



IRIS Transition Plan for Compliance with the Medicaid Home and Community-Based Services Waivers Final Rule (CMS 2249-F/2296-F) V2.0

Background: On January 10, 2014, the Centers for Medicare and Medicaid Services (CMS) issued the Medicaid Home and Community-Based Services (HCBS) Waiver Final Rule (CMS 2249-F/2296-F) effective March 17, 2014 for all 1915(c) waivers. The new rule requires that people served through HCBS waivers must receive services in the community to the same degree of access as people not receiving Medicaid HCBS. The State must provide evidence of compliance before March 17, 2019.

“The [final rule](#) addresses several sections of Medicaid law under which states may use federal Medicaid funds to pay for home and community-based services (HCBS). The rule supports enhanced quality in HCBS programs, adds protections for people receiving HCBS services. This rule reflects CMS’ intent to ensure that people receiving services and supports through Medicaid’s HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting. Highlights of this final rule include:

- A definition and description of MA HCBS settings appropriate for the provision of HCBS under section 1915(c) HCBS waivers, section 1915(i) State Plan HCBS and section 1915(k) (Community First Choice) authorities;
- Defines person-centered planning requirements across the section 1915(c) and 1915(i) HCBS authorities;
- Provides states with the option to combine coverage for multiple target populations into one waiver under section 1915(c), to facilitate streamlined administration of HCBS waivers and to facilitate use of waiver design that focuses on functional needs;
- Allows states to use a five-year renewal cycle to align concurrent waivers and state plan amendments that serve individuals eligible for both Medicaid and Medicare, such as 1915(b) and 1915(c); and
- Provides CMS with additional compliance options beyond waiver termination for 1915(c) HCBS waiver programs.”

Purpose: The HCBS Waivers Final Rule (CMS 2249-F/ CMS 2296-F) is the catalyst for changes to Wisconsin’s HCBS waivers. To ensure compliance by March 17, 2019, the Wisconsin Department of Health Services (DHS) seeks public comment on the IRIS Program transition plan to ensure the proposed changes meet the needs of Wisconsin residents utilizing HCBS services. The Department will use guidance from CMS, the data collected during its assessments, and public comments, to influence the activities to ensure full compliance with the final rule.

§441.301(iii)(v) “Upon approval by CMS, the State will begin implementation of the transition plans. The State's failure to submit an approvable transition plan as required by this section and/or to comply with the terms of the approved transition plan may result in compliance actions, including but not limited to deferral/disallowance of Federal Financial Participation.”

Format: This document contains three sections (A, B, and C) to address each component of the final rule. Residential settings (A) and non-residential settings (B) require transition plans. Section C includes a list of program activities to address the remaining components of the final rule that do not require a transition plan. Each section begins with the CMS-issued guidance, followed by the proposed transition plan or program activities for the IRIS Program’s compliance with the HCBS Waivers Final Rule. Each action item is numbered, in the far left column of the table. Please reference these numbers when submitting comments. This document is **version 2.0**. Updates to the transition plan will be reflected by different version numbers, documented in this section.

SECTION A: RESIDENTIAL SETTINGS

CMS GUIDANCE ON RESIDENTIAL SETTINGS REQUIREMENTS AS DESCRIBED IN §441.301:

“(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:

- (i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
- (ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
- (iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- (iv) Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- (v) Facilitates individual choice regarding services and supports, and who provides them.
- (vi) In a provider-owned or controlled residential setting, in addition to the qualities at §441.301 (c)(4)(i) through (v), the following additional conditions must be met:
 - (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
 - (B) Each individual has privacy in their sleeping or living unit:
 - (1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.

- (2) Individuals sharing units have a choice of roommates in that setting.
- (3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- (C) Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
- (D) Individuals are able to have visitors of their choosing at any time.
- (E) The setting is physically accessible to the individual.”

Transition Plan for Compliance with Residential Settings Requirements

#	Action	Description	Applicable Stakeholders	Proposed Start Date	Proposed End Date	Complete
PHASE 1: IDENTIFICATION						
1	Confirm with CMS Compliance Standards	Provide CMS Regional Lead proposed transition plan for preliminary review. Confirm via phone or email that State understands and addresses all compliance standards in the transition plan.	DHS, CMS	8/1/2014	8/15/2014	<input checked="" type="checkbox"/>
2	Collect Public Comment	Release transition plan for public comment by at least two methods (electronic link and mailing address). Develop method for collecting public comments. <ul style="list-style-type: none"> Provide transition plan to IRIS Advisory Committee and solicit committee input. 	Public, IRIS Advisory Committee	9/02/2014	10/2/2014	<input checked="" type="checkbox"/>
3	Analyze Public Comments	Analyze all public comments and update transition plan as necessary.	DHS	10/02/2014	12/15/2014	<input checked="" type="checkbox"/>
4	Develop FAQ for Stakeholders	Create a Frequently Asked Questions document based on the public comments received. Post to the Department’s IRIS website for stakeholder review.	DHS	10/02/2014	3/1/2015	<input type="checkbox"/>
5	Provide Update to CMS on Public Comments Received	As evidenced by §441.301, The State must provide to CMS: <p>“(B) A summary of the comments received during the public notice period, reasons why comments were not adopted, and any modifications to the transition plan based upon those comments”</p> <ul style="list-style-type: none"> Analyze additional CMS Guidance and update transition plan based on CMS feedback. 	DHS, CMS	9/29/2014	10/2/2014	<input checked="" type="checkbox"/>
6	Submit Waiver Amendment	Submit waiver amendment effective January 1, 2015, including transition plan for residential and non-residential settings requirements as specified in the HCBS Waivers Final Rule.	DHS, CMS	9/30/2014	1/1/2015	<input checked="" type="checkbox"/>
7	Service Provider Identification	Identify residential services funded by IRIS where providers may be subject to HCBS Waivers Final Rule compliance. Residential Services in IRIS include Adult Family Homes, 1-2 beds; Adult Family Homes, 3-4 beds; and Residential Care Apartment Complexes (RCACs). <ul style="list-style-type: none"> Query DHS encounter claims to determine which providers served IRIS participants. Analyze three years of historical claims data. Submission, by the IRIS Fiscal Employer Agent (FEA), the list of certified or licensed providers of residential services. Identify the number of IRIS participants currently utilizing these services. 	DHS, FEA, DQA	1/1/2015	1/15/2015	<input type="checkbox"/>
8	Provide	Create a central-point-of-contact for provider, stakeholder, and participant questions	DHS	1/1/2015	1/15/2015	<input type="checkbox"/>

	Centralized-Point-of-Contact	regarding HCBS Waivers Final Rule compliance. <ul style="list-style-type: none"> • Create and publish, to the IRIS website, the HCBS Waivers Final Rule compliance, and the IRIS Program. • Create a Listserv for the dissemination of information to interested stakeholders. • Continually update frequently asked questions gathered through the IRIS Transition Plan email address. 				
9	Provider, TPA, and FEA Notification & Education	Develop and disseminate training regarding the HCBS Waivers Final Rule to identified providers requiring compliance with the HCBS Waivers Final Rule before March 17, 2019 or have providers declare that they will not serve IRIS participants through HCBS waiver funds. Send providers a copy of the CMS provided exploratory questions that will drive the Department's development of an assessment tool.	DHS, IRIS FEAs	1/16/2015	3/16/2015	<input type="checkbox"/>
10	Participant Education	Develop and disseminate training materials for participants regarding the HCBS Waivers Final Rule. Materials will explain that as an additional check of compliance as well as an opportunity to empower participants, they may assess their own service providers and provide that information to DHS. Final compliance designation will be made by DHS based on all methods of assessment collection. Materials will explain how participants will be affected if providers fail to meet compliance standards by March 17, 2018.	DHS	1/16/2015	3/16/2015	<input type="checkbox"/>
11	ICA/IRIS Consultant Education	Develop and disseminate training materials to IRIS Consultant Agencies (ICAs), for IRIS consultants, explaining the HCBS Waivers Final Rule's effect on the ICAs' relationship with participants and providers.	DHS, ICAs	1/16/2015	3/16/2015	<input type="checkbox"/>
12	Stakeholder Advisory Group	Solicit stakeholder interest to form a rule workgroup. The workgroup will provide valuable insight on transition activities, utilize stakeholder networks to disseminate planning information, and provide DHS additional resources to ensure compliance. <ul style="list-style-type: none"> • Explore the formation of a Transition Plan workgroup. This could include members of the IRIS Advisory Committee. 	DHS, IRIS Advisory Committee	1/16/2015	7/1/2015	<input type="checkbox"/>
43	Engage and Educate Ombudsmen	Disability Rights Wisconsin (DRW) is contracted to provide Ombudsmen services to IRIS participants. Ombudsmen act as a third party and have the authority to review provider complaints. There may exist an opportunity to leverage Ombudsmen resources for information dissemination or assessment of providers.	DHS, DRW	3/1/2015	7/1/2015	N/A
14	Engage and Educate Lutheran Social Services and Division of Quality Assurance	Lutheran Social Services (LSS) oversees the licensure and certification of 1-2 Bed Adult Family Homes for the IRIS program. The Division of Quality Assurance (DQA) oversees the licensure and certification of 3-4 Bed Adult Family Homes. Both entities will be advised of the new rule.	DHS, LSS, DQA	3/1/2015	7/1/2015	<input type="checkbox"/>
PHASE 2: ASSESSMENT						
15	Analyze State Regulations and Procedures	Review DQA regulatory requirements and oversight processes for provider licensure or certification. Develop a crosswalk of state regulations, procedures and standards for providers of residential services against the HCBS Waivers Final Rule regulation. <ul style="list-style-type: none"> • Determine whether Wisconsin Administrative Code and State Statutes are consistent with the HCBS final rule requirements for allowable settings and provider certifications and licensures. 	DHS, LSS, DQA	1/1/2015	7/1/2015	<input type="checkbox"/>
16	Perform Feasibility Analysis and Resource Estimates	Leverage the functionality of Wisconsin's Provider Management System (WPM) to require providers to complete a provider assessment prior to being able to register as an authorized IRIS provider. Prior to the claim being adjudicated, the TPA will have validation that the	DHS, TPA	9/1/2015	12/31/2016	<input type="checkbox"/>

		<p>provider is in compliance with HCBS regulations.</p> <p>New provider paperwork could include checkboxes with statements in alignment with the CMS guidance listed above. Providers will sign off and be subject to random, unannounced site visits to confirm compliance. Generally, the setting must meet the CMS final rule statement below:</p> <p>“integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.”</p>				
17	Develop Assessment Methodology	<p>In addition to the State’s Transition Plan Assessment tool, develop an additional IRIS assessment tool that familiarizes IRIS providers with the new HCBS rule and allows an opportunity to explore compliance within a self-directed model..The assessment tool will identify the areas of the new rule for which the provider is non-compliant, thereby allowing providers to target compliance efforts. The assessment tool will include:</p> <ul style="list-style-type: none"> • Questions that accurately assess provider compliance while maintaining the integrity of a self-directed model; and • Methods to quantify provider assessment results. 	DHS Stakeholders Providers	11/1/2014	6/30/2015	<input type="checkbox"/>
18	Conduct Assessments	<p>Determine the method of distribution and the parties responsible for conducting the assessment, for example, online or mail submissions.</p> <ul style="list-style-type: none"> • All providers currently serving IRIS participants will be assessed. • If providers and/ or participants are required to “self-assess,” then the DHS Quality Team, or identified third party, will conduct an in-depth review of a stratified random sample of assessments. • In addition to serving IRIS participants, some providers also serve Family Care or other waiver members. The IRIS program will collaborate with Family Care, other waivers to assess providers serving individuals from multiple long-term care programs. 	DHS	7/1/2015	12/31/2015	<input type="checkbox"/>
19	Analyze Assessments	<p>Develop an Assessment Data Report with assigned categories of provider compliance. Final compliance designation will be determined by DHS or a DHS approved entity.</p> <ul style="list-style-type: none"> • ‘Yes – Settings meet HCBS characteristics’ • ‘Not Yet – Settings currently do not meet HCBS characteristics but may, with remediation’ • ‘No – Settings cannot meet HCBS settings; setting cannot conform, setting is presumptively institutional and state determines setting is incompatible with the HCBS final rule • Settings found presumptively institutional must submit evidence to the DHS to be reviewed through a heightened scrutiny process. • The DHS report will include: number of providers assessed; number of participants served by these providers; and number of providers by compliance designation. 	DHS	1/1/2016	6/30/2016	<input type="checkbox"/>
20	Provide Assessment Results to CMS	<p>Upon collection of assessments, an aggregation and analysis of data, the DHS will provide the information to CMS. In response, CMS may provide additional guidance and direction based on the assessment data, public comment, and ongoing comments/questions received through the central-point-of-contact email address. The IRIS Program transition plan will be updated accordingly.</p>	DHS, CMS	7/1/2016	7/15/2016	<input type="checkbox"/>

21	Ongoing Assessments	Develop methodology, to assess ongoing residential setting compliance, at least annually. Update methodology as needed. <ul style="list-style-type: none"> Sites may be subject to random, unannounced site visits. A stratified random sample of assessments may be reviewed annually by the IRIS Quality Team. 	DHS	11/1/2014	7/1/2015	<input type="checkbox"/>
PHASE 3: REMEDIATION						
Below is a list of potential opportunities for the IRIS program provided with intent to solicit public comment. The state will use guidance from CMS; the data collected during its assessment phase; and, public comments to influence the implementation of administrative and infrastructure changes.						
22	Develop Provider Remediation Requirements	The State will use guidance from CMS; the data collected during its assessment phase; and public comments to influence the remediation requirements for providers not in compliance.	DHS, CMS, Public	7/1/2016	12/31/2016	<input type="checkbox"/>
23	Research and Analyze Recourse Activities	Complete Feasibility Analyses in the following areas: <ul style="list-style-type: none"> A provider de-certification or payment suspension policy. Corrective Action Plan including unannounced, random site visit by the DHS or DHS-approved third party, to assess ongoing compliance. A provider appeal process. Any site specific modifications to these rules require a standard for justification. 	DHS	7/1/2016	12/31/2016	<input type="checkbox"/>
24	Stakeholder Notification of Assessment Results	Inform providers of assessed compliance designation. Notify providers at risk of non-compliance and required remediation activities. Also, notify FEA and ICA of non-compliant providers.	DHS, FEA, ICA	7/1/2015	Ongoing	<input type="checkbox"/>
25	Perform Feasibility Analysis and Resource Estimates	Implement a prior authorization policy within the IRIS Self-Directed IT System (ISITS) for services subject to HCBS Waivers Final Rule. <ul style="list-style-type: none"> Policy would require providers to be compliant before a service would be approved. 	DHS, FEA, TPA	7/1/2016	12/31/2016	<input type="checkbox"/>
26	Update ICA Certification Criteria	Explore implementation of ICA requirements to foster compliance with the CMS final rule.	DHS, ICA	9/1/2016	7/1/2017	<input type="checkbox"/>
27	Participant Transition Plan	Develop a one year transition plan for participants residing in a non-compliant setting. <ul style="list-style-type: none"> Identify participants requiring transition; Mail notification letter to participants regarding the need to change providers; Provide training to ICAs and IRIS Consultants regarding participants requiring transition; and, Identify timeline for participant transitions. 	DHS, TPA, FEA, ICA	4/1/2017	10/31/2017	<input type="checkbox"/>
28	Develop Waiver Amendment	The Department will use guidance from CMS, the data collected during its assessment phase, and public comments, to develop, as needed, a waiver amendment regarding administrative and infrastructure changes for compliance with the HCBS Waivers Final Rule.	DHS, CMS, Public	4/1/2017	9/30/2017	<input type="checkbox"/>
29	Public Comment on Proposed Waiver Amendment	All substantive changes to the waiver must be available for 30- day public comments. “(1) Substantive changes include, but are not limited to, revisions to services available under the waiver including elimination or reduction of services, or reduction in the scope, amount, and duration of any service, a change in the qualifications of service providers, changes in rate methodology or a constriction in the eligible population (79 FR 3032).”	DHS, Public	Submit for public comment by 10/1/2017	10/31/2017	<input type="checkbox"/>
30	Submit Waiver	Submit a waiver amendment, effective March 17, 2018, with changes to waiver regarding	DHS, CMS	Submit to	effective	<input type="checkbox"/>

	Amendment	remediation activities for HCBS Waivers Final Rule. <ul style="list-style-type: none"> Update Waiver Appendix C regarding residential service definitions and IRIS Service Definition Manual to include statements that providers of these services must allow participants the opportunities listed in the CMS guidance referenced above. 		CMS by 12/1/2017	date of 3/17/2018	
31	Participant Satisfaction Survey	As an additional check of provider compliance as well as to empower IRIS participants, update the Participant Satisfaction Survey to include questions addressing residential service providers and ongoing HCBS Waivers Final Rule compliance. <ul style="list-style-type: none"> Add functionality to the IRIS Centralized IT System to support participant access to the Participant Satisfaction Survey. The IRIS Centralized IT System is currently under development. The DHS anticipates releasing the first phase of the system in 2015. 	DHS	4/1/2017	10/31/2017	<input type="checkbox"/>
32	ICA & IRIS Consultant Training	Provide education to ICAs and IRIS Consultants on the approved changes to the IRIS program. The changes implemented will be based off of public comment, CMS guidance, and CMS approval of waiver amendments. <ul style="list-style-type: none"> ICAs and IRIS Consultants understand participants served must transition to a compliant provider and may require assistance in this transition. 	DHS, ICA	1/1/2018	1/1/2019	<input type="checkbox"/>
33	Provider Training	Notify all residential service providers of new requirements and program infrastructure changes. Notice includes reinforcing the notion that a violation of the HCBS residential settings requirements could result in a suspension from providing services.	DHS, Providers	1/1/2017	1/1/2019	<input type="checkbox"/>
34	Policy Changes	Update the IRIS policy manual and IRIS service definition manual to reflect the HCBS final rule requirements and the Department's approved response to those changes.	DHS	1/1/2017	1/1/2018	<input type="checkbox"/>
35	TPA Training	Establish business rules for the Third Party Administrator (TPA) that allows for payments to be withheld, or pended, when a service is provided by a provider that is out of compliance with the final CMS rule. The issuance of payments will only occur when qualified/certified providers also meet the requirements set forth by the HCBS Waivers Final Rule.	DHS, TPA	1/1/2018	1/1/2019	<input type="checkbox"/>
36	ISITS System Development	Develop functionality and business rules within the IRIS Centralized IT system (ISITS) to address HCBS Waivers Final Rule compliance: <ul style="list-style-type: none"> Participant, provider self-disclosure/ assessment forms; Prior authorization process; Certified provider list; and, Allow provider assessment data viewing by participants through ISITS which supports participant choice based on quantitative data. 	DHS	1/1/2018	1/1/2019	<input type="checkbox"/>
37	New Provider and Participant Training	Create training materials for new residential service providers addressing the requirements of the HCBS settings final rule. Also, develop training for new participants enrolling in the IRIS program.	DHS	1/1/2017	1/1/2018	<input type="checkbox"/>
38	Develop Resources for ADRCs	Develop informational resources for participants at Aging and Disability Resource Centers (ADRCs) to use during options counseling.	DHS, ADRCs	1/1/2017	1/1/2018	<input type="checkbox"/>

SECTION B: NON-RESIDENTIAL SETTINGS

CMS GUIDANCE ON NON-RESIDENTIAL SETTING REQUIREMENTS AS DESCRIBED IN Fact Sheet: Summary of Key Provisions of the Home and Community-Based Services (HCBS) Settings Final Rule (CMS 2249-F/2296-F):

“Application of home and community-based settings requirements to non-residential setting: CMS has clarified that the rule applies to all settings where HCBS are delivered, not just to residential settings. CMS will be providing additional information about how states should apply the standards to non-residential settings, such as day program and pre-vocational training settings.

The final rule requires that all home and community-based settings meet certain qualifications. These include:

- The setting is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and who provides them.”

Transition Plan for Compliance with Non-Residential Settings Requirements						
<i>#</i>	<i>Action</i>	<i>Description</i>	<i>Applicable Stakeholders</i>	<i>Proposed Start Date</i>	<i>Proposed End Date</i>	<i>Complete</i>
PHASE 1: IDENTIFICATION						
39	Confirm with CMS Compliance Standards	The Department will address IRIS Program HCBS waiver compliance with non-residential settings following the CMS release of that guidance. The Department anticipates that the lessons learned through the assessment of residential settings will allow for more efficient planning and assessment procedures for non-residential settings upon receipt of further CMS guidance.	DHS, CMS	1/1/2015	1/1/2016	<input type="checkbox"/>
40	Add CMS Guidance to Transition Plan	Submit additional non-residential guidance and compliance activities for public comment. <ul style="list-style-type: none"> • Provide public comments to CMS. 	DHS, CMS	1/1/2015	1/1/2016	<input type="checkbox"/>
41	Service Provider Identification	Identify non-residential services funded by IRIS where providers may be subject to HCBS Waivers Final Rule compliance such as Prevocational, Day Services, and Adult Day Care. <ul style="list-style-type: none"> • Query DHS encounter claims to determine which providers served IRIS participants. Analyze three years of historical claims data. • Request FEA submit list of certified and licensed providers of these types of services. • Identify number of IRIS participants currently utilizing these services. 	DHS, FEA, DQA	1/1/2015	1/1/2016	<input type="checkbox"/>
42	ICA/ IRIS Consultant Training	Develop and disseminate training materials to ICAs and IRIS consultants explaining the effect of the HCBS Waivers Final Rule on their relationship with participants and providers.	DHS, ICAs	1/1/2015	1/1/2016	<input type="checkbox"/>

43	Provider Training	Develop and disseminate training materials to identified providers regarding the HCBS Waivers Final Rule and compliance requirements associated with the rule.	DHS	1/1/2015	1/1/2016	<input type="checkbox"/>
44	Participant Training	Develop and disseminate training materials to identified participants regarding the HCBS Waivers Final Rule and compliance requirements associated with the rule.	DHS	1/1/2015	1/1/2016	<input type="checkbox"/>
57	Define community integration	In coordination with Department stakeholders, develop a quantifiable definition of "community integration" as it relates to non-residential services.	DHS	1/1/2015	4/1/2015	<input type="checkbox"/>
PHASE 2: ASSESSMENT						
58	Develop Assessment Methodology	In addition to the State's Transition Plan Assessment tool, develop an additional IRIS assessment tool that familiarizes IRIS providers with the new HCBS rule and allows an opportunity to explore compliance within a self-directed model..The assessment tool will identify the areas of the new rule for which the provider is non-compliant, thereby allowing providers to target compliance efforts. The assessment tool will include: <ul style="list-style-type: none"> • Questions that accurately assess provider compliance while maintaining the integrity of a self-directed model; and • Methods to quantify provider assessment results. 	DHS, Stakeholders, Providers	1/1/2015	4/1/2015	<input type="checkbox"/>
59	Stakeholder Assessment Review	Provide a draft assessment to stakeholders for review and comments. Incorporate stakeholder feedback and update assessment tool as appropriate.	DHS, Stakeholders	4/1/2015	5/4/2015	<input type="checkbox"/>
60	Conduct Assessments	Complete assessment of providers. Determine the method of distribution and the parties responsible for conducting the assessment, for example, online or mail submissions. <ul style="list-style-type: none"> • All providers currently serving IRIS participants will be assessed. • If providers and/ or participants are required to "self-assess," then the DHS Quality Team, or identified third party, will conduct an in-depth review of a stratified random sample of assessments. In addition to serving IRIS participants, some providers also serve Family Care or other waiver members. The IRIS program will collaborate with Family Care, other waivers to assess providers serving individuals from multiple long-term care programs.	DHS	5/25/2015	11/25/2015	<input type="checkbox"/>
61	Analyze Assessments	Develop an Assessment Data Report with assigned categories of provider compliance. Final compliance designation will be determined by DHS or a DHS approved entity. <ul style="list-style-type: none"> • 'Yes – Settings meet HCBS characteristics' • 'Not Yet – Settings currently do not meet HCBS characteristics but may, with remediation' • 'No – Settings cannot meet HCBS settings; setting cannot conform, setting is presumptively institutional and state determines setting is incompatible with the HCBS final rule • Settings found presumptively institutional must submit evidence to the DHS to be reviewed through a heightened scrutiny process. The DHS report will include: number of providers assessed; number of participants served by these providers; and number of providers by compliance designation.	DHS, or DHS-approved entity	5/25/2015	11/25/2015	<input type="checkbox"/>
62	Provide Assessment Results to CMS	Upon collection of assessments, an aggregation and analysis of data, the DHS will provide the information to CMS. In response, CMS may provide additional guidance and direction based on the assessment data, public comment, and ongoing comments/questions received through the central-point-of-contact email address. The IRIS Program transition plan will be updated accordingly.	DHS, CMS	9/1/2015	12/31/2015	<input type="checkbox"/>

63	Assessment Result Notification	Inform providers of assessed compliance designation. Notify providers at risk of non-compliance and required remediation activities. Also, notify FEA and ICA of non-compliant providers.	DHS	9/1/2015	12/31/2015	<input type="checkbox"/>
64	Perform Feasibility Analysis and Resource Estimates	Leverage the functionality of Wisconsin's Provider Management System (WPM) to require providers to complete a provider assessment prior to being able to register as an authorized IRIS provider. Prior to the claim being adjudicated, the TPA will have validation that the provider is in compliance with HCBS regulations. New provider paperwork could include checkboxes with statements in alignment with the CMS guidance listed above. Providers will sign off and be subject to random, unannounced site visits to confirm compliance. Generally, the setting must meet the CMS final rule statement below: "integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS."	DHS	1/1/2015	12/31/2015	<input type="checkbox"/>
PHASE 3: REMEDIATION						
Below is a list of potential opportunities for the IRIS program provided with intent to solicit public comment. The state will use guidance from CMS; the data collected during its assessment phase; and, public comments to influence the implementation of administrative and infrastructure changes.						
65	Strengthen program infrastructure / supports	Add additional program infrastructure/supports to improve community integrated vocational service options. Examples of program supports could be improving self-directed employment options, vocational futures planning service options and community-based prevocational services.	DHS	1/1/2015	9/1/2015	<input type="checkbox"/>
66	Develop Provider Remediation Requirements	The State will use guidance from CMS; the data collected during its assessment phase; and public comments to influence the remediation requirements for providers not in compliance.	DHS, CMS, Public	1/1/2016	12/31/2016	<input type="checkbox"/>
67	Research and Analyze Recourse Activities	Complete Feasibility Analyses in the following areas: <ul style="list-style-type: none"> • A provider de-certification or payment suspension policy. • Corrective Action Plan including unannounced, random site visit by the DHS or DHS-approved third party, to assess ongoing compliance. • A provider appeal process. Any site specific modifications to these rules require a standard for justification.	DHS	1/1/2016	12/31/2016	<input type="checkbox"/>
68	ICA & IRIS Consultant Training	Provide education to ICAs and IRIS Consultants on the approved changes to the IRIS program. The changes implemented will be based off of public comment, CMS guidance, and CMS approval of waiver amendments. ICAs and IRIS Consultants understand participants served must transition to a compliant provider and may require assistance in this transition.	DHS, ICA	1/1/2017	12/31/2017	<input type="checkbox"/>
69	Provider Training	Notify all non-residential service providers of new requirements and program infrastructure changes. Notice includes reinforcing the notion that a violation of the HCBS residential settings requirements could result in a suspension from providing services.	DHS, Providers	1/1/2017	12/31/2017	<input type="checkbox"/>

70	Policy Changes	Update the IRIS policy manual and IRIS service definition manual to reflect the HCBS final rule requirements and the Department's approved response to those changes.	DHS	1/1/2015	9/30/2015	<input type="checkbox"/>
71	New Provider and Participant Training	Create training materials for new non-residential service providers addressing the requirements of the HCBS settings final rule. Also, develop training for new participants enrolling in the IRIS program.	DHS	1/1/2017	12/31/2017	<input type="checkbox"/>

SECTION C: OTHER WAIVER UPDATES NOT REQUIRED IN THE TRANSITION PLAN

There are three additional components of the HCBS Waivers Final Rule that are not to be included in the above transition plan. The HCBS Waivers Final Rule issues new person-centered planning requirements, quality reporting requirements, and combining like waivers. CMS directed the state to address these requirements within the next subsequent waiver amendment after the March 17, 2014 release date. Additionally, the IRIS waiver amendments, which include compliance activities, are also posted for public comment at the time of the IRIS Transition Plan's release. Below is a description of the CMS requirements from the HCBS waivers final rule followed by program activities to ensure ongoing compliance. The program activities that address components of the HCBS Waivers Final Rule are presented in this document to allow for easier public access and greater program transparency. The program activities listed below are intended to solicit public comment and are not part of the IRIS transition plan as directed by CMS.

CMS GUIDANCE ON PERSON-CENTERED PLANNING REQUIREMENTS AS DESCRIBED IN §441.301 :

“(2) The Person-Centered Service Plan. The person-centered service plan must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports. Commensurate with the level of need of the individual, and the scope of services and supports available under the State's 1915(c) HCBS waiver, the written plan must:

- (i) Reflect that the setting in which the individual resides is chosen by the individual. The State must ensure that the setting chosen by the individual is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
- (ii) Reflect the individual's strengths and preferences.
- (iii) Reflect clinical and support needs as identified through an assessment of functional need.
- (iv) Include individually identified goals and desired outcomes.
- (v) Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports. Natural supports are unpaid supports that are provided voluntarily to the individual in lieu of 1915(c) HCBS waiver services and supports.
- (vi) Reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed.
- (vii) Be understandable to the individual receiving services and supports, and the individuals important in supporting him or her. At a minimum, for the written plan to be understandable, it must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient, consistent with § 435.905(b) of this chapter.
- (viii) Identify the individual and/or entity responsible for monitoring the plan.
- (ix) Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation.

- (x) Be distributed to the individual and other people involved in the plan.
- (xi) Include those services, the purpose or control of which the individual elects to self-direct.
- (xii) Prevent the provision of unnecessary or inappropriate services and supports.
- (xiii) Document that any modification of the additional conditions, under paragraph (c)(4)(vi) (A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:
 - (A) Identify a specific and individualized assessed need.
 - (B) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
 - (C) Document less intrusive methods of meeting the need that have been tried but did not work.
 - (D) Include a clear description of the condition that is directly proportionate to the specific assessed need.
 - (E) Include a regular collection and review of data to measure the ongoing effectiveness of the modification.
 - (F) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
 - (G) Include informed consent of the individual.
 - (H) Include an assurance that interventions and supports will cause no harm to the individual.

(3) Review of the Person-Centered Service Plan. The person-centered service plan must be reviewed, and revised upon reassessment of functional need as required by §441.365(e), at least every 12 months, when the individual's circumstances or needs change significantly, or at the request of the individual.”

Program Activities Regarding Person-Centered Planning Requirements		
#	Action	Description
45	Confirm Compliance Standards with CMS	The IRIS program is a self-directed program wherein the participant and the IRIS consultant develop an Individualized Service and Support Plan (ISSP). The participant utilizes an individualized budget based on service need and participant-identified goals. The participant manages development of the ISSP, with autonomy to hire workers and negotiate service rates with service providers. Based on this program model, the State anticipates the IRIS Program is near compliance with the person-centered planning requirement from the HCBS Waivers Final Rule. The DHS will discuss, with CMS, the program requirements regarding person-centered planning. The IRIS program continues to develop tools, resources, and information to support people to live self-directed lives. Person-centered planning is a key part of the self-directed model and the IRIS Program intends will continue to implement policies that increase participants’ autonomy.
46	ISITS – IRIS Self-Directed Information Technology System	In 2013, the DHS procured for the development of an IRIS Centralized IT System (ISITS). The system will allow participants, with access to the internet, the ability to manage services and supports and view real-time participant budgets via access to a participant-facing portal. The IT System provides technological opportunities for participants to self-direct: <ul style="list-style-type: none"> • The ISITS system will allow participants a view of service rate ranges described below (#47); • The ISITS system will allow participants a view of residential and non-residential provider assessment data as a tool for participants to make the most informed choice.
47	Develop Service Rate Ranges	The DHS will develop service rate ranges to provide the tools, resources, and information for participants to best self-direct long-term care services. The rate ranges will be developed by analyzing historical service costs per unit. Each service will have an average rate of service, and minimum and maximum rate of services. These service rates will be transparent to participants to use as a tool for negotiating rates with service providers.

48	Update IRIS Person-Centered Planning and Plan Development Processes	The Department will add statements in IRIS policy referencing the requirements stated in §441.301, to include: <ul style="list-style-type: none"> • Update IRIS Policy Manual; and • Submit Waiver Amendment, as necessary.
49	Allow for the Signage of Providers on the ISSP	CMS guidance states that the person-centered plan: <p>(ix) Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation.</p> The Department will discuss potential options for compliance with §441.301(2)(ix) and seek further guidance from CMS before developing strategies to address this requirement. Within the self-directed model, IRIS participants can hire their own service providers and workers. The IRIS program is concerned that allowing all providers and participant-hired workers access to the plan and requiring all providers to sign the plan could raise privacy and confidentiality concerns. The Department will explore the functionality available in the ISITS data system, which could allow for providers to sign the relevant parts of the plan without viewing sections of the plan that are unauthorized or irrelevant to the provider.
50	Train ICAs and IRIS Consultants	Train ICAs and IRIS consultants on person-centered planning requirements and policy changes resulting from the above CMS guidance.
51	Revise ICA Certification Criteria	Add a statement to the ICA certification criteria addressing the accountability of ICAs and IRIS Consultants in regards to the person-centered planning requirements. For example, if DHS obtains evidence that an IRIS Consultant is not in compliance with IRIS person-centered planning policies; then the ICA's monthly rate of service can be adjusted.
52	Develop Standards and Metrics to assess the level of Person-Centered Planning	The IRIS Program's record review process will review existence of and compliance with person-centered planning. <ul style="list-style-type: none"> • Include questions, in the participant satisfaction survey to address person-centered planning; • Develop and implement performance measures that address person-centered planning via the waiver amendment; and, • Complete assessments of person-centered planning at least annually.

CMS GUIDANCE ON QUALITY MEASURES AND REPORTING REQUIREMENTS AS DESCRIBED IN “Modifications to Quality Measures and Reporting in §1915(c) Home and Community-Based Waivers”

The Modifications to Quality Measures and Reporting in §1915(c) Home and Community-Based Waivers document, “provides information on modifications to the quality assurance systems needed to meet the assurances for §1915(c) waivers. These changes strengthen the oversight of beneficiary health and welfare and realign the reporting requirements. We believe this changed emphasis will improve the success of home and community based programs.

The current quality assurance system requires that states develop and measure performance indicators in fourteen areas (one each for waiver administrative authority, health and welfare of participants, and financial integrity, three each to measure levels of care and that providers meet qualifications, and five in the area of service planning and delivery). Each waiver must have its own quality assurance system. States submit an evidentiary report on all of their performance measures approximately eighteen months prior to the waiver renewal date that includes the remediation taken for each systemic and individual instance when a performance measure has less than 100% compliance.

The highlights of this modified quality assurance system include:

1. Health and welfare monitoring and outcomes are emphasized;
2. Although states must continue to remediate issues, the reporting on individual remediation to CMS will not be required except in substantiated instances of abuse, neglect or exploitation; and
3. States' quality improvement projects/remediation will be required when the threshold of compliance with a measure is at or below 85%.”

Program Activities Regarding Performance Measures and Quality Reporting Requirements

#	Action	Description
53	Confirm with CMS Compliance Standards	The Department will update performance measures addressing the new CMS waiver sub assurances via a waiver amendment. These performance measures will be updated based on the guidance provided by CMS on March 12, 2014 entitled “Modifications to Quality Measures and Reporting in §1915(c) Home and Community-Based Waivers.”
54	Update Performance Measures	<p>Performance measures will be updated to comply with the quality reporting requirements by the time of the IRIS waiver renewal, September 30, 2015. Below are the changes the IRIS Program will address in each section of the waiver.</p> <p><u>Appendix A: Administrative Authority</u></p> <ul style="list-style-type: none"> • Delete duplicative performance measures (if listed in Administrative Authority, should not be listed elsewhere) <p><u>Appendix B: Level of Care</u></p> <ul style="list-style-type: none"> • Reporting on annual re-evaluations is no longer necessary <p><u>Appendix D: Service Plan</u></p> <ul style="list-style-type: none"> • No reporting on service plan development is required <p><u>Appendix G: Health and Welfare</u></p> <ul style="list-style-type: none"> • Add metrics to address new sub assurances: <ul style="list-style-type: none"> ○ The Department demonstrates, on an ongoing basis, that it identifies, addresses, and seeks to prevent instances of abuse, neglect, exploitation and unexplained death; ○ The Department demonstrates the existence of an incident management system which effectively resolves those incidents and prevents further similar incidents to the extent possible; ○ Department policies and procedures for the use of or prohibition of restrictive interventions (including restraints and seclusion) are followed; and ○ The Department establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver. <p><u>Appendix I: Financial Accountability</u></p> <ul style="list-style-type: none"> • Add metrics to address new sub assurances: <ul style="list-style-type: none"> ○ The Department provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered; and, ○ The Department provides evidence that rates remain consistent with the approved rate methodology throughout the five-year waiver cycle.

CMS GUIDANCE ON COMBINING WAIVERS FROM “Fact Sheet: Summary of Key Provisions of the 1915(c) Home and Community-Based Services (HCBS) Waivers Final Rule (CMS 2249-F/2296-F)”

“The final rule permits, but does not require, states to combine target groups within one HCBS waiver. Prior to that change, a single section 1915(c) HCBS waiver could only serve one of the following three target groups: older adults, individuals with disabilities, or both; individuals with intellectual disabilities, developmental disabilities, or both; or individuals with mental illness. This change will remove a barrier for states that wish to design a waiver that meets the needs of more than one target population. The rule includes a provision

specifying that if a state chooses the option of more than one target group under a single waiver, the state must assure CMS that it is able to meet the unique service needs of individuals in each target group, and that each individual in the waiver has equal access to all needed services.”

Program Activities Regarding Combining Waivers 0484 and 0485

#	<i>Action</i>	<i>Description</i>
55	Submit Waiver Amendment	The IRIS program includes two 1915(c) waivers including a waiver for people with Intellectual/ Developmental Disabilities (0484) and one for Frail Elders and people with Physical Disabilities (0485). The benefit packages and administrative activities, for both waivers, are identical; therefore, to promote efficiencies, the IRIS Program will submit an amendment to combine the two IRIS Program waivers. Process and reporting efficiencies can be gained through combining waivers; and, these concepts align with Wisconsin’s Lean Government initiative.
56	Develop Participant Notification Letter	As part of the combining of the 0484 and 0485 IRIS waivers, the DHS will create a participant notification letter to participants served under waiver 0485. The letter will explain the administrative change and that this change has no effect on the participant services, supports, providers, or the ISSP.