



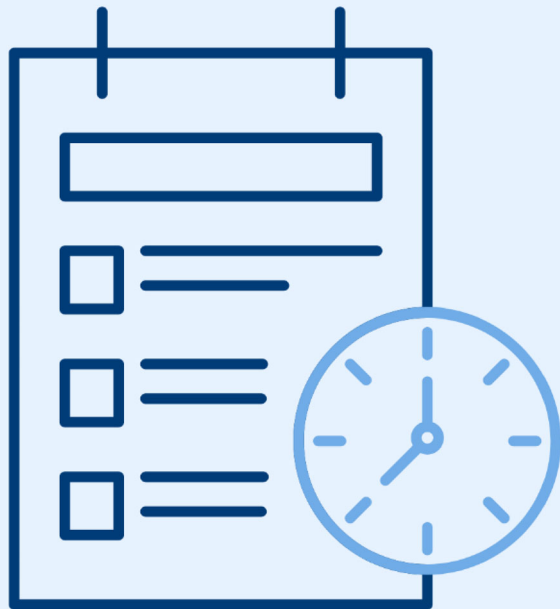
IRIS Advisory Committee (IAC)

Alicia Boehme, Bureau of Quality Oversight

Dana Raue, Bureau of Programs and Policy

March 24, 2026

Agenda



- Our Vision
- Background of the IRIS Advisory Committee (IAC)
- Opportunities for Change
 - Discussion

Our Vision

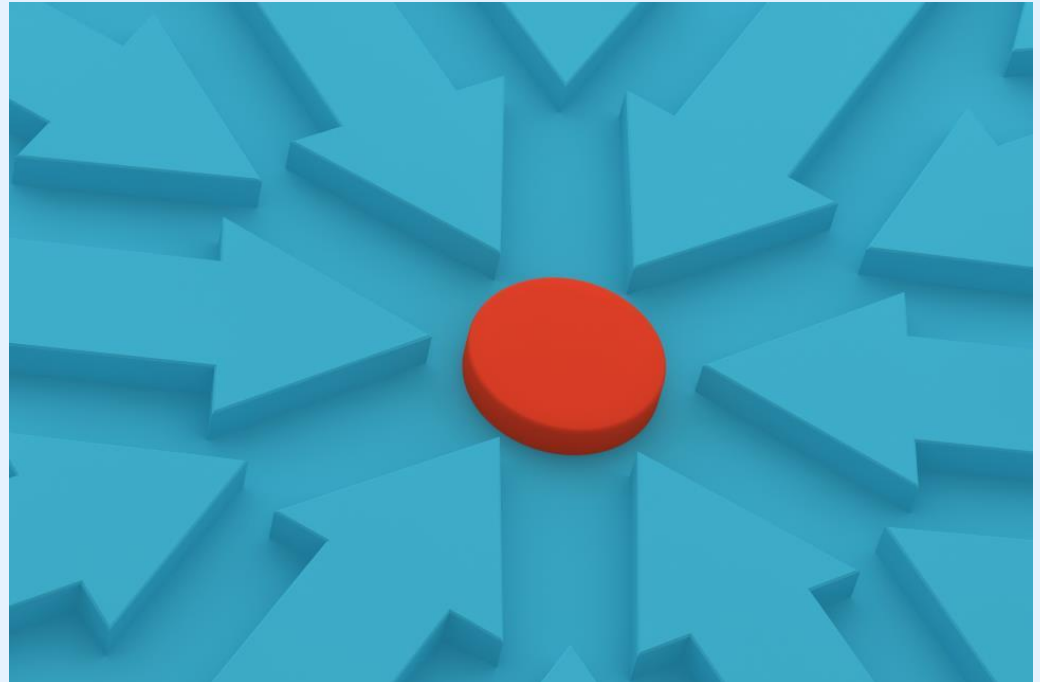


What is the change?

Future Vision for the IAC



- Shift to a participant-driven committee
- Lift-up voices of participants and their families



Why Change?



A space where we can hear directly from you!

Background of IAC



What is the history?

History of IAC



- Evolved over time
- Membership included:
 - participants
 - caregivers
 - providers
 - advocates
 - ICAs
 - FEAs
 - Self-Directed Personal Care oversight (SDPC)



What to Expect



- The IAC provides advice on:
 - Program policy
 - How program changes are carried out
 - What's working and what isn't within the program
 - How best to communicate information
 - How to recruit new committee members
 - How to make the meetings more accessible and inclusive

What to Expect



DMS will share

- Updates on what's happening in the program (current projects)
- Information for your feedback
- Data on the program

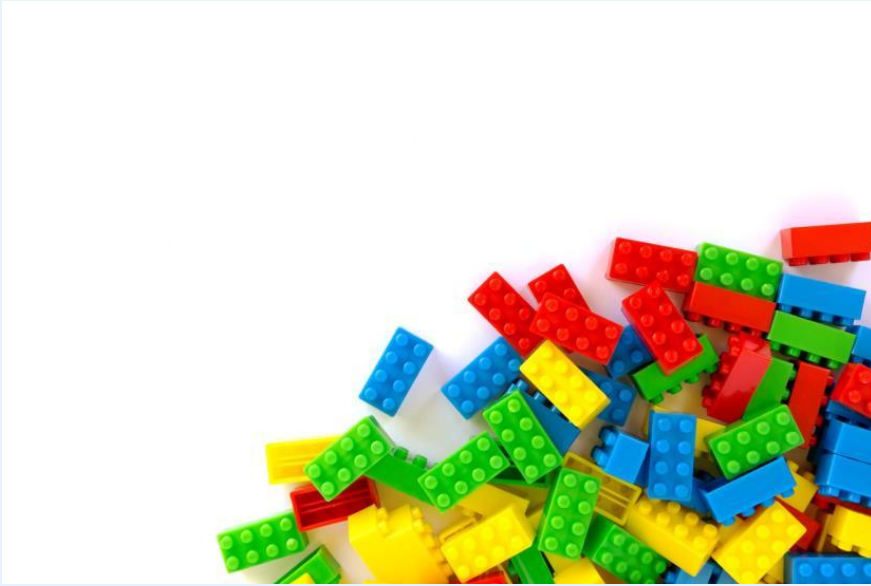
What to Expect



Various partners share:

- Presentations on current events (Advocacy Days, Self Determination Conference)
- Reports about the program (Satisfaction Surveys, NCI Survey, Ombudsmen contacts)
- Public comment

What to Expect



- Build together over time
- Adjust along the way
- Learn as we go

IAC Membership



Name	Program Relationship	Term Ends
Martha Chambers	IRIS Participant	12/31/2026
Ramsey Lee	IRIS Participant	12/31/2026
Andy Thain	IRIS Participant	12/31/2026
Gabby Leachmon	Family Member	12/31/2027
Holly Long	IRIS Participant	12/31/2027
Cindy Bentley	IRIS Participant	12/31/2028
Debra Morris	Family Member	12/31/2028
Mackenzie Wann	IRIS Participant	12/31/2028
Stacy Ellingen	IRIS Participant	12/31/2028

Opportunities for Change



Questions and Discussion

Opportunities for Change



- Name of the Committee
- Having co-facilitators (DHS plus a member or two of the IAC)
- Assisting with agenda
- Frequency and length of meeting
- Start time of the meeting
- Other?

Discussion



Do you want to change the name of the committee?



Discussion



- Do committee members want to be involved with:
 - Facilitating the meeting
 - Creating the agenda



Discussion



- What are your thoughts on standing agenda items?
 - DHS Updates
 - Education
 - Feedback Opportunity
 - Public Comment



Discussion



- How often should the meetings be?
- How long do you want the meetings to be?
- What time should the meetings start?



Discussion



- Other changes to consider?





Thank you!

Protecting and promoting
the health and safety of
the people of Wisconsin



WISCONSIN DEPARTMENT
of HEALTH SERVICES

IRIS Waiver Renewal: Service Definition Clarifications

This document provides clarifications and implementation timelines regarding changes within the 2026 IRIS waiver renewal. This document does not replace the approved waiver or existing program policies; this document clarifies and provides guidance for waiver requirements and program implementation expectations.

For full waiver service definitions, see the updated IRIS Service Definition Manual (published 03/20/26): [IRIS Service Definition Manual | Wisconsin Department of Health Services](#).

Service Category	Participant Hired Worker Training (Supportive Home Care Routine, Companion, & Respite)
Clarification(s)	<p>In accordance with employer authority responsibilities detailed in the IRIS waiver, it is the participant’s responsibility to hire and train their staff. When a participant requires additional assistance to train newly hired support staff on distinct tasks, additional staff coverage may be authorized to permit existing staff to provide onboarding training to new support staff. Onboarding training coverage is not available for agency providers or for the utilization of chore services.</p> <p>Onboarding training must occur within 14 days of the new staff person providing care for the participants. Based on their existing authorized supportive home care hours, the participant may add a total number of onboarding training hours for their plan year. This is the total number of training hours available to split between all newly hired staff within the participant’s plan year. The total number of onboarding training hours may not exceed 2% of the participant’s total number of supportive home care hours during their plan year. A unique authorization must be created for and associated with each new staff person, indicating their authorized training hours.</p> <p>Below are examples for calculating the maximum number of training hours for the participant’s plan year.</p> <p style="padding-left: 40px;">Example one: A participant receives 06 hours of supportive home care weekly for 18 weeks, which totals 8746 hours per plan year.</p> <p style="padding-left: 40px;">.....06 hours per week x 18 weeks = 8746 hours per plan year</p> <p style="padding-left: 40px;">The 8746 hours are then multiplied by the 8% limit, which equals 0712 hours of training time.</p> <p style="padding-left: 40px;">8746 hours x 8% = 0712 hours of training time</p>

	<p>This means the participant may consider adding up to 76 hours of supportive home care training for all new staff persons hired during their plan year.</p> <p>Example two: A participant receives 76 hours of supportive home care weekly for 18 weeks which totals 1368 hours per plan year.</p> $76 \text{ hours per week} \times 18 \text{ weeks} = 1368 \text{ hours per plan year}$ <p>The 1368 hours are then multiplied by the 8% limit which equals 760 hours of training time.</p> $1368 \text{ hours} \times 8\% = 760 \text{ hours of training time}$ <p>This means the participant may consider adding up to 760 hours of supportive home care training for all new staff persons hired during their plan year.</p> <p>If additional funds are required to address this training need, a separate request must be created for and associated with each new staff person. When requesting, the consultant must include documentation specifying the types of tasks for which training is being provided, the anticipated time associated with each task, and any necessary justification for this request.</p>
WISITS Updates:	<p>These new service codes are now available in WISITS:</p> <ul style="list-style-type: none"> • PHW.Training.for.Routine.Supportive.Home.Care.Non_Live_in.(70 minutes) • PHW.Training.for.Companion.Supportive.Home.Care.Live_in.(70 Minutes) • PHW.Training.for.Companion.Supportive.Home.Care.Non_Live_in.(70 minutes) • PHW.Training.for.Respite.in.Other.Setting.Non_Live_in.(70 Minutes) • PHW.Training.for.Respite.in.Participants.Home.Non_Live_in.(70 Minutes)

Service Category	Assistive Technology
Clarification(s)	<p>The new assistive technology service definition includes coverage of the following:</p> <p>» Devices, equipment, software, or communication and monitoring technology covered by this service may only be used in the context of remote monitoring and support services; Devices and equipment covered under this service category are:</p> <p>/ .Radio frequency identification devices.</p>

/.Live.audio.or.video.feed.equipment.
/.Web_based.monitoring.systems.and.
/.Devices.or.equipment.that.facilitate.live.two_way.communication;

Below are examples of what each of these devices would include:

- Radio frequency identification (RFID) tags;
- Live-feed cameras and microphones;
- Wearable health tracking devices that report findings through a web-based system, such as pulse oximeters or medication adherence tools; and
- Two-way intercom systems or pager devices.

These devices and equipment must be cost-effective, may only be accessed for the use of remote service delivery, and require the participant to have an authorization for a remote-eligible service on their plan prior to purchase.

When authorizing devices or equipment for remote service delivery, existing remote service authorizations and the current means of receiving these services must be reviewed and considered. If devices and equipment have already been established, covered, and continue to be effective for the participant, this service should not be utilized. The service definition also states:

“If a participant has multiple services being remotely delivered on their service plan, the participant and their consultant must work to ensure devices or equipment may be utilized to address as many of the remote services as possible with no duplicative purchases of devices or equipment.”

Additionally, these services exclude the following:

- Internet or phone services.
- Phones, other personal-use devices, or any device or equipment purchased for recreational or diversional purposes.
- Training provided to participants for the sake of remote service delivery (training is the responsibility of the remote service provider, as detailed in the waiver, pages 164-165).

For the full waiver definition, refer to the Assistive Technology service definition in the Service Definition Manual.

Service.Description.Added.to.WISITS;

- Purchase.of.Radio.frequency.identification.devices.(Each)
- Purchase.of.Live.audio.or.video.feed.equipment.(Each)
- Purchase.of.Web_based.monitoring.systems.(Each)
- Purchase.of.Devices.or.equipment.that.facilitate.live.two_way.communication.(Each)

Timeline	All authorizations must follow the new Assistive Technology definition and requirements beginning 90 days after the updated Service Definition Manual is published.

Service Category	Community Transportation
Clarification(s)	Guidance.regarding.Transportation.Network.Companies.(TNCs).is. actively.being.developed;
Timelines	TBD

Service Category	Counseling, Therapeutic, and Wellness Services
Clarification(s)	<p>The new counseling, therapeutic, and wellness service definition states the following requirement:</p> <p>»When.this.service.is.being.requested.through.the.SMA.additional.funding.request.process?a.participant.may.not.already.have.more.than.one.of.these.services.authorized.on.their.plan.to.meet.the.same.need;</p> <p>When any additional funding is requested for counseling, therapeutic, and wellness services, the participant must not have more than one of these services authorized on their plan, if the same need is already met by this service category. This guidance applies to existing plans where there is multiple counseling, therapeutic, or wellness services being utilized to meet the same need and the additional funding request process is required to access these services. All plans need to be evaluated and brought into compliance.</p> <p>For general service plan development and funding request submission, the existing IRIS Service Plan (ISP) and Additional Funding Request policies must be referenced to assist in developing authorizations and requests reflecting the needs identified needs and program requirements.</p>
Timelines	<p>All authorizations must use the new Counseling, Therapeutic, and Wellness Services definition and requirements effective once the updated Service Definition Manual is published.</p> <p>For existing authorizations, ICAs have 90 days after the updated Service Definition Manual is published to ensure compliance and that all authorizations or funding requests have been updated to reflect the new definition.</p>

Service Category	Respite
Clarification(s)	<p>The new respite service definition states the following requirement: »The.respite.provider.may.not.also.be.the.primary.caregiver.of.the.participant's.supportive.home.care?and.they.may.not.also.share.a.residence.with.the.participant;”</p> <p>The primary caregiver is defined by the waiver as a “...caregiver.that.provides.more.than.fifty.percent.of.the.care.and.support.on.the.participant's.service.plan;”</p> <p>This requirement is a result of the nature of the federal definition of respite, which is identified in the waiver as providing care on a “temporary?short_term.basis.to.ease.the.participant's.primary.caregiver(s).from.daily.stress.and.care.demands.”</p> <p>These service requirements indicate that respite caregivers may also not provide the majority of a participant’s supportive home care services or be a live-in provider (i.e., they may not share a residence with the participant that they provide care for). Rather than respite, the primary caregiver or live-in provider would simply be providing additional supportive home care services.</p> <p>For the full waiver definition, refer to the Respite service definition in the Service Definition Manual.</p>
	<p>The new respite service definition states the following requirement: “Respite.care.may.not.be.furnished.for.the.purpose.of.compensating.relief.or.substituting.staff.for.residential.service.providers.or.supportive.home.care.provider.agencies.who.provide.greater.than.eight.(8).consecutive.hours.of.service.in.a.day;The.costs.of.such.staff.must.be.addressed.through.the.provider's.rate.covered.under.the.applicable.waiver.service;”</p> <p>Per federal direction, this language was included to reflect the intended purpose of respite services. As stated, residential agencies and supportive home care agencies providing over eight consecutive hours of care are not eligible providers to receive substitute care in relief of their agencies care responsibilities. This means they may not have the participant receive respite services in place of their own care.</p>
	<p>The new respite service definition states the following requirement: »The.cost.of.room.and.board.is.excluded.for.this.waiver.service?regardless.of.service.setting.or.location;”</p> <p>This requirement indicates that room and board is no longer a coverable service charge within respite. Any provider including this in their provider budgets, explicitly or otherwise, must correct and reduce their budgets accordingly prior to authorization or prior to submitting any additional funding requests.</p>

	<p>The new respite service definition states the following requirement: »This.service.may.not.be.utilized.in.lieu.of.other?more.applicable.support.or.care.services?such.as.supportive.home.care;”</p> <p>As indicated in the waiver language, respite services may only be used as defined and may not be used in place of a more accurate, applicable, or appropriate service category. This includes using respite in place of supportive home care, life skills training and education, or any other support or waiver service.</p> <p>Service.Description.Mapping.within.WISITS;</p> <ul style="list-style-type: none"> • Respite.in.Other.Setting.Live_in.(70Minutes).Applicable.Supportive.Home.Care.service.code • Respite.in.Participants.Home.Live_in.(70Minutes).Applicable.Supportive.Home.Care.service.code • Respite.in.Other.Setting.Live_in.Remote.(70Minutes).Applicable.Supportive.Home.Care.service.code
Timeline	<p>All authorizations must use the new Respite Service definition and requirements effective once the updated Service Definition Manual is published.</p> <p>For existing authorizations, ICAs have 90 days after the updated Service Definition Manual is published to ensure compliance and that all authorizations or funding requests have been updated to reflect the new definition.</p>

Service Category	Support Broker Services
Clarification(s)	<p>The new support broker definition identifies the allowable service coverage as “individualized support in maintaining a variety of public assistance benefits.”</p> <p>All support broker authorizations must be updated to meet the new service definition specifications. These authorizations may not exceed the role outlined in the service definition. Therefore, support broker services should not be authorized in excess of what would be typical for maintaining public assistance benefits. All service authorizations and requests submitted to the Department must include the full list of public assistance benefits being assisted with and tasks associated with each.</p>
Timelines	<p>All authorizations must use the new Support Broker Service definition and requirements effective once the updated Service Definition Manual is published.</p> <p>For existing authorizations, ICAs have 90 days after the updated Service Definition Manual is published to ensure compliance and that all authorizations or funding requests have been updated to reflect the new definition.</p>

Technology in Long-Term Care

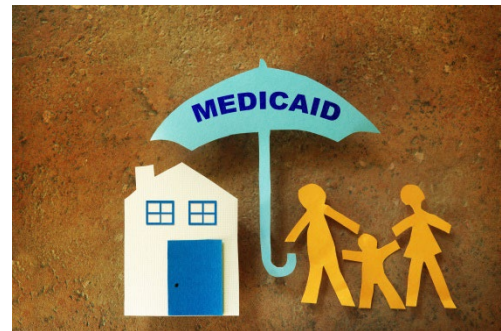


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Community Innovation Specialist
Bureau of Quality & Oversight
Division of Medicaid Services

Technology Currently Used in Long-Term Care

The following service categories may be used to purchase and support technology in Medicaid funded long-term care programs:

- Assistive Technology (AT)
- Adaptive Aids
- Communication Aids
- Personal Emergency Response System (PERS)
- Remote Supports

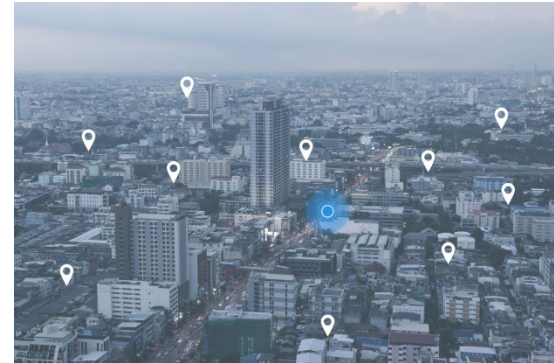


Assistive Technology

- An item, piece of equipment or product system, whether acquired commercially, modified or customized, that is used to increase, maintain or improve functional capabilities at home, work and in the community.
- A service that directly assists a member in the selection, acquisition, or use of an assistive technology device.

Examples of Assistive Technology

Ranges from low tech items to high tech items



Assistive Technology includes Adaptive Aids

- Controls or appliances that enable individuals to increase the ability to perform Activities of Daily Living (ADLs)
- Control the environment in which they live
- Enable individuals to access, participate, and function in the community
- Vehicle modifications that allow the vehicle to be used by the individual to access the community

Examples of Adaptive Aids

Voice-controlled door locks, wireless trackball mouse, wireless mini computer keyboard, voice activated personal assistant controlled devices, and “Smart Home” Technology.

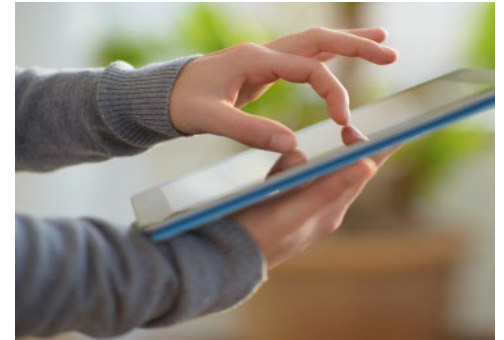


Communication Assistance

- Devices needed to assist with hearing, speech, communication, or visual impairment.
- Devices which help the individual communicate with service providers, family, friends, and the general public.
- Results of improved communication:
 - decrease the reliance on paid staff
 - increase personal safety
 - enhance independence
 - improve social and well-being.

Examples of Communication Aids

Laptop computer, voice to text software, eye movement control or voice control for devices, speech devices, talking devices



PERS

PERS: Personal Emergency Response System

- Service that provides immediate assistance.
- Due to events of a physical, emotional, or environmental emergency.
- Through a community-based electronic communication device.

Examples of PERS



Remote Supports

- Enhances or increases a member's independence and ability to live, work, or meaningfully participate in the community by providing real-time support using two-way communication and non-invasive monitoring technology.

Remote Supports

- Non-invasive monitoring technology includes devices, sensors, and communication systems that allow remote support staff to monitor and communicate with members without providing direct physical assistance. Services are provided by trained remote support professionals who deliver live support from a remote location, decreasing reliance on paid onsite staff and avoiding placement in a more restrictive environment.

Examples of Remote Supports

- Devices equipment, software, or communication and monitoring technology used in the context of remote monitoring and support services, including:
 - a) Motion, pressure, or temperature sensors
 - b) Radio frequency identification
 - c) Live audio or video feed
 - d) Web-based monitoring systems

Examples of Remote Supports

- e) Automated medication dispenser systems
- f) Other devices that facilitate remote monitoring or live two-way communication.



NOSS
NIGHT OWL SUPPORT SYSTEMS, LLC.

Technology in Action

These videos show examples of different enabling technologies in use:

- [Bill](#): Remote Supports – door sensors, assistance button
- [Eric](#): Remote Supports – camera system, door sensors, alert button
- [David & Tony](#): camera doorbell, medication reminder system, smart home thermostat, in home medical condition monitoring
- [Brad](#): camera doorbell, ipad, kitchen appliance sensors, remote supports

DQA Guidance on Technology

- DQA has a webpage which lists their guidance for use of electronic recording, video monitoring, or filming equipment in assisted living.
- [Website for DQA technology guidance](#)

DQA Technology Limitations

- Privacy is a resident right. Wisconsin Stat. § 50.09 and Wis. Admin. Code DHS §§ 83.32(3) applicable to CBRFs and DHS 88.10(3) applicable to AFHs, are specifically related to preserving resident privacy in many areas.

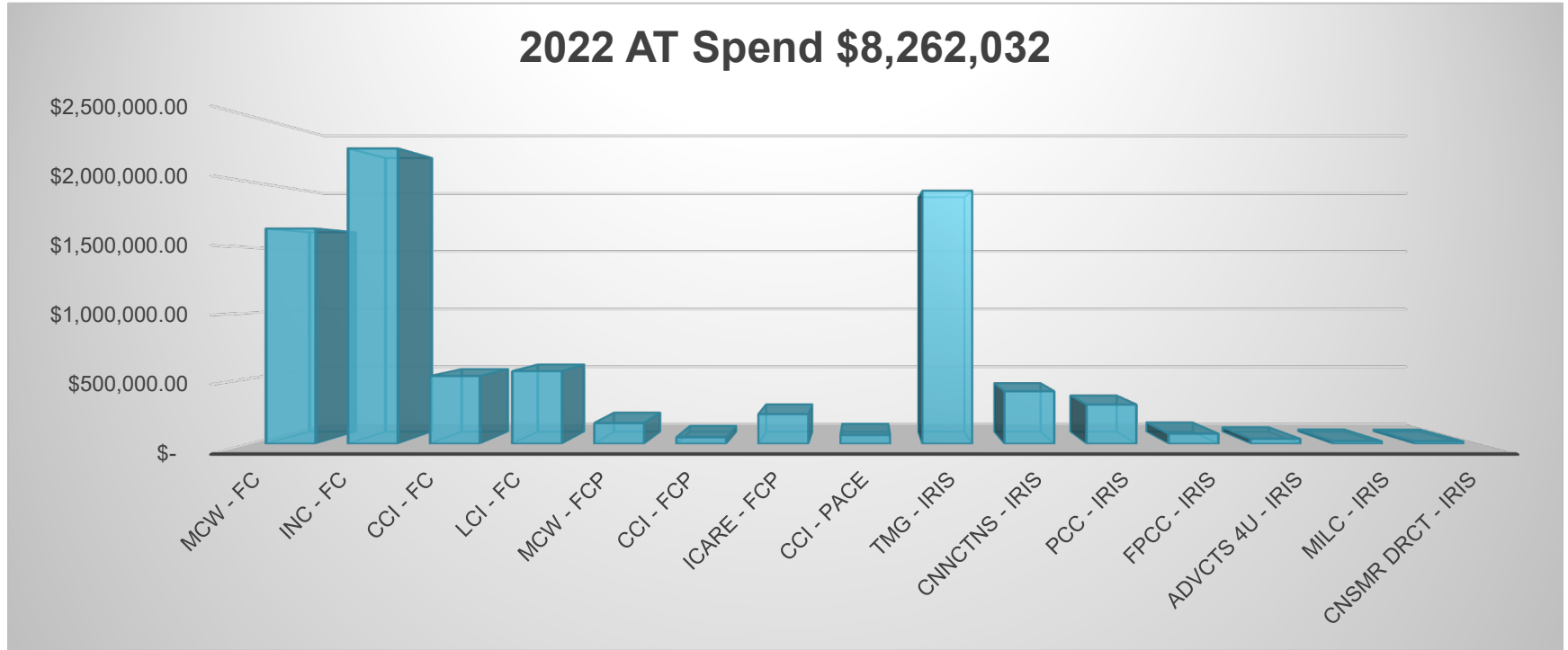
Those areas include:

- health care;
- treatment (both physical and emotional);
- living arrangements;
- caring for personal needs including toileting, bathing, and dressing;
- visits by spouse or domestic partner;
- confidentiality of health and personal information and records;
- private and unrestricted communications; and
- the right to not be searched when there is a reasonable expectation of privacy.

DQA Technology Limitations

- In addition to this general right of privacy, Wisconsin statutes have identified statutory privacy rights that are specific to an individual's circumstances.
- Wisconsin Stat. ch. 51, Mental Health Act, applies to CBRFs, AFHs, and RCACs if the resident or tenant meets the statutory definition of "patient."
- Patient rights are further identified in Wis. Admin. Code DHS ch. 94, which applies to the resident or tenant living in CBRFs, AFHs, and RCACs if the resident or tenant meets the definition of patient.

Technology Use in LTC 2022



Future Data Collection

DHS will be pulling and analyzing LTC data from 2024 and 2025

- Type of technology being used
- Spend by MCO and ICA
- % of individuals using technology

Questions?



Assistive Technology Resources

- WisTech: WisTech is Wisconsin's assistive technology program funded under the AT Act of 1998; WisTech provides information on selecting, funding, installing, and using assistive technology

<https://www.dhs.wisconsin.gov/disabilities/wistech/index.htm>