IRIS Waiver Renewal 2026-2030

Wisconsin Department of Health Services
Division of Medicaid Services, Bureau of Programs and Policy
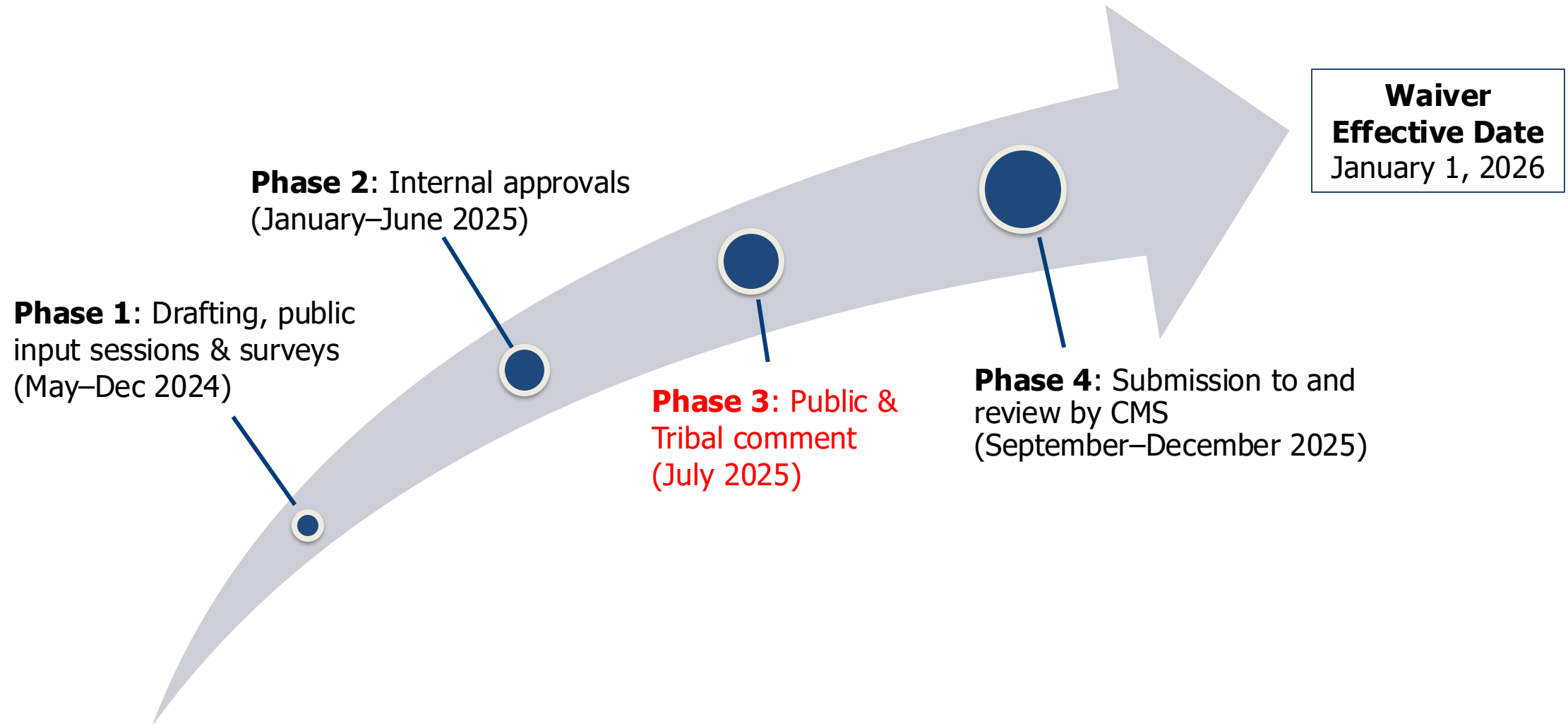
IRIS Advisory Committee
July 22, 2025

Agenda

- IRIS waiver background
- Waiver renewal timeline
- IRIS feedback themes
- Key changes in proposed waiver
- Discussion
- Next steps

IRIS Waiver Background

- IRIS serves more than 27,000 people in Wisconsin.

- IRIS is a 1915(c) Home and Community-Based Services (HCBS) waiver.
  - 1915(c) HCBS waivers are applications to the federal government that allow DHS to have Medicaid programs like the IRIS program.
  - IRIS' continued success is dependent on DHS successfully responding to CMS waiver questions and following federal guidelines.

- 1915(c) HCBS waivers need to be renewed and approved by CMS every five years.

- The IRIS program's waiver is due for renewal by December 31st, 2025.

Waiver Renewal Timeline

Phase 1: Drafting, public input sessions & surveys (May–Dec 2024)

Phase 2: Internal approvals (January–June 2025)

Phase 3: Public & Tribal comment (July 2025)

Phase 4: Submission to and review by CMS (September–December 2025)

Waiver Effective Date January 1, 2026

To protect and promote the health and safety of the people of Wisconsin

Feedback Themes

Services	Expansion of services and providers across the state
Transportation	More reliable, accessible, flexible, and convenient options
Cultural Competency	Resources for culturally competent and inclusive services to ensure care is tailored to the diverse needs of individuals
Integrity	More robust oversight to ensure participants have tools needed to self-direct, manage funds, and receive quality care
Housing	More assistance with finding affordable, safe, and accessible housing
Self-Direction	Provide clearer guidance and support for the self-direction service delivery model

Key changes in proposed waiver
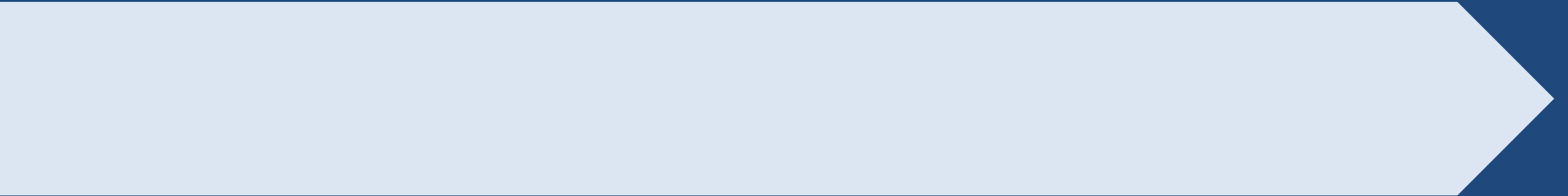
Administrative Changes

Updates made across the waiver:
- Focus on accuracy and clarity within current practices
- Address CMS waiver application updates
- Align with CMS, other states, and other Wisconsin long-term care programs

Administrative Changes

Service title updates:

- Counseling, Therapeutic, and Wellness Services (previously Counseling and Therapeutic Services)
- Day Habilitation (previously Day Services)
- Environmental Accessibility Adaptation (previously Home Modifications)
- Individual Supported Employment (previously Supported Employment- Individual)
- IRIS Consultant Agency Services (previously IRIS Consultant Services)
- Small Group Supported Employment (previously Supported Employment- Group)
- Virtual Monitoring and Emergency Response Systems (previously Personal Emergency Response Systems [PERS])
- Vocational Futures Planning and Support (previously Vocational and Futures Planning)

Key Changes

- **Housing Counseling** – Added service list to broaden the scope and added a collaborative assessment to determine participant's housing needs and preferences.

- **Environmental Accessibility Adaptations (Home Modifications)** – Updated to align with CMS and other adult LTC programs.

- **Relocation-Community Transition Services** – Added a service to help coordinate relocation activities with the participant, as well as added pre-move cleaning and household preparation.

Key Changes

- **Competitive Integrated Employment (CIE) Exploration (New!)** – Added new separate category to reflect current practices and align across other adult long-term care programs.

- **Individual Supported Employment** – Restructured category to reflect extensive employment activities including CIE Discovery.

- **Life Skills Training and Education (New!)** – Combined previous service categories Daily Living Skills Training (DLST) and Consumer Education and Training (CET).
  - Included existing services and added a service to reflect other adult LTC programs.
  - Increased limit from $2,500 to $3,000.

Key Changes

- **Community Transportation –** Broadened transportation options for participants.
  - Added transportation network companies (TNCs) like Uber and Lyft.
  - Clarified that transportation coverage includes public transit tickets and fare cards.

- **Assistive Technology –** Moved Interpreter Services and allowable provider types to this category. Included coverage for devices for remote service delivery.

- **Virtual Monitoring and Emergency Response Systems** – Modified service category to include virtual monitoring activities.

Key Changes

- **Respite –** Clarified language to address service scope and purpose to align with other states.
  - Defined "primary caregiver" and who is allowed to provide respite.
  - Clarified room and board is not covered to align with Wisconsin children's programs and other states.

- **Participant-Hired Worker Training (New!) –** Hours for existing workers to train new staff are coverable under this service.

- **Counseling, Therapeutic, and Wellness Services –** Added culturally appropriate counseling, therapeutic, and wellness services and provider types.
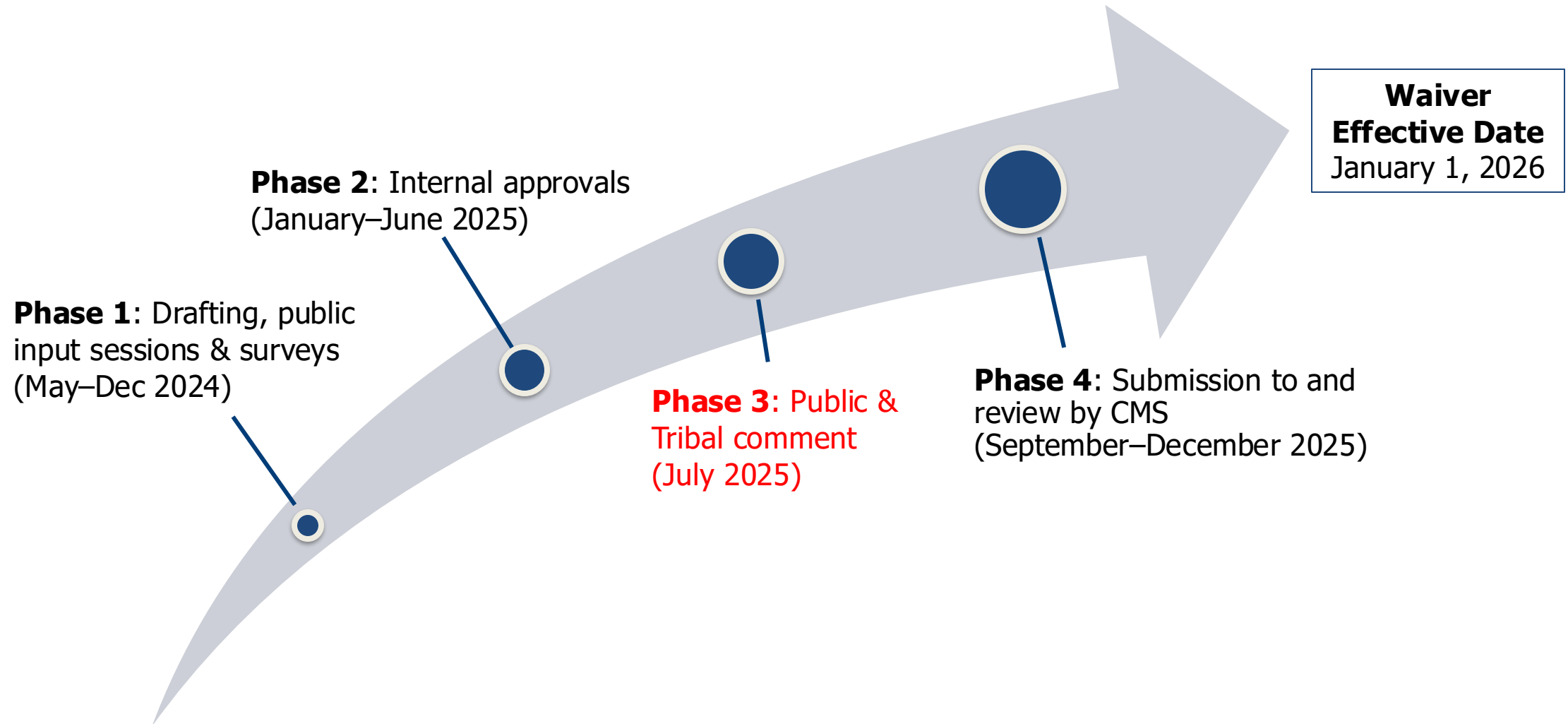
Key Changes

- **Clarification of roles, responsibilities, and terms in IRIS –** To enhance program integrity, make sure participants receive the most effective support, and avoid duplication of roles, clear definitions have been included.
  - Clarified support broker service definition to "provide support to participants about maintaining a variety of public assistance benefits (i.e., energy assistance programs, FoodShare, etc.)."
  - IRIS consultant agency (ICA) staff are required to meet all competency requirements.
  - Clarified self-direction based on CMS requirements, which include a person-centered planning process, a written plan, information and support, and required self-direction role and responsibilities.

Discussion

Questions?

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Next Steps

- Public comment period: July 9 – August 8, 2025
- Submit comments to DHS by:
  - Email: DHSDMSIRISRenewal@dhs.wisconsin.gov
  - Mail: Wisconsin Department of Health Services

    Division of Medicaid Services
    Bureau of Programs and Policy
    Attn: IRIS 1915(c) Waiver Renewal
    PO Box 309
    Madison, WI 53701-0309
- Find more information on the IRIS waiver renewal webpage
  www.dhs.wi.gov/iris/waiver-renewal.htm

Thank You!

www.dhs.wi.gov/iris/waiver-renewal.htm

Appendix A, IRIS

Performance Measure A (i): ICAs must complete all Record Review remediation timely.

    a.   Numerator: Number of participant records that were remediated timely.   1,678

    b.   Denominator: Number of participant records reviewed.   1,771

Result for 2024: 94.7%

The overall result   `exceeds`   86%;   No remediation is required.

This is a decrease from 98.4% in CY2023

Performance Measure A (ii): FEAs must complete all Record Review remediation timely.

    a.   Numerator: Number of participant records that were remediated timely.   1,082   PHW and non-PHW

    b.   Denominator: Number of participant records reviewed.   1,153   PHW and non-PHW

Result for 2024: 93.8%

The overall result   `exceeds`   86%;   No remediation is required.

This is an increase from 87.9% in CY2023

Performance Measure A (iii): Number and percent of calendar quarters that indicate a statistically significant random sample 95%+/- was pulled for each contractor based on participant enrollment.

    a.   Numerator: The number of calendar quarters that indicated the EQRO's sample was statistically significant based on the contractor's enrollment.   24

    b.   Denominator: The total number of calendar quarters reviewed for each contractor.   24

Result for 2024: 100%

The overall result   `exceeds`   86%;   No remediation is required.

This is no change from 100% in CY2023

Performance Measure A (iv): Number and percent of records reviewed by the EQRO within 90 days.

    a.   Numerator: The number of records that the EQRO reviewed within 90 days.   1,771

    b.   Denominator: The total number of records reviewed.   1,771

Result for 2024: 100%

The overall result   `exceeds`   86%;   No remediation is required.

This is no change from 100% in CY2023

Performance Measure A (v): SMA monitors the level of care re-evaluations for efficacy to identify significant differences from the initial evaluation.

    a.   Numerator: The total number of Long-Term Care Functional Screens that did not have a change in the level of care from the original assessment of new enrollees.   25,858

    b.   Denominator: The total number of enrollees who have been in the program greater than 365 days identified by the SMA.   25,945

Result for 2024: 99.7%

The overall result   `exceeds`   86%;   No remediation is required.

This is no change from 100% in CY2023

Performance Measure A (vi): IRIS Consultant Agencies ICAs remediate level of care evaluation errors within 90 days of notification of error by SMA.

a. Numerator: Number of level of care evaluation errors remediated by ICA within 90 days of notification by SMA.   85

b. Denominator: The total number of level of care evaluation errors identified by SMA.   85

Result for 2024: 100%

The overall result   exceeds   86%;   No remediation is required.

This is no change from 100% in CY2023

Appendix B, IRIS

i   Performance Measure B (i): All applicants must have an eligible level of care prior to enrollment.

a. Numerator: Number of applicants enrolled in the IRIS program who do have an eligible level of care.   5,037

b. Denominator: Total number of applicants enrolled during the calendar year.   5,089

Result for 2024: 99%

The overall result   exceeds   86%;   No remediation is required.

This is no change from 99% in CY2023

Performance Measure B (ii): Waiver participants must receive an annual Long-Term Care Functional Screen within 365 days of their last Long-Term Care Functional Screen.

a. Numerator: The number of participants with their most recent Long-Term Care Functional Screen within 365 days of the previous Long-Term Care Functional Screen.   20,320

b. Denominator: The number of Long-Term Care Functional Screens reviewed.   21,445

Result for 2024: 95%

The overall result   exceeds   86%;   No remediation is required.

This is an increase from 92% in CY2023

Appendix C, IRIS

Performance Measure C (i): Active participant-hired workers PHW must have the appropriate criminal background and caregiver registry checks as verified by the Fiscal Employer Agent FEA.

a. Numerator: The number and percent of active participant-hired workers with criminal background and caregiver registry checks.   683   PHWs

b. Denominator: The number of active participant-hired workers checked.   713   PHWs

Result for 2024: 98.8%

The overall result   exceeds   86%;   No remediation is required.

This is an increase from 93% in CY2023

Performance Measure C (ii): Active providers non-participant-hired worker must meet the provider verification requirements as verified by the Fiscal Employer Agent FEA.

a. Numerator: The number of active providers non-participant-hired workers who met the provider verification requirements.   389   Non-PHW providers

b. Denominator: The number of active providers non-participant-hired workers   440   Non-PHW providers

Result for 2024: 88.4%

The overall result exceeds 86%;   No remediation is required.

This is a decrease from 90% in CY2023

Performance Measure C (iii): Participants must have a completed IRIS Participant Education Manual: Acknowledgement F-01947 form in WISITS.

    a. Numerator: The number and percent of participants who have completed the IRIS Participant Education Manual: Acknowledgement F-01947 form.   1,675

    b. Denominator: The number of participant records reviewed.   1,771

Result for 2024: 94.6%

The overall result exceeds 86%;   No remediation is required.

This is an increase from 91.8% in CY2023

Appendix D, IRIS

Performance Measure D (i): Participants must have an Individual Support and Service Plan ISSP that addresses all participant needs and personal goals, including health and safety risks.

    a. Numerator: The number of participant records reviewed that address all participant needs and personal goals.   1,365

    b. Denominator: The number of participant records reviewed.   1,771

Result for 2024: 75%

The overall result does not meet 86%;   Remediation is required.

This is an increase from 60.5% in CY2023

Remediation:

Although CY 2024 resulted in a 75.5% compliance, this is a 15% increase from CY 2024. DHS worked with the External Quality Review Organization (EQRO) to update the review tool and instructions to clarify areas of the performance measure to ensure accurate data was documented. DHS is actively working with a vendor to develop a new centralized case management system. One focus area is to develop a more robust Individualized Support Plan (ISP) that will align with the Long-Term Care Functional Screen (LTCFS) to allow the IRIS Consultant (IC) to easily identify when Durable Medical Equipment and Durable Medical Supplies are utilized and need to be documented within the ISP. Of the 171 records that had areas of non-compliance, 94 (54.9%) of the records received a "not met" response for not documenting in the ISP that either DMS or DMS was utilized per the Long-Term Care Functional Screen (LTFCS). It should be noted that instances of non-compliance the IRIS participant is receiving and utilizing the identified DME or DMS and this a concern with IC failing to document accurately and not a concern of participant health and safety.

Performance Measure D (ii): Participant Individual Support and Service Plan ISSP must be updated at least once every 365 days.

    a. Numerator: The number of participant records with an ISSP that was updated in the last 365 days.   1,681

    b. Denominator: The number of participant records reviewed.   1,771

Result for 2024: 94.9%

The overall result exceeds 86%;   No remediation is required.

This is an increase from 93.9% in CY2023

Performance Measure D (iii): Participant records must have complete service authorizations that identify the type, scope, description, and frequency of services.

a. Numerator: The number and percent of records with complete service authorizations type, scope, amount, description, and frequency of services.   1,771

b. Denominator: The number of participant records reviewed.   1,771

Result for 2024: 100%

The overall result   `exceeds`   86%;   No remediation is required.

This is no change from 100% in CY2023

Performance Measure D (iv): Participant records must demonstrate that participants were offered a choice of waiver services and providers.

a. Numerator: The number and percent of participants who have a completed "IRIS Participant Education Manual: Acknowledgement F-01947 form.   1,675

b. Denominator: The number of participant records reviewed.   1,771

Result for 2024: 94.6%

The overall result   `exceeds`   86%;   No remediation is required.

This is an increase from 91.8% in CY2023

Appendix G, IRIS

Performance Measure G (i): Critical Incident Report remediation submitted for substantiated cases of abuse, neglect, exploitation, and unexplained deaths.

a. Numerator: The number of participant records with incident report remediation activities reviewed.   198

b. Denominator: The number of participants with substantiated cases of abuse, neglect, exploitation, and unexplained deaths.   198

Result for 2024: 100%

The overall result   `exceeds`   No remediation is required.

This is no change from 100% in CY2023

Performance Measure G (ii): The IRIS Consulting Agency ICA is responsible for ensuring participant health and safety by ensuring immediate and ongoing health and safety related to the reported critical incident.

a. Numerator: The number of participant critical incidents reported in which the ICA adequately ensures the health and safety of the participant.   1,192

b. Denominator: The number of participant incidents reported.   1,192

Result for 2024: 100%

The overall result   `exceeds`   86%;   No remediation is required.

This is no change from 100% in CY2023

Performance Measure G (iii): Participants receiving support using restrictive measures must have an approved restrictive measure application.

a. Numerator: The number of participants with an approved restrictive measure.   59

b. Denominator: The number of participants using a restrictive measure.   59

Result for 2024: 100%

The overall result   `exceeds`   86%;   No remediation is required.

This is no change from 100% in CY2023

Performance Measure G (iv): Participants must receive annual education about accessing a primary care provider, the benefits of receiving influenza and pneumonia vaccines and identifying symptoms of urinary tract infections.

a.	Numerator: The number and percent of participants who have a completed "IRIS Participant Education Manual: Acknowledgement F-01947".	1,675
b.	Denominator: The number of participant records reviewed.	1,771

Result for 2024: 94.6%

The overall result   `exceeds`   86%;   No remediation is required.

This is an increase from 91.8% in CY2023

Appendix I, IRIS

Performance Measure I (i): Waiver service claims must identify a number of service units consistent with the number of units on the approved service authorization.

a.	Numerator: The number of service claims with the number of units consistent with the approved service authorization.	294
b.	Denominator: The number of service claims reviewed.	385

Result for 2024: 76.4%

The overall result   `does not meet`   86%;   Remediation is required.

This is an increase from 57% in CY2023

Remediation: This performance measure has been historically low due to the method in which IRIS service authorizations are created, as well as how service providers invoice for services vs. the IRIS Service Definition procedure codes that are identified by 15-minute increments. IRIS service authorizations are created based on the number of authorized hours and providers invoice based on the number of hours authorized and not invoiced by 15-minute increments.

Performance Measure I (ii): Waiver service claims must identify a date of service that is consistent with the date of service on the approved service authorization.

a.	Numerator: The number of service claims with dates of service consistent with the approved service authorization.	385
b.	Denominator: The number of service claims reviewed.	385

Result for 2024: 100%

The overall result   `exceeds`   86%;   No remediation is required.

This is an increase from 99.7% in CY2023

Performance Measure I (iii): Waiver service claims must identify the specific provider that is consistent with the provider listed on the approved service authorization.

a.	Numerator: The number of service claims with a specific provider that is consistent with the approved service authorization.	356
b.	Denominator: The number of service claims reviewed.	385

Result for 2024: 92.5%

The overall result   `exceeds`   86%;   No remediation is required.

This is a decrease from 94.5% in CY2023

Performance Measure I (iv): Waiver service claims must identify a rate of service that is consistent with the rate of service on the approved service authorization.

a. Numerator: The number of service claims with a rate consistent with the approved service authorization.   256

b. Denominator: The number of service claims reviewed.   385

Result for 2024: 66.5%

The overall result   does not meet   86%;   Remediation is required.

This is a decrease from 71% in CY2023

Remediation (*if applicable*):

Claims found unmet for rate issues had inconsistencies between rates authorized and rates billed. Remediation activities may include the planned LTC encounter transition to the current HMO encounter solution for the IRIS program. This will transition IRIS encounter reporting to stricter MMIS claims processing standards. The project will also load all IRIS service authorizations into the MMIS and use them to enforce authorization unit limits and service rates on encounter-reported claim details.