

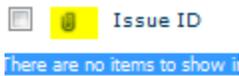


Wisconsin Department of Health Services

IRIS Notice Of Action SharePoint Instructions

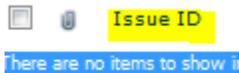
ATTACHMENTS

Paperclip icons in the first column indicate when attachments are available. Required attachments include but are not limited to: the Notice of Action (NOA), the Summary of Action, any letters sent to the participant, materials sent to the Administrative Law Judge, Division of Hearing and Appeals (DHA) decision, and other relevant materials. Open the attachment by going into the issue and clicking on the hyperlink to the document at the bottom of the issue form.



ISSUE ID

The "Issue ID" column displays a unique number. Use this system-generated number to identify, in correspondence, the Notice of Action being referenced.



1. STATUS

"Status" indicates the stage in the appeals process. IRIS Consultant Agencies (ICAs) are responsible for changing the status to "closed" when appropriate. Select multiple statuses when any of these processes run concurrently.

Option	Description
NOA Sent	Select "NOA Sent" when the ICA mails the NOA, attaches the NOA to the participant's record, enters the NOA into the Department of Health Services (DHS)/Notice of Action SharePoint site for tracking purposes, and attaches the NOA to the DHS/Notice of Action SharePoint site. For budget amendment and one-time expense requests, the DHS maintains responsibility for completing the NOA and the initial DHS/Notice of Action SharePoint site tasks. The ICA is responsible for mailing the NOA and attaching the NOA to the participant's record.
Negotiations – ICA	Select "Negotiations – ICA" when the participant engages with the ICA to resolve the matter in advance of a fair hearing.
Negotiations - DHS	Select "Negotiations – DHS" when the participant engages with DHS to resolve the matter in advance of a fair hearing.
Appeal Received / Concurrent Review	Select "Appeal Received / Concurrent Review" when the Administrative Law Judge accepts the fair hearing request and MetaStar initiates a concurrent review to resolve the matter in advance of a fair hearing.
Expired	Select "Expired" when, after receiving an NOA, the participant elects not to appeal the decision through a request for fair hearing.
Withdrawn	Select "Withdrawn" when the DHA sends notification informing the DHS/ICA of the participant's request to withdraw the appeal.
Closed	Select "Closed" upon completion of all activities relative to the NOA including any activities required as a result of the Administrative Law Judge's decision.

2. PARTICIPANT'S NAME

Enter the participant's name in the format of Last Name, First Name.

3. MCI

Enter the participant's MCI number.

4. COUNTY

Select the participant's county of residence from the dropdown box options.

5. TARGET GROUP

Select the participant's target group from the dropdown box options (DD, FE, or PD).

6. IRIS CONSULTANT

Enter the name of the participant's IRIS Consultant in the format of Last Name, First Name.

7. AREA LEAD

Enter the name of the Area Lead in the format of Last Name, First Name.

8. ASSIGNED TO

Assign individual(s) to work on this case by entering their email address in the tool and selecting the correct name(s).

9. DATE NOA SENT

Enter the date the ICA mailed the NOA to the participant.

10. TYPE OF NOA

Indicate the type of NOA issued.

Option	Description
Denial	Select "Denial" when the NOA to the participant includes a denial in response to a request for a new or additional service.
Limit	Select "Limit" when the NOA to the participant includes that the request for a new or additional service is limited or modified.
Reduction	Select "Reduction" when the NOA to the participant includes a reduction in one or more service(s) on the approved Individual Support and Service Plan (ISSP).
Termination	Select "Termination" when the NOA to the participant includes termination of one or more service(s) on the approved ISSP.

11. SOURCE OF NOA

Indicate how the action identified on the NOA originated.

Option	Description
Budget Amendment	Select "Budget Amendment" when a budget amendment request decision generates a NOA. Enter the Reference Number (Issue ID) from the DHS/Budget Amendment SharePoint site into the "BA/OTE Reference #" field.
Failure to Incur Spend Down	Select "Failure to Incur Spend Down" when the participant's disenrollment for failing to incur the required spend down generates the NOA.
Failure to Pay Cost Share	Select "Failure to Pay Cost Share" if the participant's disenrollment for failing to pay the required cost share generates the NOA.
ISSP Review (Update, New, Review)	Select "ISSP Review (Update, New, Review)" when a denial, limitation, reduction or termination of services, as part of the development of a new ISSP, the development of an ISSP update or as part of an ISSP review, generates the NOA.
Loss of Eligibility – Financial	Select "Loss of Eligibility – Financial" when the participant's disenrollment due to a loss of financial eligibility generates the NOA.
Loss of Eligibility – Functional	Select "Loss of Eligibility – Functional" when the participant's disenrollment due to a loss of functional eligibility generates the NOA.
No Use of Services	Select "No Use of Services" when the participant's disenrollment is due to the non-use of service(s) and generates the NOA.

One-Time Expense	Select "One-Time Expense" when a one-time expense request decision generates the NOA. Enter the Reference Number (Issue ID) from the One-Time Expense SharePoint into the "BA/OTE Reference #" field.
Participant Lives in an Ineligible Living Setting	Select "Participant Lives in an Ineligible Living Setting" when the participant's disenrollment is due to residing in an ineligible setting, and generates the NOA.
Purchasing Authority Mismanaged	Select "Purchasing Authority Mismanaged" when the participant's disenrollment is due to the mismanagement of purchasing authority, and generates the NOA, including situations of substantiated fraud, waste or abuse.
Unable to Contact	Select "Unable to Contact" when the participant's disenrollment is due to a failure to maintain contact with the IRIS program, and generates the NOA.
Unable to Ensure Health and Safety	Select "Unable to Ensure Health and Safety" when the participant's disenrollment occurs because of the IRIS program's inability to ensure the participant's health and safety, and generates the NOA.

12. BA/OTE REFERENCE #

Enter the Reference Number (Issue ID) from the Budget Amendment or One-Time Expense (BA/OTE) request SharePoint site for NOAs originating as a result from a BA or OTE request decision. Leave this field blank if a BA or an OTE decision did not generate the NOA.

13. SUBJECT OF NOA

Indicate the type of IRIS program participation, or service/good, affected by the NOA.

Option	Description
Financial Eligibility	Select "Financial Eligibility" when the subject of the NOA is the participant's financial eligibility.
Functional Eligibility	Select "Functional Eligibility" when the subject of the NOA is the participant's functional eligibility.
Good or Service	Select "Good or Service" when the subject of the NOA is related to a good or service.
Involuntary Disenrollment	Select "Involuntary Disenrollment" when the subject of the NOA is the involuntary disenrollment of the participant from the IRIS Program.

14. SPECIFIC GOOD/SERVICES

Describe the specific good/service denied, limited, reduced or terminated on the NOA. This field defaults to N/A for use when the subject of the NOA is functional or financial ineligibility or involuntary disenrollment.

15. NOA DETAIL

Describe specifically the good/service(s) denied, limited, reduced or terminated including the number of units/hours, cost, and reason.

16. REASON(S) FOR NOA

Describe the reasons for the denial, limitation, reduction or termination identified on the NOA. Check the reason(s) for the decision identified on the original NOA.

17. NOA ISSUED BY

Choose the applicable party from the dropdown choices (Area Lead, DHS, IC Supervisor, Income Maintenance, IRIS Consultant, or Quality Services) indicating the applicable party making the decision resulting in the issuance of the NOA.

18. APPEAL RECEIVED

Choose "yes" if DHS received a DHA notification of participant appeal. Choose "no" if DHS did not receive notification that the participant filed an appeal from the DHA.

19. DATE APPEAL FILED

Enter the date the participant filed the appeal.

20. DATE OF APPEAL

Enter the date the DHA accepted the appeal.

21. DATE CONCURRENT REVIEW OPENED

METASTAR USE ONLY: Enter the date MetaStar opened the concurrent review. Leave the field blank in cases where MetaStar did not receive notice that the participant filed an appeal.

22. CONTINUATION OF SERVICES REQUESTED

Choose “yes” if the participant requests a continuation of service(s) in the required timeframe, or “no” if the participant did not request a continuation of service(s) in the required timeframe.

23. CONTINUATION OF SERVICES ORDERED BY DHA

Choose “yes” if the DHA orders a continuation of service(s) or “no” if the DHA does not order a continuation of service(s).

24. DID THE ICA CONTINUE SERVICES?

Choose “yes” if the ICA continues the participant’s service(s) or “no” if the ICA does not continue the participant’s service(s).

25. PRE-HEARING RESOLUTION(S)

Indicate the pre-hearing resolution(s) if the case was resolved without the need for a fair hearing.

Option	Description
Withdrawn	Select “Withdrawn” when the participant formally withdraws the appeal request.
Negotiated Resolution – Concurrent Review	Select “Negotiated Resolution – Concurrent Review” when MetaStar successfully resolves the participant’s appeal through the concurrent review process and in advance of the DHA hearing.
Negotiated Resolution – DHS	Select “Negotiated Resolution – DHS” when the DHS successfully resolves the participant’s appeal outside of the DHA appeal process and in advance of the DHA hearing.
Negotiated Resolution – ICA	Select “Negotiated Resolution – ICA” when the participant’s ICA successfully resolves the participant’s appeal outside of the DHA appeal process and in advance of the DHA hearing.
Negotiated Resolution – DRW	Select “Negotiated Resolution – DRW” when Disability Rights Wisconsin (DRW) successfully resolves the participant’s appeal outside of the DHA appeal process and in advance of the DHA hearing.
NOA Retracted	Select “NOA Retracted” when the ICA retracts the initial NOA.

26. WAS APPEAL WITHDRAWN?

Choose “yes” if the participant withdrew the appeal. Field automatically defaults to “no”.

27. DATE WITHDRAWAL ACCEPTED BY DHA

Enter the date the DHA accepted the participant’s request to withdraw the appeal.

28. DATE SOA SENT TO DHA

Enter the date the ICA sent the Summary of Action (SOA) to the DHA.

29. DATE ICA RECEIVED HEARING NOTICE

Enter the date the ICA received the hearing notice from the DHA.

30. FAIR HEARING DATE

Enter the date of the DHA fair hearing.

31. STAFF NOTIFIED OF HEARING DATE

Indicate notifications of the hearing date sent to the following ICA staff: Area Lead, Financial Eligibility Specialist, IRIS Consultant, IC Supervisor, LTCFS Manager, Other, Quality Services, Screener, Screener Liaison, SDPC Manager, and Service Center Operations Coordinator.

32. CONCURRENT REVIEW OUTCOME	
<i>METASTAR USE ONLY: "Concurrent Review Outcome" captures the outcome of MetaStar's concurrent review.</i>	
Option	Description
Resolved	Select "Resolved" when MetaStar assisted the participant in negotiating an acceptable solution resulting in the withdrawal of the NOA.
Unresolved	Select "Unresolved" when MetaStar was not able to assist the participant in negotiating an acceptable solution and the hearing will continue as scheduled.

33. CONCURRENT REVIEW CLOSED
<i>METASTAR USE ONLY: Enter the date MetaStar closed the concurrent review.</i>

34. HEARING RECORD HELD OPEN
<i>Select "yes" if the Administrative Law Judge holds the hearing record open. Select "no" if the Administrative Law Judge does not hold the hearing record open.</i>

35. INITIAL HEARING DECISION	
<i>"Initial Hearing Decision" captures whether the Administrative Law Judge (ALJ) issued a proposed decision.</i>	
Option	Description
N/A	Select "N/A" for all hearings in which the only decision issued is the final decision.
Proposed Decision	Select "Proposed Decision" any time the ALJ issues a proposed decision.

36. INITIAL HEARING DECISION DATE
<i>Enter the date of the initial hearing decision. Leave the box blank when the ALJ only renders a final hearing decision.</i>

37. FINAL HEARING DECISION	
<i>"Final Hearing Decision" captures final decisions issued by the ALJ.</i>	
Option	Description
Abandoned	Select "Abandoned" when the participant does not participate in a scheduled hearing and does not provide the DHA with advance notice.
ALJ Dismissed	Select "ALJ Dismissed" when the ALJ renders a decision in favor of DHS, an IRIS Consultant Agency, or an IRIS Fiscal/Employer Agent.
Remanded	Select "Remanded" when the ALJ renders a decision in favor of the participant.

38. FINAL HEARING DECISION DATE
<i>Enter the date of the final hearing decision.</i>

39. NEW ISSP NEEDED
<i>Enter "yes" or "no" indicating whether a new/updated ISSP is required based on the final hearing decision.</i>

40. ISSP UPDATE SENT
<i>When a new/update ISSP is required, enter the date the ICA mailed the ISSP to the participant.</i>

41. DATE CERTIFICATE OF ADMINISTRATIVE ACTION (CAA) DUE
<i>Enter the date the CAA is due to DHA.</i>

42. DATE CERTIFICATE OF ADMINISTRATIVE ACTION (CAA) COMPLETED
<i>Enter the date the CAA was sent to DHA.</i>

43. DATE OF LTCFS REVISION
<i>When a revised Long Term Care Functional Screen (LTCFS) is required, enter the date of the LTCFS revision.</i>

44. RE-HEARING?
<i>Enter "yes" or "no" indicating whether the participant requested a re-hearing.</i>

45. DATE OF RE-HEARING

Enter the date of the re-hearing.

46. RE-HEARING DECISION

"Re-Hearing Decision" captures re-hearing decisions issued by the ALJ.

Option	Description
Abandoned	Select "Abandoned" when the participant does not participate in a scheduled hearing and does not provide the DHA with advance notice.
ALJ Dismissed	Select "ALJ Dismissed" when the ALJ renders a decision in favor of DHS, an ICA, or an IRIS Fiscal/Employer Agent.
Remanded	Select "Remanded" when the ALJ renders a decision in favor of the participant.

47. COMMUNICATION LOG

Enter all communications regarding the NOA and subsequent appeals process in this communication log. The communication log replaces email exchanges and centralizes communication regarding the NOA/Appeals process in an organized manner.

48. RELATED ISSUES

Link all NOAs issued to the same participant using the "Related Issues" boxes.

1	Status	<input type="checkbox"/> NOA Sent <input type="checkbox"/> Negotiations--ICA <input type="checkbox"/> Negotiations--DHS <input type="checkbox"/> Appeal Received/Concurrent Review <input type="checkbox"/> Expired <input type="checkbox"/> Closed <input type="checkbox"/> Withdrawn
2	Participant's Name *	<input type="text"/> Last, First
3	MCI	<input type="text"/>
4	County	<input type="text"/> ▼
5	Target Group	<input type="text"/> ▼
6	IRIS Consultant	<input type="text"/> Last, First
7	Area Lead	<input type="text"/> Last, First
8	Assigned To	<input type="text"/>  
9	Date NOA Sent	<input type="text"/> 
10	Type of NOA	<input type="text"/> ▼
11	Source of NOA	<input type="text"/> ▼
12	BA/OTE Reference #	<input type="text"/>
13	Subject of NOA	<input type="text"/> ▼
14	Specific Good/Service	N/A <input type="text"/> ▼
15	NOA Detail	<input type="text"/>

16	Reason(s) for NOA	<input type="checkbox"/> Informal support is available to provide sufficient support for your outcome. <input type="checkbox"/> Specialized transportation definition does not cover reimbursement to participant. <input type="checkbox"/> The request does not meet an IRIS Medicaid Waiver Service definition. <input type="checkbox"/> The request does not meet the Customized Goods, Service, or Support definition. <input type="checkbox"/> The request is not an effective way to support participant's outcome. <input type="checkbox"/> The request is not considered a safe way to support participant's outcome. <input type="checkbox"/> The request is not the most cost effective way to support participant's outcome. <input type="checkbox"/> The request was determined to be sought under fraudulent circumstances. <input type="checkbox"/> The reviewed request is covered under Medicaid State Plan. <input type="checkbox"/> The reviewed request was not on an approved plan. <input type="checkbox"/> There is insufficient documentation to justify the request at this time. <input type="checkbox"/> Participant is no longer functionally eligible to remain in the IRIS program. <input type="checkbox"/> Participant does not need this good, service, or support to support their outcome. <input type="checkbox"/> Participant does not reside in an eligible living arrangement to maintain IRIS enrollment. <input type="checkbox"/> The participant/IC have failed to meet the necessary contact requirements. <input type="checkbox"/> Participant's outcome is already supported in another way so the request is duplicative. <input type="checkbox"/> The original good, service or support was previously approved in error. <input type="checkbox"/> This is not an allowable good, service, or support per the approved HCBS Waiver.
17	NOA Issued By	<input type="text"/>
18	Appeal Received	<input type="text"/>
19	Date Appeal Filed	<input type="text"/>
20	Date of Appeal	<input type="text"/>
21	Date Concurrent Review Opened	<input type="text"/>
22	Continuation of Services Requested	<input type="text"/>
23	Continuation of Services Ordered by DHA	<input type="text"/>
24	Did the ICA Continue Services?	<input type="text"/>
25	Pre-Hearing Resolution(s)	<input type="checkbox"/> Withdrawn <input type="checkbox"/> Negotiated Resolution-Concurrent Review <input type="checkbox"/> Negotiated Resolution-DHS <input type="checkbox"/> Negotiated Resolution-ICA <input type="checkbox"/> Negotiated Resolution-DRW <input type="checkbox"/> NOA Retracted
26	Was Appeal Withdrawn?	<input type="text"/>
27	Date Withdrawal Accepted by DHA	<input type="text"/>
28	Date SOA Sent to DHA	<input type="text"/>
29	Date ICA Received Hearing Notice	<input type="text"/>
30	Fair Hearing Date	<input type="text"/>
31		
32		

33	Staff Notified of Hearing Date	<input type="checkbox"/> Area Lead <input type="checkbox"/> Financial Eligibility Specialist <input type="checkbox"/> IRIS Consultant <input type="checkbox"/> IC Supervisor <input type="checkbox"/> LTCFS Manager <input type="checkbox"/> Other <input type="checkbox"/> Quality Services <input type="checkbox"/> Screener <input type="checkbox"/> Screener Liaison <input type="checkbox"/> SDPC Manager <input type="checkbox"/> Service Center Operations Coordinator
34		
35		
36		
37		
38	Concurrent Review Outcome	<input type="text" value=""/> ▼
	Concurrent Review Closed	<input type="text" value=""/>
	Hearing Record Held Open	<input type="text" value=""/> ▼
	Initial Hearing Decision	N/A ▼
	Initial Hearing Decision Date	<input type="text" value=""/>
	Final Hearing Decision	<input type="text" value=""/> ▼
	Final Hearing Decision Date	<input type="text" value=""/>
39	New ISSP Needed	<input type="text" value=""/> ▼
40	ISSP Update Sent	<input type="text" value=""/>
41	Date CAA Due	<input type="text" value=""/>
42	Date CAA Completed	<input type="text" value=""/>
43	Date of LTCFS Revision	<input type="text" value=""/>
44	Re-Hearing	No ▼
45	Date of Re-Hearing	<input type="text" value=""/>
46	Re-Hearing Decision	<input type="text" value=""/> ▼
47	Communication Log	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>
48	Related Issues	<div style="display: flex; align-items: center; justify-content: center; gap: 10px;"> <div style="border: 1px solid #ccc; width: 150px; height: 100px;"></div> <div style="border: 1px solid #ccc; padding: 5px;">Add ></div> <div style="border: 1px solid #ccc; width: 150px; height: 100px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid #ccc; padding: 5px 15px;">< Remove</div> </div>