Make progress towards my goals.
- Communicate significant changes that may affect my goals and services to my team.
As a Parent/Guardian I can expect:

The Job Seeker to:
- Complete activities that will help him/her identify their employment and living goals.
- Complete activities to work towards achieving their goal, ask questions and be part of the discussions occurring.
- Work with agencies as appropriate (DVR, ADRC’s, MCO’s, IRIS) including applying for services, developing plans, completing agreed to services, being actively engaged in the process and make progress towards achieving his/her goal.
- Invite people to his/her planning meetings, help run his/her planning meetings, and help decide their outcomes.

Division of Vocational Rehabilitation (DVR) Counselor to:
- Provide information about their program, attend joint meetings as invited and necessary, and help the job seeker determine his/her employment goal and activities for achieving employment goal.
- Send an application when requested and determine job seeker’s eligibility for DVR services.
- If eligible and off the waitlist, help develop an IPE, coordinate this plan with the job seeker’s Member Centered Plan (MCP) or Support and Service Plan (SSP), and any other agency’s plans.
- Provide agreed to services to help achieve the job seeker’s employment goal, ensure progress is being made.
- Review/update the job seeker’s IPE, as needed, with all stakeholders.
- Consult with me, prior to case closure, when the job seeker has met progress measures and achieved his/her employment goals with supports in place.
- Coordinate the transition from DVR to long term support.
- Inform me of my appeal rights if I disagree with a decision of the DVR counselor.

Aging and Disability Resource Center (ADRC) to:
- Determine eligibility for long term services and supports.
- Provide information to me and the job seeker about employment options.
- Help us learn about options for the support of employment and living.
- Assist the job seeker in applying for other benefits that may be available to him/her.
- Inform us of the job seeker’s appeal rights if I disagree with a decision of the ADRC.

Managed Care Organization (MCO) Interdisciplinary Team Staff to:
- Assist us in understanding and gaining knowledge about options for services and supports.
- Help us develop his/her employment and living outcomes.
- Attend joint meetings as invited and necessary.
- Participate in planning discussions to help us make good and appropriate decisions about courses of action.
- Coordinate the transition from DVR to long term support.
- Inform us of any appeal rights if I disagree with a decision of the MCO IDT staff.

IRIS Consultant and other IRIS Program Staff to:
- Assist us to understand the job seeker’s options for services and supports.
- Help the job seeker develop his/her integrated employment outcomes.
- Attend planning meetings as invited and participate in discussions to help me make good decisions.
- Coordinate job seeker’s transition from DVR to IRIS funded long term support.
- Provide information on choices and responsibilities I have as guardian of an IRIS participant.
- Inform me of the job seeker’s appeal rights if I disagree with a decision of the IRIS Program.
As a Parent/Guardian I am expected to:

Help prepare for planning meetings:
- Help the job seeker explore their interests related to living and integrated employment goals.
- Give permission, when appropriate, for agencies/people, which may help the job seeker achieve his/her goals, to work with the job seeker.
- Assist the job seeker to become familiar with these agencies/people and help invite them to the planning meetings.

Participate as appropriate in the planning meetings:
- Ask questions.
- Share my thoughts and be part of the discussions occurring.
- Help the job seeker develop his/her integrated employment and living goals.
- Help determine what can be done now and in the future to help the job seeker achieve those goals.

Help the job seeker determine participation in achieving his/her goals:
- Help the job seeker complete activities that will help him/her achieve their goals.
- Help the job seeker understand their choices and apply for programs such as DVR, Family Care, Family Care Partnership, PACE and IRIS that will help him/her achieve their goals.
- Provide information as needed to help determine the job seeker’s eligibility for programs.
- Be an active member of the job seeker’s teams when requested and appropriate.
- Ask questions.
- Support the job seeker to make progress towards his/her goals and assure plans are reviewed as necessary.
- Communicate significant changes that may affect progress toward achieving goals.
- Include my social network contacts that can help the job seeker achieve their integrated employment goals.
As a Division of Vocational Rehabilitation (DVR) Counselor I can expect:

**Job Seeker to:**
- Work with DVR including applying for services, developing their IPE, and achieving agreed to progress measures.
- Complete activities that will help him/her identify their employment goal.
- Complete activities to work towards achieving their goal, ask questions and be part to the discussions occurring.
- Be actively engaged in the process and make progress towards achieving his/her goal.

**Parent/Guardian to:**
- Help the job seeker explore and develop their employment goal.
- Assist by signing consent forms to allow DVR to be active participants in the job seeker’s planning.
- Assist the job seeker as needed/appropriate to apply for services.
- Help the job seeker invite other team members to planning meetings.
- Be an active participant in the employment process and help the job seeker with activities and services to help him/her achieve their employment goal.

**Aging and Disability Resource Center (ADRC) to:**
- Refer job seeker to DVR when requested.
- Determine eligibility for long term support services.
- Provide enrollment counseling for MCO or IRIS, after functional and financial eligibility is determined.
- Exchange information with DVR, with a signed release.

**Managed Care Organization (MCO) Interdisciplinary Team Staff to:**
- Obtain release of information from job seeker to communicate with DVR representative.
- Assist the job seeker to apply for DVR services when appropriate.
- Participate as needed and invited in initial planning meetings.
- Coordinate MCP with IPE.
- Coordinate job seeker’s transition from DVR to long term support.
- Provide accurate information about DVR and their services.

**IRIS Consultant and other IRIS Program Staff to:**
- Provide accurate information about DVR and their services.
- Assist job seeker in applying for DVR services if needed.
- Obtain release of information from job seeker to communicate with DVR representative.
- Participate as requested by the job seeker in planning meetings.
- Assist job seeker in coordinating IRIS Support and Service Plan (SSP) with IPE as needed.
- Coordinate transition from DVR to long term support as needed.
As a Division Of Vocational Rehabilitation (DVR) Counselor I am expected to:

**Provide information and referrals:**
- Provide outreach to the job seeker.
- Provide employment and planning consultation.
- Attend meetings when invited.
- If not able to attend meeting, provide information on DVR services and eligibility criteria to the job seeker, their parent/guardian, and other stakeholders.

**Participate in the job seeker’s meetings:**
- Provide information on DVR services and eligibility criteria to the job seeker, their parent/guardian, and other stakeholders.
- Be part of the discussion.
- Provide an application for services and determine eligibility for services.
- Help the job seeker develop his/her employment goal.
- For a job seeker found eligible, develop the IPE and coordinate with the MCO MCP or IRIS SSP.
- Help determine what the job seeker can do now and in the future to help him/her achieve their employment goal.

**Help the job seeker achieve his/her goals:**
- Coordinate services with MCO, IRIS Program Staff and other stakeholders, as appropriate, for a job seeker found eligible for DVR services.
- Provide services agreed to and listed in the IPE.
- Provide consultation services as needed and appropriate.
- Help ensure the job seeker is making progress towards his/her employment goal.
- Communicate with care managers/IRIS program staff when release is obtained.
An Aging and Disability Resource Center (ADRC) can expect:

**Job Seeker to:**
- To participate in long term care functional screening, if desired.
- Attend meetings to allow ADRC representative to gather information.
- Provide releases of information needed to assist in eligibility determination.

**Parent/Guardian to:**
- Utilize resources and services of the ADRC.
- Be an active participant in determining eligibility and selecting options for achieving the job seeker’s desired employment and living goals.

**Division of Vocational Rehabilitation (DVR) Counselor to:**
- Assist the job seeker in determining when a referral to the ADRC is appropriate.
- Provide information about DVR services and options.
- Determine DVR eligibility and status on the waitlist.
- Exchange information with ADRC, with a signed release.

**Managed Care Organization (MCO) Interdisciplinary Team Staff to:**
- Provide IDT staff to assist each job seeker referred to the FC.
- Attend joint planning meetings as invited and coordinated with DVR and others as needed.
- Refer job seekers back to the ADRC for options counseling for explanation of IRIS or MCO alternatives.

**IRIS Consultant and other IRIS Program Staff to:**
- Provide an IRIS Consultant to assist each job seeker referred to the IRIS program.
- Provide information on IRIS participant choices, and responsibilities.
- Provide IRIS participant with information and options on resources that can assist them.
- Develop my integrated employment goals with each interested job seeker.
- Attend joint planning meetings as invited and coordinated with DVR and others as needed.
- Help each job seeker design his/her support and service plan within the allocated budget and put it into action if needed.
- Inform each IRIS participant of his/her appeal and grievance rights.
- Coordinate any transition from DVR to IRIS long term support funded services.
- Maintain each job seeker’s IRIS and Medicaid ongoing functional and financial eligibility.
- Refer the job seeker to ADRC for options counseling when he/she wishes to leave the IRIS program.
An Aging and Disability Resource Center (ADRC) is expected to:

Provide information:

- Provide information on program and eligibility criteria to job seeker, their parents, and other stakeholders.
- Participate in the discussions.
- Assist job seeker in obtaining information on services and community resources.
As Managed Care Organization (MCO) Interdisciplinary Team Staff we can expect:

**Job Seeker to:**
- Complete activities/services to help him/her identify and achieve their outcomes.
- Discuss with me who he/she wants to attend planning meetings.
- Participate in his/her Strength-Based Assessment.
- Identify his/her interests.
- Provide information about his/her employment interests.
- Provide consent to exchange information to other service providers or agencies.
- Ask questions.

**Parent/Guardian to:**
- Help the job seeker explore and develop employment and living outcomes.
- Sign (obtain) consents as needed to allow key stakeholders to be active participants in the job seeker’s services.
- Be an active participant in the employment process and help the job seeker with activities and services to help him/her achieve their employment goal.

**Division of Vocational Rehabilitation (DVR) Counselor to:**
- Assist the job seeker in processing applications for DVR services.
- Provide information about DVR services and options.
- Determine DVR eligibility and status on the waitlist.
- Coordinate IPE with the MCP or SSP.
- Evaluate the job seeker’s progress towards achieving his/her employment goal and review his/her IPE.
- Exchange information with IDT staff/IRIS staff, with a signed release.
- Attend meetings when available and invited.
- Coordinate the transition from DVR to long term support.

**Aging and Disability Resource Center (ADRC) to:**
- Determine eligibility for Family Care, Family Care Partnership, PACE or IRIS.
- Provide options counseling related to long term support programs.
- Provide information to job seeker about other services and options that may be available.

**IRIS Consultant and other IRIS Program Staff to:**
- While IRIS and MCO are two separate independent long term care support programs, if the member decides to switch from one to the other, there will be a transfer (with signed release) of pertinent employment related documents, contracts, and updates.
- Cooperate with any requested information exchanges between IRIS and MCO.
As Managed Care Organization (MCO) Interdisciplinary Team Staff we are expected to:

Participate in the meetings:

- Convene IDT meetings with member at least every 3 months.
- Continually develop and monitor outcomes at least every 6 months.
- Perform RAD.
- Help determine what the job seeker can do to help him/her achieve their outcomes by completing a Strength-Based assessment.
- Work with other stakeholders to align services.
- Ensure employment outcomes and services are coordinated between all entities.

Help the job seeker achieve his/her goals:

- Coordinate funding and available services in the benefit package.
- Participate in service planning and coordinate with other stakeholders.
- Assure delivery of services and monitor member progress.
- Encourage active involvement of job seeker’s services and outcomes.
- Review assessment and reassess, as needed, at least every 6 months.
- Measure outcomes for effectiveness and cost effectiveness, every 6 months.
**As an IRIS Consultant or as IRIS Program Staff we can expect:**

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<th><strong>Job Seeker to:</strong></th>
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<td>· Identify and achieve his/her integrated employment outcomes.</td>
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<td>· Inform me about who he/she wants to attend planning meetings.</td>
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<td>· Participate in developing his/her Support and Services Plan.</td>
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<td>· Identify his/her integrated employment interests.</td>
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<td>· Be an active participant in the employment process and help the job seeker with activities and services to help him/her achieve their employment goal</td>
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<td>· Determine DVR eligibility and the Order of Selection waitlist category.</td>
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<td>· Assist in providing time estimate for waitlist if job seeker is placed in closed category.</td>
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<td>· Coordinate IPE with SSP.</td>
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<td>· Cooperate with any requested information exchanges between MCO and IRIS.</td>
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As an IRIS Consultant or as IRIS Program Staff we are expected to:

Participate in the job seeker’s meetings:
- ✔ Meet with the job seeker and others consistent with established program intervals..
- ✔ Assist job seeker to develop integrated employment outcomes and review these outcomes at least every 6 months.
- ✔ Provide information on resources and options to help pursue integrated employment outcomes and goals.
- ✔ Work with other stakeholders as needed to align goods and services.
- ✔ Ensure integrated employment outcomes are coordinated including referral to DVR as needed.
- ✔ Coordinate transition from DVR funded to IRIS long term support funded services.

Help the job seeker achieve his/her goals:
- ✔ Assist in service and provider selection and provide funding within the job seeker’s monthly budget.
- ✔ Help the job seeker create a SSP that will assist him/her to achieve long term care related outcomes in a cost effective manner.
- ✔ Activate the SSP as needed to pursue goals and update the plan as needed.
- ✔ Participate in plan oversight and coordinate any additional needed resources.
Commonly Asked Questions

This section includes commonly asked questions related to the coordination of Long Term Support services for job seekers with disabilities. They are grouped under the following categories:

A. Role of Organizations
B. Waitlists and Eligibility
C. Long Term Support Services
D. Employment
E. Work Incentives
F. Referral, Consultation and Coordination
G. Miscellaneous

A. Role of Organizations

1. a) What is the role of DVR?

The role of DVR is to assist individuals with disabilities in making decisions about their employment goals. Services can be provided to help individuals reach their goals for employment.

You can find more information about the role of DVR at: [dwd.wisconsin.gov/dvr/](http://dwd.wisconsin.gov/dvr/)

b) What is the role of the DVR Counselor?

The role of the DVR counselor is that of vocational planning and support. Responsibilities of the DVR counselor in the employment goal planning process may include any or all of the following:

- **Outreach:**
  Sharing of information on the DVR program, its policies, and process to adults, parents/guardians, or any other interested community member. DVR will provide outreach to adults which will minimally include:
    - Purpose of the Vocational Rehabilitation Program
    - Eligibility requirements
    - Application procedures
    - Scope of services available to eligible adults

- **Employment Planning Consultation:**
  Providing ongoing service to MCOs, to IRIS participants/program staff or to individuals who have not yet applied for vocational rehabilitation services with assistance, strategies and creative ideas for identifying the individual’s employment goal, needs for services, and concerns to be addressed in achieving those goals. Topics may include information on disabilities, assessments, assistive technology, accommodations, community resources, labor market and employment.
DVR does not bear any financial or ongoing counseling responsibilities under this definition unless the individual has an active IPE with DVR.

• **Information/Referral:**
  To community programs and services that may assist an individual in reaching their employment and independent living goals.

• **Rehabilitation Counseling and Planning:**
  Occurs when the individual is eligible for DVR and is not on the waitlist. Rehabilitation counseling will include assistance in the development of employment goals that are appropriate given a consumer’s needs, priorities, strengths, preferences, abilities, capabilities, and interests and will be present throughout the entire vocational rehabilitation (VR) process.

• **Service Provision:**
  Services provided by DVR are individualized, and will be according to an approved IPE. All services provided by DVR will be directly related to the establishing and achieving a job goal.

c) **How do I locate my local DVR office?**

A list of DVR offices can be found at: [dwd.wisconsin.gov/dvr/locations/default.htm](dwd.wisconsin.gov/dvr/locations/default.htm)

d) **What are DVR Technical Specifications?**

DVR provides some services with defined definitions of how services will be provided and what is included in a specific service. Since an adult may participate in some of these services during the course of their case with DVR they may want to have information about these services.

For more information about the DVR Technical Specifications go to: [dwd.wisconsin.gov/dvr/service_providers/default.htm](dwd.wisconsin.gov/dvr/service_providers/default.htm)

e) **Can DVR pay for expenses related to vocational evaluations?**

Yes, DVR can pay for expenses related to participation in a vocational evaluation including the evaluation costs. A service can be provided if it is determined necessary by both the individual and counselor and will assist the individual in achieving a suitable employment goal.

f) **What is the process for changing or updating an IPE with DVR?**

The IPE must be reviewed at least annually for progress and needed changes. The DVR counselor, consumer, and parent/guardian, along with other stakeholders, as appropriate, can together review the plan and determine if a change is needed. If a change is needed the
updated plan needs to be agreed to and signed by the counselor, consumer, and/or their legal guardian. Changes can be made as often as necessary and appropriate.

g) Can I choose my DVR counselor?

A DVR counselor is assigned to each individual, but you can request a change if need be.

h) If I worked with DVR before, can I be eligible for services again?

Yes

i) Is there any reason I cannot apply/reapply for DVR services?

No

j) What percent of DVR case loads is Family Care, Family Care Partnership, PACE or IRIS eligible?

The percentage varies annually but is typically between 10%-15% of DVR’s total caseload.

k) What is the Client Assistance Program?

The Client Assistance Program (CAP) is a federally mandated assistance agency housed in the state Department if Agriculture, Trade and Consumer Protection. CAP provides neutral assistance to DVR consumers seeking due process when there is a dispute in service provision.

2. a) What is the role of ADRC?

ADRC provides information on the array of services available in their region which may be a single or multiple county area(s). The ADRC can assist in applying for benefits, as well as determine functional and financial eligibility for long term support services under the Managed Care/IRIS programs. ADRC staff also provides options counseling to help eligible individuals choose between Family Care, Family Care Partnership, PACE or IRIS for long term support services.

You can find more information about the role of ADRCs at:

www.dhs.wisconsin.gov/adrc/index.htm

b) How do I locate my local ADRC office?

A list of ADRC contacts can be found at: www.dhs.wisconsin.gov/adrc/consumer/index-shadow1.htm
c) What is a functional screen and how is it used?

Wisconsin’s Functional Screen system is a web-based application used to collect information about an individual’s functional status, health and need for assistance for various programs that serve the frail elderly, people with developmental or physical disabilities. The screen is used to determine functional eligibility for certain mental health services, adult long-term care programs and children's long-term support programs. Experienced professionals, usually social workers or registered nurses, who have taken an on-line training course and passed a certification exam are able to access and administer the screen. Staff at ADRCs perform the initial functional screen to determine LTS eligibility.

d) Who can provide input to the functional screen?

ADRC must have a face to face interaction with the applicant but may get input from anyone.

e) What can I do if I disagree with the results of a functional screen?

If you disagree with the results of a functional screen, be prepared to provide additional information/documentation which may assist the screener in redetermining functional or financial eligibility. There are several options available to people who disagree with their functional screen. 1) Return to ADRC and request a review of your functional screen and provide additional information/documentation. 2) File a formal complaint with ADRC. 3) File a formal appeal. See Appendix 4 for the Formal Appeal process.

3. a) What is Family Care/Family Care Partnership/PACE?

Family Care/Family Care Partnership/PACE was designed to provide cost-effective, comprehensive and flexible long term care that will foster consumers’ independence and quality of life, while recognizing the need for interdependence and support. Family Care/Family Care Partnership/PACE, authorized by the Governor and Legislature in 1998, serves people with physical disabilities, people with developmental disabilities and frail elders, with the specific goals of:

• Giving people better choices about where they live and work and what kinds of services and supports they get to meet their needs.
• Improving access to services.
• Improving quality through a focus on health and social outcomes.
• Creating a cost-effective system for the future.

You can find more information about Family Care at:
www.dhs.wisconsin.gov/familycare/index.htm

b) What are the two levels of care in Family Care/Family Care Partnership?
• **Nursing Home level of care:** This is very similar to waiver eligibility. Vocational services are waiver services (as opposed to Medicaid state plan services) so people need to be at Nursing Home level of care for federal funding for vocational waiver services.

• **Non-Nursing Home level of care:** Functional needs are below that needed for waiver eligibility. They are Medicaid eligible and therefore eligible for the Medicaid state plan services which includes care management. MCOs can provide services beyond the state plan services, but are not required to do so. It is rare for an MCO to provide vocational services to someone who does not meet waiver eligibility.

There are relatively few people with non-Nursing Home level of care in FC, and individuals without a Nursing Home level of care do not meet the IRIS Program eligibility requirements.

c) **Why are there different criteria for eligibility for Family Care and DVR?**

Family Care (MCO and IRIS) and DVR have different federal rules that guide who is eligible for each program. DVR is governed by the Rehabilitation Services Administration in the Federal Department of Education and the Family Care and IRIS programs are governed by rules and regulations established by the Center for Medicare and Medicaid Services.


d) **What is the RAD method?**

The RAD method is used in Family Care/Family Care Partnership/PACE to determine the most effective services and supports to help members achieve their own personal outcomes. The RAD is a series of questions designed to help the IDT staff, including the member, identify the specific goals/outcomes members have for their lives. This question and answer process is designed to determine the most effective services and supports for each individual member.

The RAD Method

1. What is the need, goal, or problem?
2. Does it relate to the member’s assessment, service plan and desired outcome?
3. How could the need or goal be met?
4. Are there policy guidelines to guide the choice of option?
5. Which option does the member (and/or family) prefer?
6. Which option is the most effective and cost-effective in meeting the desired outcome?
7. Explain, Dialogue, Negotiate

e) **When is the RAD used in Family Care/Family Care Partnership/PACE?**
After the member’s outcomes have been identified, the IDT will use the RAD method to identify and discuss the most effective way to help the member achieve their outcomes at a reasonable cost. The RAD will be used to create the MCP and for ongoing care planning or when a member makes a request for additional services or supports.

f) **Who can provide input into the RAD process?**

The IDT is comprised of the Family Care member, the care manager, the RN, a parent/guardian, and anyone else the member chooses. Any other professionals including but not limited to, an occupational or physical therapist, or mental health specialist, may be involved if appropriate.

g) **What if the Family Care member disagrees with the RAD decision(s)?**

The member may not always agree with the rest of the team about which service will be effective or cost-effective. The RAD is used to talk through the options and preferences of how to meet the member’s outcomes. Family Care/Family Care Partnership/PACE provides members with multiple pathways or options to file a grievance or appeal.

For further information, please visit: [www.dhs.wisconsin.gov/ltcare/pdf/RADMethod.pdf](http://www.dhs.wisconsin.gov/ltcare/pdf/RADMethod.pdf)

4. **a) What is the role of a MCO?**

MCOs provide and coordinate services under contract with DHS who work with individuals eligible for and enrolled in the Family Care or Family Care Partnership or PACE. MCO Interdisciplinary team staff (IDTs) develop a MCP and authorize services to meet the long term care needs that support the member’s goals of living, working, and participating in their community.

You can find more information about the role of MCOs at: [www.dhs.wisconsin.gov/familycare/mcos.htm](http://www.dhs.wisconsin.gov/familycare/mcos.htm)

**b) What is the role of a MCO Care Manager?**

The role of the care manager is multifaceted. Some of their roles include assessing and identifying members outcomes and developing the MCP. The care manager functions as a formal member of the IDT staff.

You can find more information about the role of the MCO care manager at: [www.dhs.wisconsin.gov/ltcare/ProgramOps/Index.htm](http://www.dhs.wisconsin.gov/ltcare/ProgramOps/Index.htm)

**c) What is the role of the Registered Nurse?**
The RN functions as a formal member of the IDT staff. The role of the registered nurse on the FC interdisciplinary team is to integrate the nursing process with the overall care management of the member.

You can find more information about the role of the registered nurse at: [www.dhs.wisconsin.gov/ltcare/ProgramOps/Index.htm](http://www.dhs.wisconsin.gov/ltcare/ProgramOps/Index.htm)

d) Who makes up the formal IDT?

An IDT is comprised of the Family Care member, a registered nurse, a care manager, a parent/guardian, if applicable, and anyone else the member chooses to invite.

e) How do I locate my local MCO?

A list of MCO contacts can be found at: [www.dhs.wisconsin.gov/familycare/mcocontacts.pdf](http://www.dhs.wisconsin.gov/familycare/mcocontacts.pdf)

f) What is a Member Rights Specialist? (formerly known as Member Advocate)

The Member Rights Specialist provides support for all members in understanding their rights and responsibilities related to Family Care, Partnership or PACE, including due process procedures available to them in a grievance or appeal and other opportunities that may be available to express opinions and concerns about the Resource Center, providers with which the MCO contracts and services received by the member.

The Member Rights Specialist also assists members to identify all rights to which they are entitled. If multiple grievance, review or fair hearing processes are available to the member, the Member Rights Specialist also offers advice about which process might best meet the member needs.

The MCO Member Rights Specialist has direct access to top level management of the MCO, and performs the following functions at a minimum: Assist individual members with issues and concerns that relate to the care management Individualized assessment and care planning, authorizing, arranging and coordinating service in the ISP and periodic reassessment and updates of the ISP. Care management also includes assistance in filing complaints and grievances and obtaining advocacy services or the services provided through the MCO; and, assist in assuring quality services throughout the MCO. The MCO assures that, within 90 calendar days after enrollment, members have had a face-to-face contact to make certain they are aware of the advocacy services available to them. This contact may be done by the interdisciplinary team staff.

5. a) What is IRIS (Include, Respect, I Self-Direct)?

IRIS is a single statewide Wisconsin program operated by DHS where an individual self-directs his/her publicly funded, community-based, long term care supports and services. The IRIS participant uses his/her assigned budget to create a plan that helps meet his/her...
outcomes in a cost effective manner. IRIS plans can include flexible goods and services to assist the participants to meet his/her needs at home, at work or in the community. Needed staff may be hired by the participant or through a traditional agency. The participant’s Medicare or Medicaid Card continue to pay for items or services covered by these programs.

You can find more information about the the IRIS Program at: www.dhs.wisconsin.gov/bdds/IRIS/index.htm

b) What is the role of the IRIS Consultant?

Every IRIS participant has access to an IRIS consultant located near to them who is familiar with local resources. The IRIS consultant provides the participant an orientation to the IRIS program that explains the opportunities and the responsibilities associated with the program. The IRIS consultant can helps the participant locate natural supports as well as paid providers. The IRIS Consultant assists the participant to develop his/her IRIS support and service plan within his/her individually calculated budget amount and also helps the participant maintain his/her ongoing program eligibility. IRIS Participants may change to a different consultant if they choose. The cost of an IRIS consultant is paid by DHS outside of the participant’s monthly budget.

Additional information on the role and responsibility of the IRS Consultant is available at: www.dhs.wisconsin.gov/bdds/IRIS/index.htm

c) What is the role of the IRIS Consultant Agency?

The DHS contracts with the IRIS Consultant Agency and it manages a statewide network of IRIS Consultants. This agency recruits, trains, supports and provides ongoing oversight and monitoring to the consultants and other parts of the program. The IRIS Consultant Agency also manages the 24/7 IRIS Service Center that processes participant plans and updates and includes the telephone center that answers caller questions. The Service Center also includes expert resources (residential, provider, eligibility, vocational for example) available to both participants and IRIS program staff. The IRIS consultant Agency ensures that all program requirements are met. The cost of IRIS Consultant Agency Services is paid by DHS outside of the participant’s monthly budget.

More information about the IRIS Consultant Agency role is available at: www.dhs.wisconsin.gov/iris/ica.htm

d) What is the role of the Financial Services Agency?

The Financial Services Agency serves as employer agent for all participant hired workers and takes care of employer-related paperwork requirements including background checks and employee time sheets. When IRIS participants choose agency based caregivers the Financial Services Agency pays the claims from the agency vendor. After services are provided, the Financial Services Agency pays the time sheets and other invoices according
to the approved IRIS support and service plan. Each recipient is also sent a monthly report that helps keep spending on track. The cost of an IRIS Financial Services Agency services is paid by DHS outside of the participant’s monthly budget.

More information about the role of the Financial Services Agency is available at: www.dhs.wisconsin.gov/iris/fea.htm

e) How do I locate my local IRIS office?

IRIS is a single statewide program so there are not local IRIS offices. IRIS consultants are located everywhere IRIS operates and the statewide IRIS Service Center oversees and supports both IRIS Consultants and participants. The IRIS Service Center is physically located in Madison and available 24/7 by telephone. The IRIS Service Center can connect callers to both the IRIS Consultant Agency and the Financial Services Agency and is available toll free by calling 1-866-515-4747.

B. Waitlists and Eligibility

6. Will an adult be placed on the DVR waiting list?
   Yes, when DVR does not have sufficient resources either fiscal or personnel, to serve all individuals, DVR must establish a wait list for services. DVR is required to serve individuals with most significant disabilities first. DVR has three categories: category 1 – most significantly disabled; category 2 – significantly disabled; category 3 – disabled. Category assignment is based upon a review of seven functional areas and the impact of the disability on the individuals being able to work.

7. How long is the waitlist for DVR services?
   As of January, 2011, DVR has approximately a 6 month wait list for individuals who are considered significantly disabled (category 2). This wait time can vary depending upon both fiscal and personnel resources available to serve individuals. At this time (Jan. 2011), individuals considered most significantly disabled (category 1) do not have a wait before an IPE may be developed. Individuals considered disabled (category 3), have an indefinite wait.

8. When do adults go on a waitlist for long term support services?
   ADRCs manage the waitlist for enrollment into IRIS and managed long term care programs in the county(ies) they serve.
   The link below explains the process for adding individuals to the waitlist and provides guidelines for removing individuals from the list to offer them the opportunity to enroll into a long term care program.
9. **Are all adults with disabilities eligible for long term support services?**

No, adults need to be found financially and functionally eligible in order to receive long term supports. IRIS and Family Care eligibility includes the requirement that the individual is also Wisconsin Medicaid eligible. Eligibility is determined by the Functional Screen.

10. **If the job seeker has a job, will he/she still be eligible for DVR?**

Yes, someone working part or full time may be eligible for DVR services. To be eligible for DVR services, a consumer must 1) have a physical or mental impairment that results in a substantial impediment to employment; and 2) require DVR services to prepare for, secure, retain or regain employment determined by a DVR. It is an allowable use of DVR resources to assist a consumer in advancement of employment.

For additional information see Appendix 1

11. **What does a presumed eligibility mean in DVR?**

An adult applying for DVR services who also receives Social Security benefits under Title II or Title XVI of the Social Security Act (SSI or SSDI), based on his/her disability, can be presumed eligible for services and immediately placed in at least category two (significantly disabled) provided that the adult intends to achieve an employment outcome. Completion of the application process for Vocational Rehabilitation services is sufficient evidence of the individual's intent to achieve an employment outcome. Further exploration by the DVR Counselor can be done to determine if in fact the adult can be placed in category one (most significantly disabled) on the Order of Selection wait list for DVR services.

C. **Long Term Support Services**

12. **What are long term supports and services?**

Long term supports and services are goods and services that assist the eligible person to maintain or improve his or her functioning in the community.

13. **What long term supports and services are available?**

For an overview of the Family Care, Family Care Partnership, PACE and IRIS programs and comprehensive lists of services, please visit these links:

- **Family Care** [www.dhs.wisconsin.gov/LTcare/generalinfo/whatisfc.htm](http://www.dhs.wisconsin.gov/LTcare/generalinfo/whatisfc.htm)
- **Family Care Partnership** [www.dhs.wisconsin.gov/familycare/fcp-index.htm](http://www.dhs.wisconsin.gov/familycare/fcp-index.htm)
- **PACE** [www.dhs.wisconsin.gov/familycare/pace.htm](http://www.dhs.wisconsin.gov/familycare/pace.htm)
- **IRIS** [www.dhs.wisconsin.gov/bdds/IRIS/index.htm](http://www.dhs.wisconsin.gov/bdds/IRIS/index.htm)
14. **What are the job seeker’s options for self-directing his/her long term services and supports?**

Job seekers may select from two options if they wish to self-direct their publicly funded long term care services and supports. Through ADRC options counseling, individuals have a choice when they obtain enrollment counseling at their local ADRC between:

1. **IRIS** [dhs.wisconsin.gov/bdds/IRIS/index.htm](dhs.wisconsin.gov/bdds/IRIS/index.htm)
   or
2. **Family Care** [dhs.wisconsin.gov/familycare/index.htm](dhs.wisconsin.gov/familycare/index.htm)

IRIS is a single statewide operated self-directed supports program that is available wherever Family Care/Family Care Partnership/PACE operates. IRIS participants self-direct all of their long term care related supports and services within a monthly budget amount. IRIS is flexible and includes options to select customized goods and services. Participants choose what they need to help them meet their long term care and integrated employment outcomes in a cost effective manner. An IRIS consultant is provided for each participant who helps build the support and service plan and provides other participant assistance such as locating providers. The IRIS Financial Services Agency issues payments to the providers up to the approved monthly plan. IRIS participant monthly budgets are for ongoing long term care services, and a special approval process is in place to fund high cost items. Monthly budgets may also be increased based on the unique needs of the individual. Medicaid and Medicare funded services continue to be accessed through these programs.

In Family Care/Family Care Partnership/PACE, the managed care IDT (which is comprised of a registered nurse, a care manager, the managed care member, guardian and anyone else the member chooses to invite) meets and creates a cost-effective managed care plan. Members are allowed to self-direct some or all parts of their managed care benefit package, if they wish. The formal IDT staff, which includes the member, guardian, if one is appointed, care manager, and RN provides oversight and assistance as necessary.

15. **How long will long term support services continue?**

Long term support services, coordinated through Family Care, Family Care Partnership/PACE or IRIS, can continue as long as the individual remains financially and functionally eligible for Medicaid. There are work incentives built into the Medicaid program to encourage work activity and to allow an individual to retain their Medicaid eligibility.

For information on no-cost work incentives in your area: [www.eri-wi.org](www.eri-wi.org)

**D. Employment**

16. **What if the adult isn’t sure if s/he wants to work in the community?**

DVR can provide assistance with assessments to help an adult consider this option.
17. **What if the job seeker does not know what kind of a job he/she wants?**

If the job seeker does not have a job goal, DVR and/or the long term support provider, MCO IDT staff or IRIS Program staff, can provide assistance in determining an appropriate goal, and/or exploring work experience/training options in the community.

18. **What is meant by competitive employment?**

The employment is in the most integrated setting possible that is consistent with the consumer’s informed choice. The consumer must also be compensated at or above the minimum wage i.e., competitive employment, and receive at least the customary wage and benefit level paid to other individuals performing similar work for the same employer.

19. **What is integrated employment?**

Integrated employment is defined as working for a competitive wage in a community based job (i.e., a job that is not based in a community rehabilitation facility or residential long-term care institution for people with disabilities). For FC and IRIS purposes, integrated employment is defined as: no more than 2 people placed and supported together in the same area of a business. The employment must be in a work setting where the interaction is predominantly with non-disabled co-workers, business associates (not including supervisors or service providers) or the general public. Opportunities for interaction must be at the same level as it is for non-disabled co-workers. Integrated employment includes employment located in a community business, self-employment and ownership of a micro-enterprise. If the nature of the work or the limited hours of work provides only limited interaction with non-disabled individuals, it may not be considered integrated. However, that would be determined on a case by case basis.

20. **When will DVR agree to fund supported employment?**

DVR will agree to a supported employment outcome when all four of the following are met:

- The job seeker’s employment goal is competitive employment and employment in an integrated setting where most employees do not have disabilities and the job seeker regularly interacts with individuals who do not have disabilities.

- There is a reasonable expectation that the supports needed to maintain long term employment in an integrated setting will be available when the job seeker needs them. DVR's role in providing for these supports is time limited. For individuals in Family Care or IRIS, this is documented by having the job seeker’s MCP/SSP include competitive employment in an integrated setting.
• DVR will work with the job seeker, parent/guardian, employer and others to determine the amount of supports that will be needed on the job to sustain competitive employment in an integrated setting.

• DVR will work with the job seeker, parent/guardian, employer, and others to determine the funding mechanism or methods of receiving the necessary supports to sustain long term competitive employment. For the long term care system, this is included in the MCP/SSP.

21. **Does the job have to be an existing job with preexisting job description in the community to be considered competitive employment?**

   No. DVR provides funding for job development which may include job creation strategies. These strategies may include job carving which allows for parts of existing jobs to be combined to create a new position or customization which happens when a job is created by working with an employer to identify work tasks not previously considered. An employment goal should be realistic in that it could be reasonably found or created in the local labor market.

22. **What is paid work experience?**

   Paid work experience is provided to assist job seekers to learn about their interests and abilities in work. Several paid work settings may be used and can be funded by a school, DVR, Managed Care Organizations or IRIS.

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**E. Work Incentives**

23. **What are work incentives?**

   There are many types of work incentives designed to assist people with disabilities to work in the community. These can be benefits offered by Social Security such as Impairment Related Work Expenses (IRWE), or a Plan for Achieving Self-Support (PASS).

   For more information visit: [www.ssa.gov/disabilityresearch/workincentives.htm](http://www.ssa.gov/disabilityresearch/workincentives.htm)

24. **How do I get more information about work incentives?**

   There are benefits specialists that can provide information for a job seeker to use in making determinations about the impact of employment on their individual benefits. These individuals are called Work Incentive Benefits Specialists. DVR and the MCO/IRIS programs can fund an analysis as part of a plan of services.

   For more information visit: [www.eri-wi.orgprograms/wdbn.htm](http://www.eri-wi.orgprograms/wdbn.htm)
25. **What is a Ticket to Work?**

The Ticket to Work and Self-Sufficiency Program is an employment program for people with disabilities who are interested in going to work. The Ticket program is part of the Ticket to Work and Work Incentives Improvement Act of 1999 - legislation designed to remove many of the barriers that previously influenced people’s decisions about going to work because of the concerns over losing health care coverage. The goal of the Ticket Program is to increase opportunities and choices for Social Security disability beneficiaries to obtain employment, vocational rehabilitation, and other support services from public and private providers, employers, and other organizations.

For more information on the Ticket to Work program:
[dwd.wisconsin.gov/dvr/social_security/understanding_ttw.htm](http://dwd.wisconsin.gov/dvr/social_security/understanding_ttw.htm)

To learn more about the Social Security Administration’s (SSA) Ticket to Work program, visit:  [www.ssa.gov/work](http://www.ssa.gov/work)

26. **What is a Ticket?**

The SSA issues Tickets to beneficiaries with disabilities. The Ticket can be used to obtain services and support from approved service providers (called Employment Network (ENs)) under the Ticket to Work Program. SSA pays ENs when the beneficiaries they are working with achieve certain milestones and outcomes related to earnings from employment. The program is a free and voluntary service. This means you can use your Ticket if you choose, but there is no penalty for not using it. If you’ve lost or misplaced your Ticket, don’t worry, you do not have to have the Ticket to participate in the program, simply tell your SSA caseworker or an EN near you that you would like to use your Ticket.

For more information visit:  [www.yourtickettowork.com](http://www.yourtickettowork.com)

27. **What is an Employment Network?**

ENs are private organizations or public agencies that have agreed to provide employment services to beneficiaries with disabilities. You can contact any EN in your area to see if the services and supports they offer are right for you. Both you and the EN must agree to work together to attain your employment goals. If you need help in choosing an EN, visit [www.yourtickettowork.com](http://www.yourtickettowork.com) or call MAXIMUS at 1-866-968-7842 (v), 1-866-833-2967 (tty).

You are free to talk with as many ENs as you choose without having to assign your Ticket. If you have assigned your Ticket to an EN and later changed your mind about working with that EN, you can un-assign your Ticket and begin working with another EN.

A list of Employment Networks can be found on the website:  [dwd.wisconsin.gov/dvr/ticket_to_work/default.htm](http://dwd.wisconsin.gov/dvr/ticket_to_work/default.htm)
28. How does transportation get paid for?

Transportation can be paid for by either DVR or by either MCO or IRIS. Typically, if DVR has an open case with a job seeker, DVR would work with the job seeker to find transportation that is economically sustainable. When the person transitions to long-term support then the person’s MCO or IRIS long term support may assist with transportation if needed. When available, natural supports may also provide transportation for the job seeker.

DVR’s transportation policy can be found at: 
dwd.wisconsin.gov/dvr/info_ctr/services/transportation.pdf

F. Referral, Consultation and Coordination

29. When should MCO IDT staff or IRIS Program staff involve DVR?

IDT staff or IRIS Program staff should involve DVR at the point the adult expresses an interest in exploring options for competitive, integrated employment. DVR counselors can be contacted for information before an application is completed.

30. Can a DVR counselor be invited to the MCP or IRIS Participant Centered Planning meetings?

Yes, the job seeker may invite whomever they choose to attend their MCP or IRIS Participant Centered planning meetings.

31. What is the role of the MCO IDT staff or IRIS Program staff in the DVR IPE development process?

Early in the IPE process there should be discussions between DVR and MCO IDT staff or IRIS Program staff about employment goals and the long and short employment supports that will be necessary. The job seeker can involve anyone they want in the IPE development process.

32. When does a MCP/SSP get coordinated with the IPE?

The MCP/SSP and IPE need to be coordinated as they are being developed, in regards to integrated employment. DVR may provide for a supported employment assessment prior to any changes to the MCP/SSP. However, if the individual is going to seek competitive employment, in an integrated setting and is going to require long term support to maintain that employment, the MCP/SSP employment goal should also include that goal and coordinate with the DVR employment goal.

33. What if my DVR counselor and MCO IDT staff or IRIS Program staff doesn’t agree with my employment goal?
Individualized employment goals are determined by the job seeker, guardian, DVR counselor, and anyone else the adult chooses. If there is a lack of consensus among the team members, evidence must be provided as to the discrepancy. If the DVR counselor and the MCO team member are unable to achieve an acceptable goal, the MCO team member should refer the case to the MCO employment services liaison for the county. In the event that the DVR counselor and the MCO employment services liaison are unable to achieve an acceptable goal, the specific case will be referred to MCO and DVR managers who will meet and bring resolution in the form of an acceptable goal. If the DVR counselor and the IRIS Program staff member are unable to agree on an acceptable employment goal, the IRIS Program staff team member should refer the case to the IRIS employment specialist at the IRIS Service Center. In the event that the DVR counselor and the IRIS Program employment specialist is unable to agree on an acceptable goal, the case will be referred to IRIS and DVR managers who will meet and bring resolution in the form of an acceptable goal.

34. How does an individual ensure involvement of their MCO IDT staff or IRIS Program staff with the DVR process?

To ensure involvement of their MCO IDT staff or IRIS Program staff, the job seeker should indicate this preference on his/her DVR application. It is also important to provide the care manager’s or IRIS Program staff’s name and contact information on the DVR application. Remember, whenever a job seeker has indicated interest in employment, always include DVR in the discussion and invite a counselor when possible to the job seeker’s Person-Centered Planning meeting. The comment section of the DVR application is where the job seeker should indicate who they want involved in the initial DVR meeting.

35. Who has payment responsibility for job development?

DVR provides payment to a job developer for initial job attachment that meets the definition of an employment outcome – e.g. competitive employment in an integrated setting and initial payment for supports necessary for the individual to learn job tasks with supports in place. Generally this is between 3-6 months, but in no case may exceed 18 months. If the employment does not meet the definition of competitive employment in an integrated setting, the MCO may authorize payment.

For more information, please visit: dwd.wisconsin.gov/dvr/pdf_files/dhs_mco_mou.pdf

G. Miscellaneous

36. How do I use this guide if I am an 18 year old but still in school?

There will be some adults that have reached the age of 18 but remain in school until age 21. It is suggested that when this occurs that both the Transition Action Guide for youth and the Adult TAG be used to the extent necessary.
Appendix 1
Division of Vocational Rehabilitation Resources

This appendix includes information specific to DVR. It provides information on Eligibility, how the waiting list works (Order of Selection), and what services DVR can provide.

a. Eligibility/Order of Selection for DVR

Two separate determinations must be made before an individual with a disability receives DVR services:

• Eligibility determination
• Placement on the order of selection waiting list

To be eligible for DVR:

• The individual has a physical and/or mental disability.
• The disability makes it difficult for the person to obtain, retain, and/or advance in employment.
• The individual requires DVR assistance to achieve an appropriate employment goal.

A person is presumed eligible for DVR services if they are receiving Social Security Disability Income (SSDI) or Social Security Income (SSI) and want to work.

Because DVR may not have sufficient resources to provide services to everyone who is eligible, the Rehabilitation Act requires that people with the most significant disabilities be served first. That is the reason for the second determination, placement on the order of selection waiting list. Once an individual has met the test for the eligibility determination, DVR must assess how significantly disabled the individual is. DVR has three categories of severity:

• Most significantly disabled (category 1)
• Significantly disabled (category 2)
• Disabled (category 3)

To be placed in category 1, an individual must have significant functional limitations in three functional areas.
To be placed in category 2, an individual must have a significant functional limitation in one functional area.
To be placed in category 3, an individual would have limitations not determined as significant.

The following defines and gives examples of the functional areas assessed the waiting list:

The placement of an individual on the DVR waiting list takes into account how severely disabled the individual is in the following areas:

Mobility
Mobility means the physical, cognitive and psychological ability to get to work from home and to move around a worksite or participate in work activities.
Examples of significant mobility limitations:
1. Person with mental illness who has sufficient anxiety when in public that he/she cannot utilize 
   public transportation effectively
2. Person in a wheelchair who does not have the upper body strength to move around any areas 
   which are carpeted or uneven.
3. Person who has traumatic brain injury and who cannot consistently take the bus independently 
   to work because he/she becomes disoriented when anything unpredictable occurs in their 
   routine.

**Communications**
Communication means the physical, cognitive, and psychological ability to exchange information 
effectively when participating in work related activities.

Examples of significant limitations in communication:
1. Individual with hearing impairment who cannot verbally communicate comfortably with 
   hearing co-workers.
2. Individual with specific learning disability who cannot read written instructions from 
   supervisor and translate them into expected work activities.
3. Individual with speech impediment who cannot communicate questions about work to co-
   workers or supervisors.

**Self-Care**
Self-care means the physical, cognitive, and psychological ability to perform activities of daily living at a 
level which allows the individual to participate in work-related activities.

Examples of significant limitations in self-care:
1. Quadriplegic who cannot take care of own toileting needs at work.
2. Diabetic who requires precise timing of meal and snack breaks and cannot work in situations 
   requiring scheduling and work task flexibility and responsiveness to work flow variations.
3. Person with brain injury who cannot remember morning grooming procedures without 
   prompting by an attendant - the attendant does not arrive in time to allow this person to get to 
   work before 10 a.m.

**Self-Direction**
Self-direction means the physical, cognitive, and psychological ability to initiate, organize, and make 
decisions in one's own best interest at a level allowing the individual to participate in work-related 
activities.

Examples of significant limitations in self-direction:
1. Individual with alcoholism who relapses every 2-3 months and goes on multi-day binge not 
   allowing him/her to report to work.
2. Individual with specific learning disability who cannot independently find work to do to keep 
   busy, or to appear busy, at work.
3. Individual with history of depression who cannot apply for promotions because of depression 
   and medication related lethargy.
**Interpersonal Skills**

Interpersonal skills means the physical, cognitive, and psychological ability to establish and maintain relationships with others at a level which allows the individual to participate in work-related activities.

Examples of significant limitations in interpersonal skills:

1. Individual with personality disorder who makes co-workers frightened and uncomfortable.
2. Individual with hearing impairment who speaks with exaggerated affect, which is normal in the deaf community, but which makes co-workers think he/she is angry or over-bearing.
3. Individual with depression who is socially isolated and unable to participate in the expected break room camaraderie of after-hours activities. Therefore, co-workers think he/she is unfriendly.

**Work Tolerance**

Work tolerance means the physical, cognitive and psychological ability to meet the demands of participating in work-related activities. (For example, how long and under what conditions can the individual work?)

Examples of significant limitations in work tolerance:

1. Individual with anxiety disorder who cannot work when panic attacks occur. Requires very flexible scheduling to accommodate unexpected anxiety.
2. Individual with back injury who can only work four hours per day because of pain.
3. Individual with carpal tunnel syndrome who cannot manipulate with hand and finger dexterity consistently. Drops objects frequently because of lack of strength in hands.

**Work Skills**

Work skills means the physical, cognitive, and psychological ability to meet employment expectations for entry-level workers (or in the case of someone who is already employed, the expectations of employers for someone at that level of employment). In other words, is there a reasonable expectation that this person could obtain some kind of work or participate in work-related activities without training?

Examples of significant limitations in work skills:

1. Individual with 8th grade education who has lifting restriction of five pounds because of back injury. Cannot perform unskilled labor.
2. Individual with brain injury who does not know how to stay on task for longer than five minutes without disrupting the work of co-workers.
3. Individual with specific learning disability who cannot fill out job applications or personnel papers as expected of new employees.
b. Services under DVR

DVR can provide almost any service necessary for you to achieve the vocational goal written on your IPE. Following is a list of examples of services some individuals may receive if they need them to achieve their vocational goal:

Guidance and Counseling:
A DVR Counselor’s role is to provide information and share knowledge about the impact disabilities have on employment. A counselor and consumer will begin to discuss their abilities, needs, and interests. This is the first step in choosing a job or career. Together a consumer and counselor will set up a plan to meet their work goals. This plan is called an IPE. The consumer and counselor will meet as often as necessary to make progress towards achieving the consumer’s plan.

Finding and Keeping a Job:
Getting a job is the goal of a consumer’s rehabilitation program. A counselor will work with a consumer with their job search by providing resources and assistance and may refer a consumer to work with a local organization if determined needed. A counselor may also work with a consumer and employer after the consumer has started work to help make any necessary adjustments and to be certain everything is going well before the case is closed. A counselor will also work with a consumer to determine if there are any services needed to assist a consumer in keeping their job.

Assistive Technology:
Sometimes there are technological aids and devices that can make it easier to do a job or to continue with the training a consumer needs. Other times, changes in how a job is done may be helpful.

Training:
If a consumer does not have the work skills they need, training may be needed. A counselor will know about the available programs in an area. Training may be at a school or on the job. A counselor will work with a consumer to identify other services that are necessary in supporting the job/career goal.

A full listing of scope of services can be found in the DVR program manual: dwd.wisconsin.gov/dwd/publications/dvr/pdf/dvr_11074_p.pdf
Appendix 2
Department of Health Services Resources

DHS is the primary state agency responsible for the development and implementation of statewide policy, services and supports for people with disabilities. Following is a listing and brief description of programs administered by DHS which may be particularly helpful for people with disabilities who are seeking integrated employment or independent living. Wisconsin currently has two social service systems: 1) a state-supervised, county-operated social service system, where many of these programs are accessed locally through county human service departments; and 2) a reformed long term care system that includes IRIS and managed care with the managed care system utilizing public/private partnerships to service multi-county areas of the state. Both IRIS and managed care are accessed through local ADRCs. Which system is available depends on where you live. Additional information on each of these programs is available by following the links provided.

a. Programs Which are Accessed Locally

Aging and Disability Resource Centers
ADRCs are a place to get accurate, unbiased information on all aspects of life related to aging or living with a disability. These centers are friendly, welcoming places anyone can contact to receive information and assistance regarding not only the public benefits that may be available, but all of the programs and service available throughout the area. ADRCs are also the place to initiate applications for Family Care, Family Care Partnership and IRIS. Individuals, concerned families or friends, or professionals working with issues related to aging, physical disabilities, developmental disabilities, mental health issues, or substance use disorders, can receive information specifically tailored to each person's situation. ADRC services can be provided at the Center, or via telephone or through a home visit, whichever is more convenient to the individual seeking help.

dhs.wisconsin.gov/adrc/index.htm

Disability Benefit Specialist
The DBS program is a service of the ADRC. Disability Benefit Specialists provide information and assistance in accessing benefit programs to people ages 18 to 59 with physical disabilities, developmental disabilities, mental illness and substance use disorders. The DBS provides information about a wide variety of public and private benefit programs, including Medicaid, Medicare, Family Care, Family Care Partnership, IRIS, Supplemental Security Income (SSI), SSDI, housing assistance programs, private health and disability insurance, etc. The DBS may also provide assistance with application and appeal procedures.

dhs.wisconsin.gov/benefit-specialists/dbs.htm

Medicaid / Medical Assistance
Medicaid is a state and federal assistance program that helps certain needy and low-income people pay their medical bills. Medicaid is also known as Medical Assistance, MA, Title XIX, and T19.

dhs.wisconsin.gov/medicaid/index.htm
**Medicaid Purchase Plan**
The Medicaid Purchase Plan offers people with disabilities who are working or interested in working the opportunity to buy health care coverage through the Wisconsin Medicaid Program. Depending on an individual’s income, a premium payment may be required for this health care coverage.
www.dhs.wisconsin.gov/library/p-10071.htm

**Family Care/Family Care Partnership**
Family Care/Family Care Partnership is a Medicaid-funded managed long term care program that provides a wide range of health and long term support services. It is available to elderly people, people with physical disabilities, and people with developmental disabilities in selected counties. Individualized care is planned, coordinated and paid for through MCOs. Eligibility for this program is determined by the ADRC.
dhs.wisconsin.gov/familycare/index.htm and dhs.wisconsin.gov/familycare/fullpartner.htm

Self-directed Support Waiver (IRIS) – is an alternative approach to managed care, that allows each individual to be the primary decision-maker in determining services and supports. Eligibility is determined through the ADRC.
www.dhs.wisconsin.gov/bdds/sds/

**IRIS (Include, Respect, I Self-Direct)**
IRIS is a single statewide Wisconsin program operated by DHS where the individual IRIS participant self-directs his/her publicly funded, community-based, long term care supports and services. The IRIS participant uses his/her assigned budget to create a plan that helps meet his/her outcomes in a cost effective manner. IRIS plans can include flexible goods and services to assist the participant to meet his/her needs at home, at work or in the community. Needed staff may be hired by the participant or through a traditional agency. Medicare or Medicaid Card continues to pay for items or services covered by these programs. IRIS is an alternative option to managed care, that allows each individual to be the primary decision-maker in determining services and supports and the ADRC determines initial program eligibility.
www.dhs.wisconsin.gov/iris/index.htm

**Wisconsin Partnership Program**
Partnership is a comprehensive program of services for older adults and people with physical disabilities who are eligible for Medicaid and meet nursing home level of care. The program integrates health and long term support services, and includes home and community-based services, physician services, and all medical care. Services are coordinated through a team-based care management process and are delivered in the participant’s home or a setting of his or her choice.
dhs.wisconsin.gov/familycare/fcp-index.htm

**SSI Managed Care**
A Medicaid managed care program for individuals, aged 19 and older who receive Supplemental Security Income and Medical Assistance (Medicaid) and are not enrolled in another publicly funded managed care program (Family Care, Family Care Partnership or PACE).
dhs.wisconsin.gov/ssi/eligibility.htm
Community Mental Health Services - Community based rehabilitation, treatment and crisis intervention services are available through county mental health departments.
dhs.wisconsin.gov/crs/index.htm

Supported Employment
Supported employment is an employment service for individuals who, because of disabilities, need job coaching or other ongoing support services in the paid, competitive workforce.
dhs.wisconsin.gov/employment-skills/index.htm

FoodShare
FoodShare, formerly known as the Food Stamp program, helps people with limited incomes buy the food they need for good health. The program is available to people of all ages who have a job but have low incomes, are living on small or fixed income, have lost their job, retired or are disabled and are not able to work.
dhs.wisconsin.gov/foodshare/index.htm

b. Programs Which Are Accessed At The State Or Regional Level

Blind or Vision Impaired Information and Services
Assessment, training and information to enhance independent living skills and quality of life for adults with vision loss.
dhs.wisconsin.gov/blind/contact.htm

Deaf and Hard of Hearing Information and Services
Information about available technologies, services and community supports, issues and laws relating to the rights of people who are deaf or hard of hearing, and support in obtaining appropriate information and services and consulting with educational, medical, legal, law enforcement, and service agencies and other service providers to modify programs or policies to make supports and services accessible to people who are deaf or hard of hearing.
dhs.wisconsin.gov/odhh/odhhservices.htm and dhfs.wisconsin.gov/sensory/Staff/DSL-regions.htm

Independent Living Centers
ILCs are consumer-directed, non-profit organizations that provide peer support, information and referral, independent living skills training, and person and systems advocacy. Some ILCs provide additional services such as: community education, training on the Americans with Disabilities Act, personal care and service coordination.
dhs.wisconsin.gov/disabilities/physical/iles-contact.htm

Pathways to Independence
Wisconsin Pathways to Independence (WPTI) is a partnership between people with disabilities, business and government. It offers a comprehensive collection of services that, taken together, are designed to remove or reduce barriers to employment for persons with severe disabilities. Services include benefits counseling, vocational/employment counseling, planning and support and long term follow-up and intervention as necessary.
dhs.wisconsin.gov/employment-skills.htm
Wisconsin Assistive Technology Program
WisTech provides information on selecting, funding, installing and using assistive technology to enable people with disabilities to improve their independence and quality of life in the community, at home, at work, and at school.
dhs.wisconsin.gov/disabilities/wistech/index.htm
The Vocational Rehabilitation Process & Choices in the Process

**Appendix 3**

**Process Charts**

**STEP 1**
Eligibility and VR Waiting List

**Eligibility:**
You are eligible if your disability is stopping you from getting or keeping a job that uses your skills and abilities.

AND

You require VR services to deal with your disability limitations so you can reach your job goal.

**Waiting List:**
When VR does not have enough funding, VR must use a waiting list process called Order of Selection. An eligible person will be placed on the waiting list and contacted by VR when VR can work with them.

As people get jobs, VR contacts the next names on the waiting list.

**Choices:**
Bring your disability information to VR or sign release forms so VR can get disability records.

Ask VR to pay for a disability evaluation if you do not have complete or current disability information.

**Timeframe:** 60 days

**STEP 2**
Gather Information on Jobs & Disability

**Questions to Answer:**
- Do you know what types of jobs match your skills?
- Do you know if those jobs are available where you plan to live and work?
- If you receive disability benefits, will your job goal pay enough to replace your benefits?
- If you cannot work full-time, will your job goal jeopardize your benefits?
- How can the limitations caused by your disability be addressed?
- Do you need your disability assessed by an expert who can answer these questions?

**Choices:**
Find the answers to these questions and share them with your VR counselor.

Work with your VR Counselor to find the answers.

Select service providers who can help you find the answers.

**STEP 3**
Plan for Employment (IPE)

**The Plan Lists the Services You Will Receive from VR**
You and VR need to agree on the Plan for Employment. You need to agree on your job goal and what you and VR need to do to reach your employment goal.

**Questions to Answer:**
- What will you need to do to address the limitations of your disability?
- What will you do to learn the skills for your job goal? (e.g., schooling, work-experience, On-the-Job training?)
- Do you need new assessments to answer these questions?

**Choices:**
Write the Plan with VR help, by yourself, or with help from someone else.

Work with your VR Counselor to find the answers.

Select service providers who can help you find the answers.

**Timeframe:** 90 days

**STEP 4**
Employment and Follow up

**Seeking Employment:**
When you are hired, keep in touch with VR to let your VR counselor know how it is going.

If you find there are things you cannot do contact your counselor right away.

**Job Follow Up Activities:**
- You can extend the 90-day follow-up if you are having problems on the job.

**Choices:**
- You are working at a job related to your job goal
- Your disability or personal matters are keeping you from working with VR at this time
- You cannot risk losing your disability benefits such as your health care benefit.
- You cannot get a job that replaces your benefits.

**STEP 5**
Closure - End VR Services
(at this time)

**When Active VR Services Stop, Your VR File is Closed**
VR should not close your case until you and your VR Counselor discuss it.

If you cannot be reached, VR will close your case. This allows them to serve people on the waiting list.

**Reasons to Close Your Case:**
- You are working at a job related to your job goal
- Your disability or personal matters are keeping you from working with VR at this time
- You cannot risk losing your disability benefits such as your health care benefit.
- You cannot get a job that replaces your benefits.

**Choices:**
You can reapply to VR at any time. Your VR case will be closed when you are successfully employed or when you are not able to actively work on reaching your job goal.

This information is funded by Rehabilitation Services Administration WI Client Assistance Program grant H161A040054.
Initial 90-Day Assessment/MCP Cycle

ONGOING assessment & updates to plan of care as needed
Effectiveness of services --- Member Satisfaction --- General quality assurance of plan of care
Provide CREATIVE OPTIONS & SUPPORT member while s/he explores them to see what’s best

Throughout: Follow Resource Allocation Decision Method and Guide on Member Risk-Taking, Negotiating as Needed...

- Conduct face to face meeting
- Assess & address immediate safety issues
- Within 10 days, complete At a Glance RN assessment to assess for health, safety and continuity of care - follow up as needed.
- Provide interim services
- RN Physical Health Assessment begins
- Start to get to know person: situation, preferences, needs, etc.

Initial 90 Day Assessment Period*

Assessment is a continuous on-going part of good practice (every contact), and MCPs should be dynamic.

- Meet as IDT team including member.
- Find out from members’ point of view how things are working, what to change
- Complete first draft of plan of care & take or send copy to member.
- Arrange for services, prior auth services, ensure member preferences are communicated to direct care providers.

*90 days is the systems requirement for fully completing the assessment and the 1st member centered plan (MCP). Date entries.

- Review functional screen
- Arrange face to face meeting with new member
- Begin person-centered assessment/planning process

- Contact Primary Care Physician, & link with other providers as needed
- Begin background work to develop new support resources (e.g., recruiting volunteers or paid staff) and/or to support informal supports
- Interdisciplinary sharing of initial impressions

- Continue visits, vary times of day, place, etc. as needed
- Introduce new support resources to address individual outcomes
- Identify specialists if needed for assessment (OT, PT, etc.)

- Establish relationship with MDs & other health care providers (HH, Medicare, therapists)
- Continue visits, interventions, contact family, etc.
**IRIS Process Chart**

**Ongoing IRIS Participant Assistance**
- maintain program eligibility
- plan and outcome updates
- participant access to 24/7 IRIS Service Center
- worker replacement activities
- quality assurance and quality improvement monitoring

**IRIS Service Delivery**
- provider credentials verified
- setup employer agent for participant hired workers
- process worker timesheets
- vendor payments per plan
- monthly participant spending reports

**IRIS Plan Development**
- cost effective approaches
- flexibility fosters creativity
- includes non paid supports
- identified paid supports
- traditional agency provider or may employ workers directly
- decide IRIS start date
- plan reviewed and approved
- budget adjustment if needed

**IRIS Start Up**
- IRIS orientation
- choose IRIS consultant
- identify long term care outcomes: integrated employment, living arrangement, relationship, community integration, health and safety

**Aging and Disability Resource Center**
- establish eligibility
- options counseling
- informs of budget
- refers to IRIS Consultant Agency
Appendix 4

Appeal Rights

a. DVR Appeal Rights

If you disagree with a decision that DVR makes or if DVR will not provide a service you ask for, you have the right to appeal.

- You can ask for informal review of the decision by a DVR supervisor. Tell the supervisor you would like an informal review and why you are asking for the review.
- You can ask for mediation to try and reach an agreement with DVR. To request mediation, contact the Impartial Hearing Coordinator at 800-442-3477. Tell the hearing coordinator that you want mediation and why you are asking for mediation.
- You can ask for an impartial hearing. An Impartial Hearing Officer will hear both sides of the case (yours and DVR’s) and make a decision. If you would like an impartial hearing, contact the Impartial Hearing Coordinator at 800-442-3477. Tell the coordinator you want an impartial hearing and why you are asking for a hearing.

You can contact the Client Assistance Program (CAP), 800-362-1290, for help with any problems you are having with DVR or to assist with an appeal. CAP can help explain the DVR process, why and how decisions are made and may be of help in resolving problems. Disability Rights Wisconsin can help you if you think your rights as a person with a disability have been violated or if you need help with self-advocacy.

To contact Disability Rights Wisconsin:
   in Madison at 800-928-8778,
   in Milwaukee at 800-708-3034 or
   in Rice Lake at 877-338-3724.

Disability Rights Wisconsin can only help you with your questions about DVR if you receive SSI and/or SSDI.
b. ADRC/MCO/IRIS Appeal Rights

This procedure is intended to resolve issues related to customer rights, complaints and appeals related to the work of the Aging and Disability Resource Center (ADRC). The goal of the complaint and appeal procedure is to allow users of the ADRC to exercise their due process rights with a simple and easily understood process.

The ADRC will cooperate with any investigations or review of appeals and complaint investigations conducted by the Wisconsin Department of Health Services, or an external advocacy agency.

A. Definitions

1. **Complaint**: A grievance, difficulty, disagreement or dispute. An expression of dissatisfaction about a situation that the person making the complaint wants to see rectified.
2. **Grievance**: A complaint.
3. **Appeal**: An official request to change the outcome of a determination related to eligibility for public benefits or the reduction, elimination or denial of services provided as part of a public benefit.
4. **Complainant**: An ADRC customer, or person acting on the customer’s behalf, to express or file a complaint or appeal.

B. Informing and Assisting Customers in Exercising Their Rights Procedures

1. **Who Can Submit a Complaint.** Any ADRC customer, or person acting on a customer’s behalf, may express or file a complaint. All ADRC staff will refrain from any reprisal or threat of reprisal against any customer registering a complaint.

2. **When Customers Will Be Informed of Their Rights.** All customers of the ADRC will be given the complaint and appeal brochure with information on their rights, the complaint procedure, and contact information for external advocacy agencies as soon as practical and when staff have reason to believe the person is dissatisfied. Staff will explain the process and provide assistance as necessary in submitting a formal complaint or appeal. Individuals making a simple request for information which can be immediately met by the ADRC need only have access to complaint and appeal information upon request.

   In addition, the rights and complaint procedures will be posted for customers to view in a manner that is understandable to all.

3. **When Customers Will Be Provided the External Complaint and Appeal Procedures.** Customers utilizing the ADRC are entitled to access an external review process through the Wisconsin Department of Health Services (DHS) and the State Fair Hearings process in addition to the ADRC complaint process. Customers are not precluded from using any or all complaint and appeal processes outlined in this policy and in any order.
C. Informal Internal Complaint Procedure

1. **Definition of Informal Internal Complaint.** An informal internal complaint is any concern or complaint expressed to staff or a supervisor of the ADRC related to any service of the ADRC.

2. **Customer Process for Expressing an Informal Complaint.** A customer may make an informal complaint verbally or in writing. Informal complaints may also be identified through suggestion boxes, survey’s, phone calls, e-mail etc. Any customer may use the complaint procedure. This procedure does not limit a customer from pursuing other remedies, including legal actions.

3. **Procedure for Responding to an Informal Complaint.**
   a. **Listen to Complaint.** ADRC staff who receive a complaint should encourage customers to discuss their concerns or complaints with the staff most directly involved. Customers can request that the person’s supervisor be involved in this informal resolution process.
   b. **Timeliness.** Wherever possible, the ADRC shall attempt to resolve any complaint at the time it is presented.
   c. **Documentation.** Documentation of the complaint, steps taken toward resolution, and conclusions should be completed by staff in the [client tracking database].
   d. **Inform Customer of Formal Process.** If the customer is not satisfied with the conclusions of the informal process, the complainant should be informed verbally and in writing of the formal complaint process. Assistance should be given to customers in understanding the process or in the completion of the formal complaint. Customers are not required to go through the informal process before utilizing the formal process described below. Customers have 10 days from the conclusion of the informal complaint process to request a formal internal process.

D. Formal Internal Complaint Procedure

1. **Definition of Formal Internal Complaint.** Complaints with an expectation that management will investigate and provide a written summary of findings, propose a resolution, and take action.

2. **Customer Process for Filing a Formal Complaint**
   a. **Complaint Form.** It is preferred that the customer, or person acting on the customer’s behalf, use the attached form to make a formal complaint. Utilizing the form helps to ensure that full information is provided and makes it easier for the ADRC to respond to the customer’s concerns. However, customers can also use their own format for writing their complaint or can express their concerns verbally.
b. **Where to return a Complaint.** The form/complaint may be returned by e-mail, mail, or delivered to the ADRC office.

c. **Timeframes.** Complainants should make their formal complaint, either verbally or in writing, to the ADRC manager within 45 days of the occurrence of the event. An extension to the 45-day time limit can be granted by the ADRC manager for a good cause. The ADRC has 10 business days from the day it receives the complaint to complete their internal process described below.

3. **ADRC Procedure for Responding to a Formal Complaint**

   a. **Meeting with Participants.** The ADRC manager shall arrange to meet with the complainant and the customer, if different, and any staff person named in the complaint. When a complaint is related to EBS services an Agency Director shall share a copy of the complaint with the Benefit Specialist Supervising Attorney who is responsible for the EBS' individual case handling.

   b. **ADRC Manager Role in Responding to Formal Complaint.**
      1. The manager shall identify/clarify the matter or issues and explain the process for resolving the complaint.
      2. Assistance will be offered to the complainant in putting the complaint in writing if this has not already occurred.
      3. A copy will be made available to the complainant.
      4. The manager shall attempt to resolve the complaint at this meeting.
      5. If this is not possible, the manager shall conduct an inquiry into the incident or conditions that led to the complaint.

   c. **Investigation.** If further inquiry/investigation is necessary, the ADRC manager response may include interviews with relevant persons, a record review, or other efforts that are necessary to form an accurate and factual basis for the resolution of the complaint.

   d. **Report/Documentation.** The manager will prepare a written report that summarizes the complaint, and a finding of founded (a violation has occurred) or unfounded (the complaint is without merit). The written report shall include:

      1. The name of the contact person (ADRC manager) for complaints;
      2. The date the decision was reached;
      3. A summary of the steps taken on behalf of the customer to resolve the issue;
      4. An explanation that if the customer disagrees with the decision he/she has a right to a Wisconsin Department of Health Services review (formal external review) or to a State Fair Hearing;
      5. How to file for a review by the Department and through the Fair Hearing process;
      6. If the complaint is determined to be founded, the report shall describe the specific adjustments recommended for resolving the issue. Where appropriate, the
recommendations shall include a time line for carrying out the adjustments/correction;
7. If the complaint is determined to be unfounded, but the manager has identified issues that appear to affect the quality of services, the report should include suggestions for improvement;
8. Copies of the report shall be sent to the customer, or complainant if other than the customer.

e. **Timelines for Investigation.** In non-emergency situations the manager shall complete his/her inquiry and submit the report within 10 days from the date the complaint was first presented.

In emergency situations the manager shall complete the inquiry and submit a report within 5 days from the date the complaint was first presented.

f. **Resolution and Closure.** If the ADRC manager, the customer or the complainant, agrees to the facts, conclusions and/or recommendations of the report, the complaint is considered to be resolved.

g. **Information Related to the Formal External Review.** If the complainant disagrees with the facts, conclusions or recommendations, the manager may attempt to seek an agreeable resolution. If this is not possible, the complainant will be informed about the Formal *External* Review process.

E. **External Review Process and Procedure**

1. **Definition.** A complaint made to the Wisconsin Department of Health Services with the expectation that the appropriate agency will complete a timely review, investigation and analysis of the facts in an attempt to resolve concerns and problems expressed by a complainant.

2. **Customer Process for Requesting an External Review.** The ADRC will provide access to the external complaint resolution review through the Wisconsin Department of Health Services at any time upon request of the customer or *after the internal* complaint resolution process is concluded. The ADRC will assist the customer wishing to request an external review to access the following resources:

a. **Complaints Relating to services provided by the ADRC.** Complaints related to services provided by an ADRC should be made directly to the Wisconsin Department of Health Services by writing, calling, or e-mailing:

Complaints Related to Elderly Benefits Specialists Services. Due to direct legal supervision provided to EBS’s, all complaints related to services provided by an EBS should be directed to Elderly Benefits Specialist supervising attorney. Depending upon the county, supervising attorney services may be provided by Coalition Wisconsin Aging Groups Elder Law Center, SeniorLaw, Wisconsin Judicare.
b. Complaints Related to Managed Care Organization(s)  The ADRC will, upon request, assist members of any Managed Care Organization (MCO) serving people in the ADRC’s service area in filing complaints with the Wisconsin Department of Health Services, MCO appeal process or Fair Hearing.

The ADRC will inform the customer about the MCO’s internal complaint resolution process and about organizations that provide advocacy services to potential or actual recipients of the Family Care/Partnership/PACE benefit (identified in Section G of this procedure, under “Advocacy Resources”).

MetaStar, Inc. is the Department’s external quality review organization and is the agency responsible for responding to customer complaints in regard to MCOs. To file a complaint with MetaStar, the member may contact the Family Care Grievance hotline either by writing, calling or e-mailing:

DHS Family Care Grievances
c/o MetaStar Inc.
2909 Landmark Place
Madison WI 53713
Phone: 888-203-8338
Fax 608.-74-8340
E-mail famcare@wisconsin.gov


c. Complaints Relating to IRIS

1. Complaints relating to an IRIS service provider, an IRIS Consultant or the Financial Services Agency shall be made by calling or e-mailing the IRIS Service Center at:

   Phone: 888-515-4747 and ask to speak with the participant services specialist
   E-mail: info@wisconsin-IRIS.com

2. Complaints relating to the IRIS Consultant Agency can be made by writing, calling, or e-mailing:
F. Appeal Process and Procedure

1. Definitions.
   a. An appeal is an official request to change the outcome of a determination related to eligibility for public benefits or the reduction, elimination or denial of long term care services covered under Wisconsin Medicaid, Family Care or IRIS.

   b. A fair hearing means a de novo proceeding under ch. HA 3, Wis. Admin. Code before an impartial administrative law judge in which the petitioner or the petitioner's representative presents the reasons why an action or inaction by the Department, a county agency, an ADRC or a MCO in the petitioner's case should be corrected.

2. ADRC Process for Notifying People of Functional Ineligibility and Appeal Rights. If a person is functionally ineligible, ADRC staff will send the notice of denial of functional eligibility with appeal rights to the customer. If a person meets a non-nursing home level of care, ADRC staff will send the Notice of non-Nursing Home level of care.

   a. A customer may directly appeal to the Office of Hearings and Appeals within 45 calendar days after receipt of notice of a decision/adverse action or failure to act regarding the following types of appeals:
      1. Complaints about functional ineligibility including a determination of a non-nursing home level of care.
      2. Complaints about financial ineligibility for long term care benefits.
      3. Complaints about services provided by MCO’s may go directly to fair hearing (examples may include: a denial, reduction or termination of service.)

   b. For all other matters the Wisconsin Department of Health Services review process should be utilized prior to using the Fair Hearing process.

   c. Requests for a Fair Hearing shall be filed in writing with the Division of Hearings and Appeals in the Department of Administration:

      Family Care Request for Fair Hearing  
c/o DOA Division of Hearings and Appeals  
P.O. Box 7875  
Madison WI 53707.7875  
Phone: 608-266-3096  
608-264-9853 (TTY)  
Fax 608-264-9885
To access the State Fair Hearing Request Form on line:
www.dhs.wisconsin.gov/library/f-00236.htm

G. Family Care/ Partnership member resource.

1. **Definition: Member Rights Specialist**

H. Advocacy Resources
Customers will be given information about where they can find help and the advocacy resources available through the following agencies:

1. **Board on Aging and Long Term Care**
   Ombudsman from this agency provide advocacy to Family Care and Partnership members age 60 and older.
   
   Board on Aging and Long Term Care  
   1402 Pankratz Street, Suite 111  
   Madison, WI 53704-4001  
   Toll-free: 800-815-0015  
   Fax: 608-246-7001

2. **Disability Rights Wisconsin (DRW)**
   Ombudsman from this agency’s three offices provide advocacy to Family Care and Partnership members under age 60; IRIS participants under age 60.
   
   131 W. Wilson St., Suite 700  
   Madison, WI 53703  
   608-267-0214  
   TTY: 888-758-6049  
   Fax: 608-267-0368  
   Madison Toll-free: 800-928-8778  
   Milwaukee Toll-free: 800-708-3034  
   Rice Lake Toll-free: 877-338-3724

3. **Independent Living Centers**
   Independent Living Centers are consumer directed non-profit organizations providing advocacy.
   
   dhs.wisconsin.gov/disabilities/physical/ilcs.htm

I. Staff Training and Education

1. Staff will be trained to support customers by presenting themselves as empathic, supportive, and professional. It is expected that all staff will learn to encourage customers to express their concerns as a way to address ongoing quality improvement within the ADRC.

2. Staff will have training on steps necessary to investigate complaints.
3. ADRC staff will be familiar with all advocacy organizations available to members and when they should be referred.
4. Staff will be familiar with internal policies and procedures for assisting customers who wish to file a complaint to assure consistency of the customer experience.
5. Staff will be educated and trained related to the Fair Hearing process.

J. How the ADRC will Monitor Complaints

1. All complaints related to the work of the ADRC will be tracked as part of the discovery process to determine single events and/or trends.
2. Data will be used to devise methods to improve customer service by sharing the information with staff.
3. Board members will be included in the summary review of complaints to help them identify unmet needs within the service area of the ADRC and to assist in identifying areas in need of quality improvement.
4. Annually, information will be shared with ORCD to identify state wide issues and activities related to quality improvement opportunities.

K. MCO Options for filing an appeal:

1. Contact your Care Manager or the Member Rights Specialist at your MCO.
2. Ask for a review by the DHS, which is the agency that contracts with the MCO for Family Care or Partnership services.
   
   Phone: 888-203-8338
   Email: dhsfamcare@wisconsin.gov

3. Ask for a State Fair Hearing. To file a request for a State Fair Hearing, you can:
   a. Submit a Fair Hearing Request form - F00236 or
   b. Submit a written request to the following address and include: your name, mailing address, a brief description of the problem, which county and MCO involved and your signature.

   Family Care and Partnership Request for a Fair Hearing
   c/o DOA Division of Hearings and Appeals
   5005 University Ave, Ste. 201
   P.O. Box 7875
   Madison, WI 53707-7875
   Website: doa.wi.gov/Pages/AboutDOA/HearingsAndAppeals.aspx

4. If you want to withdraw your request for a hearing fill out the following form located at: doa.wi.gov/DHS/WFSVW.pdf

L. ADRC and MCO Cooperation with Ombudsman Program
Appendix 5

Resources

More resources available for help:
Each MCO has someone whose job it is to help members with grievances and appeals. The staff position and phone number of the person at your MCO who can help you is listed in your Family Care Member Handbook.

Care Wisconsin:
www.carewisc.org/contact/contacts-for-programs/

Community Care Inc:
www.communitycareinc.org/home/what-we-do/family-care/member-handbook

Community Health Partnership:
www.communityhealthpartnership.com/pdfs/CHP_159_10%20FamilyCare%20MemberHandbook_FINAL.pdf

Inclusa:

Independent Care Health Plan: I Care:
www.icare-wi.org/members/BCPlusProgram.aspx

Lakeland Care District:

Milwaukee County Family Care:
county.milwaukee.gov/ImageLibrary/Groups/cntyfamilycare/2010Family1