Wisconsin Self-Directed Medicaid Home and Community-Based Services Waiver Program under the 1915(c) Authority in the Social Security Act

IRIS Consultant Agency (ICA) Provider Certification Criteria

Division of Long Term Care
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Wisconsin
Department of Health Services

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INTRODUCTION

I. IRIS Program and Self-Direction

The Wisconsin Department of Health Services (the Department) has released these certification criteria for the purpose of identifying providers interested in providing IRIS consultant agency (ICA) services for the IRIS (Include, Respect, I Self-Direct) program operated under section 1915(c) of the Social Security Act – Medicaid Home and Community-Based Services (HCBS) waiver program. A link to the Wisconsin HCBS waivers, which are the governing authority for the IRIS program, is found at http://www.dhs.wisconsin.gov/iris/resources.htm.

The IRIS program long-term support option began in Wisconsin on July 1, 2008. The Wisconsin Department of Health Services, Division of Long Term Care (DLTC), is the agency responsible for IRIS program operations under the authorization of the Centers for Medicaid and Medicare Services (CMS). The Department oversees the provision of several long-term support options for frail elders and people with disabilities, as well as other programs for elders and persons with disabilities. This includes the Family Care program, Family Care Partnership and Family Care PACE (Program of All-Inclusive Care for the Elderly). The Department also ensures unbiased options counseling for people determined to be in need of long-term care supports and services through the Aging and Disability Resource Centers (ADRCs). Each county in Wisconsin has an ADRC. This link provides the reference map for ADRCs: https://www.dhs.wisconsin.gov/adrc/consumer/index.htm.

The IRIS program is available to Wisconsin residents who meet all functional and financial eligibility criteria, including, but not limited to the person: is at least 18 years of age, meets Wisconsin residency definitions, meets program functional eligibility requirements, meets financial eligibility requirements and lives in a county where reformed long-term care is available. Please reference the following website regarding eligibility requirements http://www.dhs.wisconsin.gov/iris/eligibility.htm.

People who meet all eligibility requirements for publicly funded long-term supports are offered the choice of IRIS or managed care through the local ADRC. As of April 30, 2015, there were 11,935 individuals enrolled in IRIS, with a growth trend of approximately 1-2% per month. The map of current counties that include the IRIS program as a long-term care option is found at the following website: http://www.dhs.wisconsin.gov/LTCare/Generalinfo/Where.htm.

The goals related to the IRIS program are as follows:

INCLUDE – Wisconsin frail elders and adults with physical or developmental disabilities with long-term care needs who are Medicaid eligible are included in communities across Wisconsin. IRIS program supports and services address a person's long-term support needs and are designed by the participant and/or the participant's guardian to meet these long-term care needs in community settings.

RESPECT – participants choose where they live, the relationships they build, the work they perform, and the manner in which they participate in the community.

I SELF-DIRECT – IRIS is a self-directed option in which the participant manages a service plan within an individual budget to help meet his or her long-term care needs. All services and supports on the plan must meet the guidelines for allowable supports and services. The participant has the flexibility to design a cost-effective and personal plan to meet long-term care needs.

Individuals who choose to participate in IRIS have choice, control and freedom to design their own waiver eligible support and service plans to meet their functional, vocational, medical and social needs. The 1915(c) HCBS waiver approved by CMS defines the types of services and goods allowable in the IRIS program. The allowable supports and services can also be found at: http://www.dhs.wisconsin.gov/iris/resources.htm.

Participants enrolled in IRIS self-manage their goods and services. The providers of approved supports and services are then paid through a third-party claims administrator (TPA). The IRIS-funded, waiver-eligible supports and services assist the person to remain in the community and avoid nursing home or other institutional care.

The IRIS program participants are supported in reaching these goals by use of an IRIS consultant agency (ICA) provider and a fiscal employer agent (FEA) provider. IRIS participants select between multiple providers for this function. IRIS participants choose an IRIS consultant (IC) and work with the IC to create an Individual Support and Service Plan (ISSP) within an individually assigned budget amount. The IC assists the participant to monitor and modify the plan over time to meet his or her long-term care needs.

Together, the participant and the IC identify the participant's long-term support needs, the participant's desired outcomes, possible community resources, natural unpaid supports, non-Medicaid services for which the participant is eligible and the goods and services the participant will purchase with IRIS long-term support funding. Medicaid State Plan services, including primary and acute care services, are not included within the IRIS budget. Federal CMS regulations require that participants access services through ForwardHealth prior to utilization of IRIS funds.

The IC also supports the participant to understand the IRIS program requirements, complete required documentation, and comply with the unique processes related to a self-directed Medicaid program and the requirements of being the employer of direct care, participant-hired workers. The ICA provider is responsible for enrollment and orientation, initial plan development, and ongoing consultant services.

People are able to hire workers directly, either as an employer or through an agency provider. The involvement of the IC and FEA provider varies based upon the needs of the participant. A key IRIS feature is the emphasis on the role of the participants, or their family members or representatives, to effectively manage their long-term supports.

If the IRIS participant decides to hire participant-hired workers to provide support services, the participants also have a choice of an FEA. The FEA is responsible for processing payroll, managing tax withholdings, reporting obligations for participant-hired workers, and assisting with other employer responsibilities. This is required to be a separate function from the ICA.

The Department will also contract with a TPA to adjudicate and process claims and report Medicaid encounter data.

II. Certification Process

A. Purpose of Certification

The Department is using a provider certification process to increase the choice of qualified ICA and FEA providers whose values, standards and principles align with the IRIS program. Any

agencies applying for certification agree to the standards under which the Department conducts this certification process.

The DHS review of all ICA certification applications are conducted under the same guidelines. However, the Department has sole discretion to assess the completeness and thoroughness of the application and to determine whether the applicant meets the criteria within this certification process.

B. Prequalification Criteria Process

1. Prequalification Application Submittal Process

   Each application will have a prequalification review to determine if the applicant meets threshold criteria. There are two components needed for complete submission of the prequalification application: paper (hard copies) and electronic materials. Both components must be submitted to the address identified under section II(D)(1). The following submission requirements must be followed for each of the components:

   a. Paper (Hard Copy) Components

      This component must contain the **original** and three paper copies of the entire application and be labeled as follows:

      1. ICA Prequalification Application as applicable
      2. ICA Name

   b. Digital Components

      In addition to the paper documents described above, the application must be submitted in a non-password-protected PDF format on reproducible CDs or an external flash drive recorded and labeled as follows:

      1. ICA Pre-Qualification Application
      2. ICA Applicant Name

2. Prequalification Review Process

   Each prequalification application is reviewed by a committee of the manager of the Office of IRIS Management (OIM) staff, OIM staff, and staff in the Bureau of Long Term Care Financing.

   a. The initial review is scheduled approximately 30 days after the receipt of the prequalification application.

   b. After the initial committee review, a decision will be issued, as outlined in Section II(B)(3), within 14 calendar days.

3. A summary of the requirements that the applicant must meet and maintain is described under II(C). The applicant must submit required information to demonstrate the capacity to address each area. Department staff will review the prequalification documentation submitted by the

applicant for compliance with the criteria. The Department will then issue a written decision to the applicant, indicating one of the following:

a. Approval of prequalification criteria. The applicant may proceed with the application process.

b. Intent to Deny the application

   1. The Department will provide the applicant with a written statement identifying the area(s) of prequalification that did not meet the criteria.

   2. Applicants receiving an Intent to Deny will be provided an opportunity to meet with the committee to review the identified deficiencies.

      a. The information regarding scheduling a deficiency review meeting will be included in the written decision.

   3. Applicants will be permitted to submit additional information addressing the identified deficiencies.

      a. If the applicant intends on submitting additional/supplemental information regarding the identified deficiencies, the applicant must submit them in advance of the scheduled review meeting with enough time to permit the committee to review them prior to the meeting.

      b. The review committee and applicant will discuss the committee's preliminary decision and any additional/supplemental information. The committee will issue a final decision after the meeting.

c. A request, by the IRIS Section to the applicant, for clarifying information regarding compliance with the prequalification criteria.

4. Applicants currently certified as an ICA provider do not need to submit a prequalification during the recertification process.

C. Prequalification Criteria

1. Executive Summary

   a. The applicant should explain its business philosophy, goals and model of providing self-directed ICA services, and how it aligns with the particular core principles of the IRIS program, including the six domains of self-direction:

      1. Health and Safety
      2. Having a Place of One's Own
      3. Community Membership
      4. Relationships
      5. Employment
      6. Control Over Transportation

b. For more information regarding the core principles of self-direction within the IRIS program, reference the following link: http://www.dhs.wisconsin.gov/IRIS/index.htm.

c. The review committee will receive the executive summary for informational purposes only.

2. The review committee will determine an applicant's prequalification based on the following criteria:

a. The applicant must be a legally recognized entity within the State of Wisconsin, and maintain compliance with all applicable state and federal laws and regulations under which they maintain the entity's status.

b. The applicant must have a localized presence in each region they will operate ICA services.

1. The applicant must include the region(s) being applied for.

2. The ICA must have the capacity to serve the population in the region(s) the ICA is applying to serve.

3. The applicant must include the physical address of all staffed offices located in the region(s) the ICA is applying to serve.

c. The ICA Service delivery and systems, including, but not limited to, associated entities, third party contracts and software, business partners, subcontractors, etc., must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) including all pertinent regulations (45 CFR Parts 160 and 164) issued by the U.S. Department of Health and Human Services.

d. ICAs are prohibited from providing any paid WI Medicaid supports or services to the participants they provide fiscal employer services for. This prohibition includes agencies that the ICA has any direct or indirect financial or fiduciary relationship with ('related agencies'). The participant will be required to make a choice of receiving fiscal employer services from the ICA or the paid Medicaid supports or services that the ICA or its related agencies offer. This excludes administrative contracts that do not provide direct service or eligibility and enrollment for services. Explicitly including, but not limited to Self-Directed Personal Care Oversight, home or vehicle modification assessments, and 1-2 Bedroom Adult Family Home certification.

Therefore, the applicant must maintain business separation from any agency involved with enrollment counseling and/or Aging and Disability Resource Centers, functional and/or financial eligibility determination, including Income Maintenance consortia, administration of any other Wisconsin long-term care programs, and any paid supports or services it provides for any Wisconsin Medicaid programs or recipients. The applicant must demonstrate, to the satisfaction of the Department that the applicant entity is able to maintain complete separation and must not influence a person's choice of Wisconsin long-term care programs and/or influence of a person's choice of service and support providers within area of the business, if applicable. The applicant must demonstrate the mitigation of any real or perceived conflicts of interest. This includes, but is not limited to, board or executive oversight, management and field supervision of staff operating

under the ICA or FEA contract, management and non-management overlapping roles and responsibilities, Conflict of Interest policies, paper and electronic systems security and segregation of administration functions.

3. Applicants that provide Wisconsin Medicaid-paid supports and services directly or through a related agency must provide the following information:

    1. Company Structure

        a. Articles of Incorporation; articles of organization; partnership agreement; or other comparable documents.

    2. IRIS Provider Board Member Disclosure form (DHS F-01275), if applicable.

        a. Selection Process

            1. Who is responsible to select board members?
            2. What criteria are used to select board members?
            3. What is the term of board membership?

        b. By-Laws

        c. Board of Directors Conflict of Interest Policy

            1. The Board's conflict of interest policy;

            2. A copy of each board member's conflict of interest form with the member's signature; and

            3. Internal controls in place to enforce the conflict of interest policy to include, but not limited to, background checks, and/or other employment verification.

    3. Executive Staff

        All applicants must submit an IRIS Provider Executive Staff Disclosure from (F-01275A) regarding their executive staff, including but not limited to;

        a. Principals and Owners
        b. Chief Executive Office (President, Vice President)
        c. Chief Operating Office
        d. Chief Financial Officer
        e. Chief Security / Information Technology Officer

    4. Management Structure

        a. Roles and responsibilities of central office and field managers, to include:

            1. Segregation of staff duties and oversight responsibilities;

2. Identification of overlapping responsibilities and authorities - provide organizational chart for all operations/entities;

3. Shared staff, to include:

    a. Identification of positions, responsibilities and description of how internal controls for separation of duties between entities/other unrelated operations is established, maintained and verified.

    b. Percentage of allocation to IRIS and other lines of business and method used to establish and validate identified percentage.

b. Policy and Procedure Manual and/or Standard Operating Procedure

5. Administrative Services Agreement (ASA), if applicable to related entities, to include:

    1. Actual Agreement;

    2. services purchased; and

    3. Anticipated percentage of allocation to the IRIS program versus other lines of business description and as defined in the ASA.

6. Employee Conflict of Interest mitigation protocols:

    a. Provide a copy of the conflict of interest policy;

    b. Provide a copy of each employee's signed conflict of interest form; and

    c. Describe the Internal controls used to monitor and enforce the conflict of interest policy to include, but not limited to, background checks, and/or other employment verification.

7. Paper and electronic System Security, describe the process to ensure that multiple lines of business are segregated, include:

    a. Roles assigned and system controls to include but not limited to layered access, system audit, user roles; and

    b. Functionality-System description, program specific design/functionality, oversight to ensure required segregation from other program operations.

8. Describe and provide examples of analytics used to evaluate and assure accuracy of cost allocations and program charges related to the IRIS program.

9. Copy of most recent audited financial statements for proposed company and related parties (consolidated), and response to audit findings conducted by an independent Certified Public Accounting (CPA) firm. If no prior year audit statements exist, then the applicant must provide an explanation of this status and must provide the name of

contracted independent CPA firm that will be used to satisfy the annual independent CPA firm financial audit requirement.

10. The applicant must complete an IRIS Certification Designation of Confidential and Proprietary Information (F-01549) if any information in the prequalification application is determined to be confidential or proprietary by the applicant.

Certification applications will not be accepted by the Department without written approval of the prequalification criteria.

D. Certifying and Contracting Information Section

1. Contact Information - The Wisconsin Department of Health Services, Division of Long Term Care, Bureau of Long Term Support, which issued these certification criteria, is the sole point of contact for the State of Wisconsin during the certification process. All materials described in this Section must be submitted to the following area:

   IRIS Certification
   Department of Health Services
   Division of Long Term Care
   1 W. Wilson Street, Room 418
   Madison, WI 53701-7850
   (608) 261-6749
   DHSIRISCertification@dhs.wisconsin.gov

   The IRIS Section within the Division of Long Term Care, Bureau of Long Term Support will administer the contracts resulting from this certification process. The contract administrator will be the IRIS Section Chief or a designee.

2. Questions regarding the certification process, certification criteria, and/or financial solvency template must be submitted to the Department via DHSIRISCertification@dhs.wisconsin.gov

   The subject line for inquiries or applications must be submitted with the following information.

   a. ICA IRIS Certification Questions [Company Name]
   b. FEA IRIS Certification Questions [Company Name]
   c. Financial Solvency Template [Company Name]
   d. Prequalification letter - ICA Certification [Company Name]
   e. Application ICA Certification [Company Name]
   f. Prequalification letter – FEA Certification [Company Name]
   g. Application FEA Certification [Company Name]

   The body of the email should also reference the section of the criteria the question is referring to. Reference to the criteria section will help ensure DHS addresses all questions as efficiently as possible.

3. General Instructions – All complete applications for certification will be evaluated by the Department. The Department's intent is to certify multiple agencies whose applications meet the certification criteria and to negotiate contracts under which the agencies will

fulfill the role of an ICA. Appendix A sets the requirements for an operational ICA and will form the contract requirements under which certified ICAs will provide services. The Department will review the certification application to determine whether the applicant is positioned to successfully perform those requirements.

In addition to meeting the requirements outlined in these criteria and the materials requested as supporting documentation, all applications need to be in compliance with requirements in the Centers for Medicare and Medicaid Services (CMS) under section 1915(c) of the Social Security Act – Medicaid Home and Community-Based Services (HCBS) Waivers and the Department's IRIS policy manual. The HCBS Waiver and the IRIS policy manual can be found at: http://www.dhs.wisconsin.gov/iris/resources.htm

Please reference http://www.dhs.wisconsin.gov/publications/P0/P00708.pdf and http://www.dhs.wisconsin.gov/publications/P0/P00708a.pdf for all IRIS polices referenced in this certification criteria.

Note: Any references to the IRIS Program Self-Directed Information Technology (IT) System will be applicable when the ISITS system is in production.

4. Certification Application Submittal Process

There are two components needed for complete submission of the application: Paper (Hard Copies) and Electronic materials. Both components must be submitted to the address identified under section II(C)(1). The following submission requirements must be followed for each of the components:

a. Paper (Hard Copy) Components

This component must contain the **original** and three paper copies of the entire application and be labeled as follows:

1. ICA Application as applicable
2. ICA Name

b. Digital Components

1. In addition to the paper documents described above, the application must be submitted the application in a non-password protected PDF format on reproducible CDs or an external flash drive recorded and labeled as follows:

a. ICA Application
b. ICA Applicant Name

2. The IRIS Financial Projection Template must be submitted electronically in non-password protected Microsoft Excel format.

c. Timeframes: All requested items and information are submitted after the applicant entity receives the pre-qualification approval from the Department of Health Services. All required information must be provided at the time the certification application is submitted. If any item or process does not yet exist,

then the applicant's plan for meeting the requirement, including the timeframe, must be provided.

d. The applicant must complete an IRIS Certification Designation of Confidential and Proprietary Information (F-01549) if any information in the prequalification application is determined to be confidential or proprietary by the applicant.

e. The Department will provide a written response to all submitted certification application packets within ninety (90) days.

    1. The Department response may be: an approval; a conditional approval; a denial; or a request for clarification.

        a. Approval: An approval is certification without conditions.

        b. Conditional Approval: A conditional approval is certification with deficiencies identified within the application. The deficiencies do not prevent the applicant from providing core ICA services with a high degree of quality. A conditional approval is contingent upon all areas of deficiency related to the Conditional Approval being addressed through a DHS approved Conditional Certification Improvement Plan (CCIP) (F-01208) or (F-01207).

            1. A conditional approval requires the applicant to submit a CCIP to the Department which includes detail of each step the applicant entity will take such that the deficiency is addressed per IRIS policy.

            2. The Department will review the CCIP and work with the ICA on any areas identified in the CCIP the Department views as unsatisfactory.

            3. Any CCIPs that are not completed to the level of detail described in the IRIS Policy may be grounds for decertification.

        c. Intent to Deny the application

            1. The Department will provide the applicant with a written statement identifying the area(s) of the application that did not meet the criteria.

            2. Applicants receiving an Intent to Deny will be provided an opportunity to meet with the committee to review the identified deficiencies.

a. The information regarding scheduling a deficiency review meeting will be included in the written decision.

3. Applicants will be permitted to submit additional information addressing the identified deficiencies.

a. If the applicant intends on submitting additional / supplemental information regarding the identified deficiencies the applicant must submit them in advance of the scheduled review meeting with enough time to permit the committee to review them prior to the meeting.

d. The review committee and applicant will discuss the committee's preliminary decision and any additional/supplemental information. The committee will issue a final decision after the meeting.

d. Request for Clarification: A request for clarification is a request to the applicant to clarify certain areas of its application, in order to provide the Department with adequate information to make a determination of whether the applicant meets the certification criteria.

5. Ongoing Certification Requirements:

a. Recertification for all ICAs will take place on an annual basis. All recertification packets must be submitted to the DHS at least sixty days prior to the end of the contract period. The recertification process will consist of:

1. ICA submittal and DHS approval of any required CCIPs.

2. Execution of the Wisconsin Medicaid Program Provider Agreement and Acknowledgement of Terms of Participation for IRIS consultant agencies (ICA) (F-01439).

b. Decertification: Any ICA decertified during a certification period for failure to maintain the criteria of certification will not be permitted to submit a new certification application for a minimum of thirty six (36) months after being decertified.

1. The Department will give written notice of intent to decertification sixty days prior to the decertification taking effect.

a. An ICA notified of intent to decertify will have the option to submit a Corrective Action Plan (CAP) to the Department within thirty (30) days from the date of the notice of intent to decertify

b. Failure to notify the Department of the CAP within in thirty days will result in decertification.

c. The CAP must include detail of how the cause for decertification will be corrected and in what timeframe.

d. The Department will review the CAP and work with the ICA on any areas identified in the CAP the Departments views as unsatisfactory. Once the Department approves the CAP, the ICA will receive a conditional approval of certification for the remainder of the contract year.

1. All conditional approval processes defined under II(C)(4)(d)(1)(b) apply to a conditional approval granted through a CAP approval.

e. Any CAP not completed to the level of detail described in the CAP, and within the timeframe identified may be grounds for decertification without an option to submit a new CAP.

1. Any ICA decertified for, but not limited to, the following reasons may not be eligible for the CAP process or a future certification application:

a. Health and Safety of a Participant
b. Federal Medicaid Debarment
c. Fraud

c. Contracting: The final step in the certification process is successful execution of the Wisconsin Medicaid Program Provider Agreement and Acknowledgement of Terms of Participation for IRIS consultant agencies (ICA) (F-01439). By submitting an application and becoming a certified ICA, the ICA agrees to meet the contractual obligations in Appendix A. In addition, a fully executed Business Associate Agreement (F-00759) must also be in place prior to contract execution.

1. Failure to achieve successful execution of a contract with the Department will result in a denial as defined II (C)(4)(d)(1)(c).

2. Contract Termination – A decertification is a per se cause for contract termination. Therefore, there will not be a separate contract termination process if the ICA fails to maintain the criteria for certification. In such case the ICA will not be permitted to submit a new certification application for a minimum of thirty six months after termination. A contract termination will occur of the ICA fails to maintain other contractual requirements.

a. The same protocol and terms described in II (C)(5)(b) decertification apply for contract termination.

d. Change of Certification Requirements

1. The Department may require an ICA to comply with changes in the certification requirements that occur during the contract period. In that event the Department will provide prior notice and opportunity to come into compliance via the CCIP protocol described in section II.(C)(4)(d)(1)(b).

2. If the ICA does not timely and fully comply with the certification requirements via the CCIP protocol, the protocol described in II(C)(5)(b)(1) will apply except for the opportunity to file a CAP.

e. Reconsideration: An ICA may request a reconsideration of any decisions around certification and contracting may be appealed to the IRIS Section. An ICA must first exhaust this reconsideration process before resorting to any other legal remedy it may have.

1. The request must be received within 30 days of receiving notice of the decision.

2. The request must state the reason the ICA believes the decision was made in error.

3. The IRIS Section Chief will review the information and render a final decision within 30 days of receipt of the request.

Once a reconsideration decision has been reached the decision is considered final.

III. Aging and Disability Resource Center (ADRC) and Referral Process

A. Enrollment Counseling

Prior to IRIS enrollment, the participant meets with a local ADRC to establish functional eligibility. Functional eligibility is completed through an Adult Long-Term Care Functional Screen that indicates that the applicant meets as Nursing Home level-of-care. Financial eligibility is determined by the Income Maintenance consortium in the area where the participant resides. Once functional and financial eligibility are established, a representative from the ADRC meets with the participant to provide a neutral explanation of programs for which the participant is eligible, also known as enrollment counseling.

B. Referral Process

When a participant chooses IRIS, the ADRC representative will provide the participant with the roles and responsibility documentation per the IRIS policy manual. This material is provided to the ADRCs by the Department to ensure consistency across all ADRCs. If the participant chooses to be referred to IRIS, then the ADRC will provide the participant with impartial information about each IRIS consultant provider available in the participant's region. Once a participant chooses their ICA, the ADRC representative facilitates the referral process by submitting a referral packet to the ICA that the participants choose. The ADRC will also provide the participant with biographies (paper copies or electronically) of the IRIS consultants available. Each IRIS consultant agency will provide the ADRCs with the following materials:

1. IRIS consultant agency (ICA) Biography (Template) (F-01546);
2. Department-approved informational materials about the agency; and
3. The ICA options information (DHS completed).

The ICA is responsible for providing ADRCs with up-to-date and accurate information in the format prescribed by the Department.

IV. IRIS Participant Budgets

Individual Support and Service Plans (ISSP) is developed on the basis of the needs of participants to meet the participant's long-term care outcomes and to ensure participant health and safety. The participant and/or legal representative is informed of the budget amount by the ADRC during options counseling. The IRIS consultant will assist the participant to develop their ISSP focusing on meeting the participant's needs rather than focusing on the budget amount. In the event that the cost of a participant's needs exceeds the budget amount, the participant may request a budget amendment. See 5.7A.1 – Budget Amendment Process of the IRIS policy manual: Work Instructions (P-00708A).

Participants are permitted flexibly between related service authorizations to meet their needs within the parameters of the IRIS program flexible spending policy. Any allowable IRIS services required to meet the participant long-term care outcomes that exceed the parameters of the IRIS program flexible spending policy will need prior authorization per the IRIS Budget Amendment / One Time Expense Policy (see 5.7A.1 – Budget Amendment Process and/or 5.8D.1 – One-Time Expense Requests). The IRIS consultant agency is responsible for ensuring that IRIS participants have the tools, resources and information to develop a plan of care within their budget amount to meet their long-term care outcomes. If the person's needs appear to exceed the participant's budget amount, then the ICA will assist the participant with a budget amendment request.

AGENCY-SPECIFIC STANDARDS

V. Consultant Agency Service Requirements

ICAs applying for certification must submit documentation supporting the ICA's ability to meet the requirements of an IRIS consultant agency described in this Section. The applicant must determine the level of detail necessary to demonstrate compliance with the Department's certification criteria.

A. General

1. The ICA must comply with all applicable federal, state and waiver requirements, all policies and procedures governing consultant services and all terms and conditions of the contract.

2. The ICA must comply with all policies, procedures, and requirements as specified in the Department's IRIS policy manual and IRIS Service Definition and Code Manual.

3. The ICA may not provide any other direct services for participants that have an approved ISSP/budget and are actively receiving services through the IRIS program.

4. The ICA may not employ, as a consultant or Long-Term Care Functional Screener, any immediate family member or guardian of a participant in the IRIS program to directly serve that participant.

    a. The ICA must disclose if an employee or a member of an employee's immediate family owns or controls a ten percent (10%) interest or receives payment of more than three thousand dollars ($3,000) within a twelve (12) month period from any provider of Wisconsin Medicaid services in any Wisconsin Medicaid program. Each ICA employee must complete the IRIS program Conflict of Interest Disclosure (F-01310). This form must be submitted for all identified ICA employees at the time of the application. Post certification this form must be submitted for all new ICA employees to the contract administrator or designee.

        1. This disclosure must include the following information:

            a. The employee's information;
            b. The employee's position within the ICA;
            c. The provider's information;
            d. The percentage of control and/or payment received within a twelve month period; and
            e. The protocols that the ICA has in place to prevent a conflict of interest.

        2. The Department will review this information, consider it with regard to the IRIS conflict of interest policy and make a determination as to whether a conflict exists.

            a. The ICA will be issued a statement regarding the conflict of interest determination and any action needed in the form of a CCIP.

    b. The ICA must have a policy in place for educating all employees on the identification of conflicts of interest.

        1. The policy must include, but is not limited to:

            a. The process used to identify potential conflicts of interest;
            b. The risk mitigation protocol for any identified conflicts of interest: and
            c. The ICA must maintain signed documentation of each employee receipt, and understanding of the ICA's conflict of interest policy.

5. The ICA must submit an insurance declaration page that includes the minimum liability insurance amounts.

6. The ICA is required to represent the Department in the State Fair Hearing process. This requirement is applicable when the ICA issues the Notice of Action (NOA) on behalf of the Department or if the NOA is issued from the Department as a result of a Budget Amendment request, a One Time Expense request, or other termination, denial, limitation or reduction of service NOA.

a. All NOA's issued must reference the Federal or State Statute, DHS Administrative Rule, the Medicaid HCBS IRIS Waiver or IRIS policy (see 11.2 – Notice of Action) that resulted in the intended action.

b. At the Department's discretion, DHS may assist the ICA during the fair hearing process.

B. Financial

To be certified as an ICA the following requirements must be met:

1. For year one certification the submitter must meet the solvency requirements for working capital and restricted reserves.

    a. Working Capital- The purpose of working capital is to provide ongoing liquid assets to manage routine fluctuations in revenue and expenses that will occur in the normal course of business operations.

    Working Capital Requirement- Positive working capital demonstrated in the IRIS Financial Projections Template, calculated as the difference between current assets and current liabilities and evidenced during the contract year through financial reporting on the schedule defined by the Department.

    b. Restricted Reserve- The purpose of the restricted reserve is to provide continuity of services for enrolled participants, accountability to taxpayers, and effective program administration. The restricted reserve provides additional liquid assets to underwrite the risk of financial volatility due to extraordinary, unbudgeted program expenditures.

    Restricted Reserve Requirement- Liquid funds in a separately identifiable restricted investment reserve account at a financial institution equal to 1/3 (33%) of December's actual IRIS revenue.

        1. 50% of the requirement satisfied by July 1st of the contract calendar year and evidenced during the contract year through submission of the reserve investment report to DHS on the schedule defined by the Department.

        2. The account name must include the term IRIS Restricted Reserves.

        3. Any income or gains generated by the restricted reserve funds are to remain within the account until the required balance is met as set forth in the annual requirement.

        4. Withdrawals or disbursements from the restricted reserve account requires prior written approval from DHS if the withdrawal or disbursement results in a balance below the required minimum balance.

Additionally, withdrawals for a purpose other than payment of operating expenses requires prior written approval from DHS.

2. Years two and three financial projections in the IRIS Financial Projections Template must demonstrate the ability to satisfy the following Working Capital and Restricted Reserve requirements as follows:

    a. Working Capital maintained at a level not less than 1.0% in year two and 2% in year three of the annual IRIS revenues paid by the Department for the calendar year.

    b. Restricted Reserve minimum fund balance at December 31 of each year and based on the annual IRIS Revenues, projected and approved by the Department. The required minimum fund balance is calculated as follows:

        1. 8% of the first $5 million of budgeted annual capitation.
        2. 4% of the next $5 million of budgeted annual capitation.
        3. 3% of the next $10 million of budgeted annual capitation.
        4. 2% of the next $30 million of budgeted annual capitation.
        5. 1% of any additional budgeted annual capitation.

    c. Satisfaction of the requirements in a. and b. above will be evidenced during the additional contract years through submission of financial and investment reports to the DHS on the schedule defined by the Department.

3. ICAs must submit a three-year business plan in the IRIS Financial Projection Template provided.

4. The Department reserves the right to request an updated submittal of the IRIS Financial Projection Template at any point during the term of the contract resulting from successful certification application. Factors included, but are not limited to:

    a. Actual IRIS participant enrollment;
    b. Projected IRIS participant enrollment;
    c. New or expanded lines of other business for the certified ICA; or
    d. Termination or reduced lines of other business for the certified ICA.

C. Payments

Each ICA will receive payment for consultant services through a Monthly Rate of Service (MROS) disclosed in the IRIS financial projection template.

The MROS for ICA provider services is $252.21.

1. DHS will extract a claim file from the centralized IRIS IT system. The claim file will include the following information for each IRIS participant for whom the ICA provides

services:

a. Participant's first and last name;
b. Participant's Medicaid Identification (MA ID) number;
c. Participant's Social Security number;
d. Participant's date of birth; and
e. Participant's gender.

2. The claims file will be adjudicated using the Medicaid Management Information Systems (MMIS) system for Medicaid eligibility and matching Medicaid ID. The adjudication will also check whether participants were enrolled in other long-term care programs during the month.

3. The ICA will be paid the MROS for those participants listed as Medicaid eligible with matching MA ID's and not shown as enrolled in other long-term care or managed care programs. The Department is required to have the MROS claim processed and payment made within ninety days of the claim submission. However, typically claims are paid in less than thirty days.

4. Those participant's without MA eligibility, incorrect MA ID's or shown as enrolled in other long-term care programs will be listed on a report provided to the ICA. This is known as an exception report.

5. The ICA will have the opportunity to correct any errors for those participants appearing on the exception report and resubmit a claim with the corrected information. The ICA will have 120 days to resubmit a claim appearing on the exception report in error.

D. Information Technology

The ICA applicant must have an information technology (IT) system currently in production that can carry out the core functions of an ICA. The Department will require the applicant to demonstrate the IT system in place and that the IT system has capacity to carry out the functions listed in this section. The core IT functions include, but are not limited to the following:

1. Service Level requirements described in Appendix A (I);

2. Enrollment and Orientation requirements described in Appendix A (II);

3. Plan Development requirements described in Appendix a (III);

4. Ongoing consultant service requirements described in Appendix A (IV);

5. Participant Records and Documentation requirements described in Section V (H);

6. Initial plan submittal and updated plan information to the IRIS FEA selected by the participant:

7. Agency Program Integrity and Quality Management requirements described in Appendix A (VI);

8. Applicants must also disclose any subcontracts involving their IT system and a copy of the subcontract agreement;

9. The process, format and location where the system data is stored which includes, but is not limited to the following requirements:

    a. All data must be stored in a location controlled by the applicant agency;
    b. The data storage location must comply with V.(D)(11) of this certification criteria;
    c. The format in which the data is stored;
    d. The frequency the data is moved to the storage location; and
    e. All data must be in a format that can be migrated to the department's centralized IT system upon completion.

10. The ICA's Disaster Recovery Plan and Business Continuity Plan for their IT system;

11. The ICA IT system(s), including, but not limited to, associated entities, third party contracts and software, business partners, subcontractors, etc., must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) including all pertinent regulations (45 CFR Parts 160 and 164) issued by the U.S. Department of Health and Human Services; and

12. The user roles and access rights to the IT system.

The Department's ISITS system is currently in development. Once this system is in production all ICA's will be required to use the centralized ISITS system and the ICA must comply with the data entry requirements of the system. The anticipated production date is July 1, 2015.

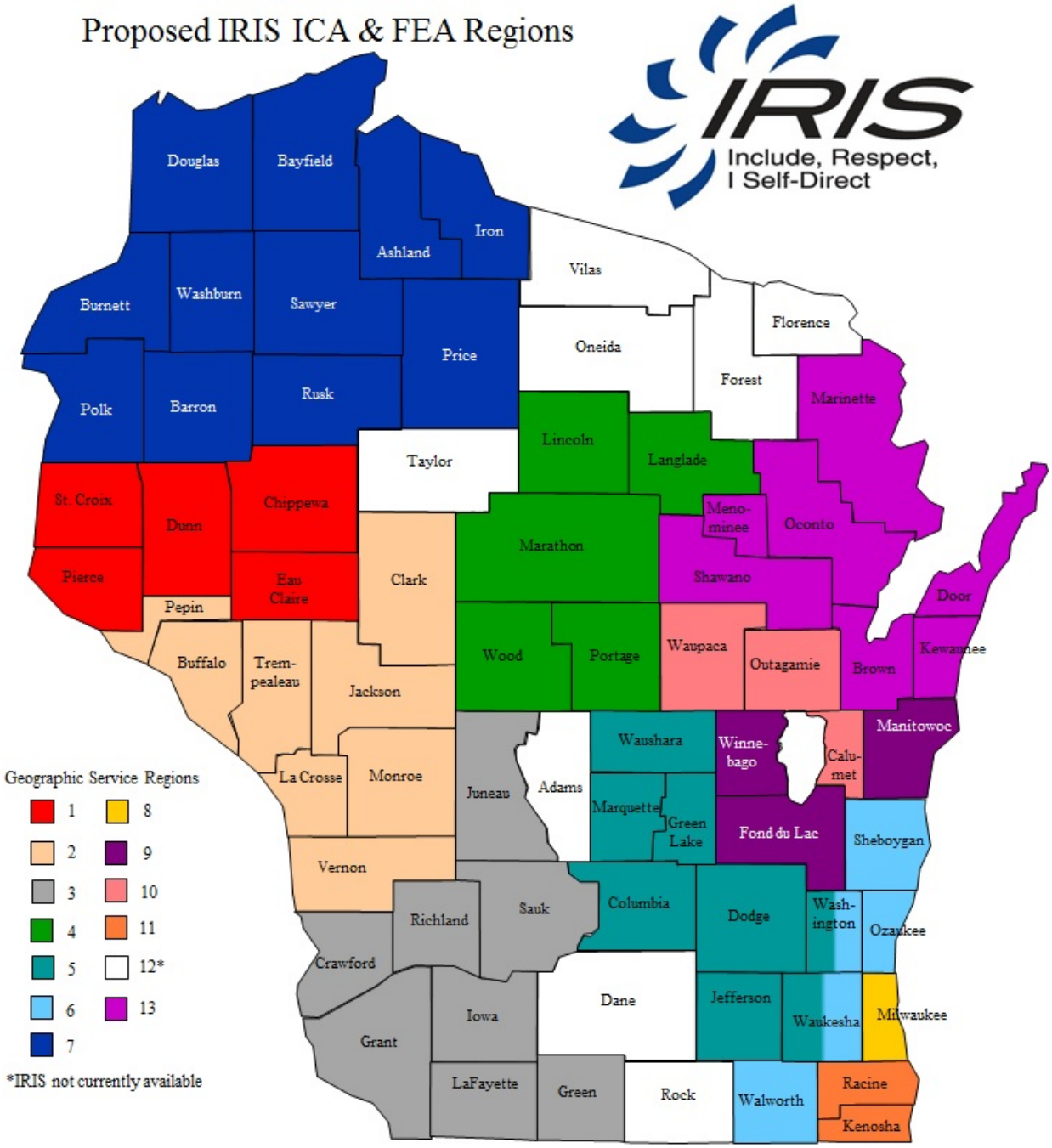
E. Geographical Regions and Capacities

The applicant ICA must identify which region(s) the agency is applying to serve in the template provided below. An ICA applicant is permitted to apply for a single region or multiple regions in a single application submission. The IRIS program is available in those counties identified on the map included below. The regions of Wisconsin and the associate population for each region is outlined in the map and charts included in this Section. Each ICA is required to demonstrate adequate service delivery capacity to serve a minimum of 25% of the Region's IRIS participants by the end of year one of its business projection plan and throughout the following years of the business plan projections for subsequent years.

Applicants may submit an application that has service population projections exceeding the minimum capacity of 25%. However, the ICA must demonstrate that it has the capacity in both service delivery and financial solvency to serve the projected population disclosed in this application. The financial capacity portion is demonstrated through the IRIS Financial Projection Template. The service delivery capacity is demonstrated through the agency's application response to this certification criteria.

PROPOSED IRIS REGION SERVICE AREA TEMPLATE			
ICA Name:			
Address:			
Phone:		Email:	
Contact:			
Region	Proposed Service Population Percentage Year #1	Proposed Service Population Percentage Year #2	Proposed Service Population Percentage Year #3
Region #1			
Region #2			
Region #3			
Region #4			
Region #5			
Region #6			
Region #7			
Region #8			
Region #9			
Region #10			
Region #11			
Region #12			
Region #13			

The ICA must demonstrate the capacity to provide immediate services to the population proposed in this application. Each ICA is required to serve all target groups served by the IRIS program.



The numbers disclosed below represent the enrollment in the IRIS program as of December 31, 2014.

*includes counties in the 2014 - 2015 Northeast expansion. The number of participants is a DHS projection of enrollment by 12/1/2015.

REGION 1 - GSR	
COUNTY	PARTICIPANTS
Chippewa	140
Dunn	92
Eau Claire	279
Pierce	87
Saint Croix	241
SUBTOTAL	**839**

REGION 2 - GSR	
COUNTY	PARTICIPANTS
Buffalo	60
Clark	105
Jackson	19
La Crosse	145
Monroe	97
Pepin	73
Trempealeau	43
Vernon	61
SUBTOTAL	**603**

REGION 3 - GSR	
COUNTY	PARTICIPANTS
Crawford	22
Grant	82
Green	24
Iowa	34
Juneau	61
Lafayette	17
Richland	47
Sauk	71
SUBTOTAL	**358**

REGION 4 - GSR	
COUNTY	PARTICIPANTS
Langlade	37
Lincoln	49
Marathon	229
Portage	66
Wood	81
SUBTOTAL	**462**

REGION 5 - GSR	
COUNTY	PARTICIPANTS
Columbia	76
Dodge	105
Green Lake	18
Jefferson	132
Marquette	18
Washington	161
Waukesha	419
Waushara	59
SUBTOTAL	**988**

REGION 6 - GSR	
COUNTY	PARTICIPANTS
Ozaukee	161
Sheboygan	155
Washington	161
Waukesha	419
Walworth	191
SUBTOTAL	**1087**

REGION 7- GSR	
COUNTY	PARTICIPANTS
Ashland	76
Barron	186
Bayfield	47
Burnett	49
Douglas	112
Iron	35
Polk	138
Price	43
Rusk	56
Sawyer	67
Washburn	73
SUBTOTAL	**882**

REGION 8 - GSR	
COUNTY	PARTICIPANTS
Milwaukee	5067

REGION 9 - GSR	
COUNTY	PARTICIPANTS
Fond du Lac	88
Manitowoc	205
Winnebago	353
SUBTOTAL	**646**

REGION 10 - GSR	
COUNTY	PARTICIPANTS
Calumet	64
Outagamie	219
Waupaca	78
SUBTOTAL	**361**

REGION 11 - GSR	
COUNTY	PARTICIPANTS
Kenosha	424
Racine	406
SUBTOTAL	**830**

*Region 13 - GSR	
COUNTY	PARTICIPANTS
Brown	566
Door	64
Kewaunee	64
Marinette	98
Menominee	38
Oconto	43
Shawano	125
SUBTOTAL	**998**

F. Personnel

1. All Personnel must:

    a. Demonstrate understanding of the IRIS program including:

        1. IRIS Philosophy;
        2. Principles of Self-Direction;
        3. Principles of responsible Financial Management;
        4. Person- Centered Planning processes;
        5. Read and acknowledge receipt of the following documents:

            a. IRIS 1915(c) Home and Community-Based Services Waiver;
            b. IRIS Policy and Procedure Manual;
            c. IRIS Service Code Definition Manual (P-00708B); and
            d. Submittal of Certification Acknowledgement (F-01209) for each employee.

    b. Attend all Department-required orientation and trainings;
    c. Be trained and competent in applicable areas of the ISITS System; and
    d. Be trained and competent in applicable DHS SharePoint sites.

2. Long-Term Care Functional Screeners

    IRIS consultant agencies must be able to provide participants with ongoing and annual redetermination Long-Term Care Functional Screens.

    IRIS consultant agencies who meet certification must become certified screening agencies by registering with the Department via the long-term Care Functional Screen Section within the Division's Office of Family Care Expansion.

    All staff members who administer the Long Term Care Functional Screen (LTC FS) must meet the following criteria:

    a. Position Requirements: Screeners must hold a Bachelor of Arts or Science degree in a health or human services-related field or a license to practice as a registered nurse in Wisconsin, AND at least one year of experience working with at least one target group population. If the IRIS consultant agency would like to hire an applicant who does not meet these requirements, then the IRIS consultant agency must seek and receive prior approval from the Department.

    b. Training Requirements: Completion of the Department's web-based clinical certification. To become a Certified LTC FS Screener, the employee must pass all eight modules of certification tests included in the online course with a score of eighty percent or better on each module.

    c. Initial Orientation: Upon hire, each screener will receive a thorough orientation and training provided by the Department – see Appendix B. Each LTC FS screener will have a completed employee orientation and training checklist in his

or her personnel file.

d. Ongoing Certification Requirements: Each LTC FS screener must achieve a passing score on the Continuing Skills Testing (CST) conducted every two years, to maintain certification.

e. IRIS consultant agency screening staff must participate in all available screening-related training opportunities provided by the Department.

f. LTC FS Ratios and Capacity:

   Although the Department does not specify a ratio of participants to screeners, the IRIS consultant agency must ensure staffing to meet the following criteria:

   1. Annual redetermination Long Term Care Functional Screens must be completed within 365 days of the previous screen; and

   2. A Long Term Care Functional Screen must be administered whenever a change occurs in a participant's condition.

g. IRIS Consultant Agency Functional Screen Liaison:

   1. The IRIS consultant agency's screen liaison may also be an IRIS consultant.

   2. The IRIS consultant agency's screen liaison must be a Certified Functional screener.

   3. The Screen Liaison position must meet the following criteria:

      a. Implementation of State contract requirements, as well as policies and procedures related to the LTC FS administration and quality. This includes, but is not limited to:

         1. Assuring staff considered for hire meet the education and experience required to perform LTC FS screening;

         2. Providing the materials and guidance necessary for new staff to take and pass the on-line Functional Screen training course; and

         3. Ensuring that additional training, mentoring, and monitoring for new and experienced screeners occurs in accordance with the established LTC FS Training Plan.

            a. Maintaining an accurate, complete, and up-to-date list of all staff who administers the LTC FS. This includes:

               1. Maintaining, on file, a copy of the certificates documenting that each LTC

FS screeners has passed the required certification course;

2. Providing information and guidance to newly certified screeners to help them obtain initial security clearance and access to the Functional Screen website; and

3. Making changes and deletions to security clearances as necessary including ensuring that, within one business day of a screener's involuntary termination, and within three business days of the voluntary departure or reassignment of a screener, security access is deactivated.

b. Acting as the entity with whom other IRIS consultant agencies or Managed Care Organization (MCO) can contact upon need of a LTC FS screen transfer.

c. Consulting with the MCO or IRIS screener when a person found functionally eligible by the ADRC's initial screen is found, by the MCO or ICA, as ineligible or eligible at the non-nursing home level of care.

d. Consulting with the Personal Care Screening Tool (PCST) screener when differences exist between the Functional Screen and the PCST.

e. Setting up and implementing Department planned and directed periodic continuing-skills testing for all certified LTC FS Screeners in the ICA.

f. Participating in all scheduled LTC FS meetings and webcasts scheduled by the Department, as well as signing on to the Department's LTC FS ListServ to ensure that all screeners promptly receive the information, updates, and technical assistance documents provided by the Department.

g. Assuring that all LTC FS screeners receive copies of the most current LTC FS directions, cue sheet, decision trees, and other related information.

h. Communicating with the Department regarding the Functional Screen, through the Screen Liaison. This includes consulting on participant-specific situations as needed to ensure that ICA LTC FS screeners complete an accurate screen on an individual, or to interpret all or part of a completed screen. The communication will normally occur via email or phone conference, but may, at times, involve sending a completed screen and/or supporting documents to the Department's LTC FS Staff for review.

i. Completing LTC FS screen reviews to ensure the quality and accuracy of the LTC FS screeners within the ICA. The screen quality reviews will be completed at least annually, for each LTC FS screener. All personal information which may identify the screen applicant and the screener is redacted to maintain confidentiality. The Screen Liaison or qualified designee samples at least 10% of screens completed by each screener and reviews to determine accuracy, completeness, timeliness, and that the results are reasonable based on the person's condition. Information discovered in annual reviews will be shared with the LTC FS screener and ICA Director to identify issues, trends, and training needs. The ICA Director will provide the IRIS quality lead with results of the LTC FS quality review on a quarterly basis.

3. IRIS consultants and/or orientation consultants must:

    a. Demonstrate understanding of ICA services including:

        1. Behavior management;
        2. Risk and needs assessments;
        3. Service plan development; and
        4. Identification and reporting of critical incidents abuse, neglect, exploitation and fraud.

    b. The ICA shall ensure that all staff providing IRIS consultant services meet, at a minimum, the following criteria:

        1. ICAs will ensure IRIS consultants possess the following attributes support their success as a consultant:

            a. Well-organized;
            b. Excellent written and oral communication skills;
            c. Knowledge of community resources;
            d. Effective critical thinking abilities;

e. Effective negotiation skills;
f. Sufficient knowledge of technology, as a user and teacher of ISITS; and,
g. The ability to provide excellent customer service.

c. Qualifications for IRIS consultants:

1. Be at least 18 years of age;
2. Possess a minimum of a Bachelor's degree in social work, psychology, human services, counseling, nursing, special education or a closely related field;
3. Have one year of supervised experience working with seniors and/or people living with disabilities;
4. Complete all required IRIS orientation and training courses as outlined in Appendix E; and,
5. Pass a nationwide caregiver criminal history screening pursuant to the Department's policy (http://www.dhs.wisconsin.gov/caregiver/).

OR

1. Be at least 18 years of age;
2. Have a minimum of four (4) years of direct experience related to the delivery of social services to seniors and/or people living with disabilities and long-term care needs in community settings;
3. Complete all required IRIS orientation and training courses as outlined in Appendix E; and,
4. Pass a nationwide caregiver criminal history screening pursuant to the Department's policy (http://www.dhs.wisconsin.gov/caregiver/).

OR

1. Current IRIS consultants in good standing who do not meet the above criteria may petition the Department to receive an exemption. These consultants must also pass a nationwide caregiver criminal history screening pursuant to the Department's policy and complete all required IRIS orientation and training courses as outlined in Appendix E.

d. IRIS consultant Staff Ratio and Capacity Requirements:

1. The ICA must ensure that the number of participants assigned to each IRIS consultant does not exceed the IRIS consultant's capacity to provide the highest quality consulting services. As general rule, this ratio should not exceed 50:1. The actual number of participants for each consultant shall be determined by the ICA based on the skill level of the consultant and the unique needs of the individual participant.

    a. If the Department determines, through satisfaction surveys, or other information that the ICA is not delivering a satisfactory level of quality consulting services, then the Department may mandate the ratio of participants to IRIS consultants.

e. The ICA must ensure all required consultant functions are met and adequate time exists to provide the necessary ICA services, unique to each participant.

1. It is acceptable, and encouraged, for an ICA to specialize in an area such as Autism, behavior needs, Russian-speaking, employment or other specialized are, but each agency must have the ability to meet the needs of any participant who chooses the agency.

2. It is acceptable and encouraged for an IRIS consultant to specialize in an area such as Autism, behavior support needs, Russian-speaking, employment or other specialized area, but all consultants must have the ability to meet the needs of any participant who chooses the consultant unless they have reached capacity. It is permissible to meet language needs via the use of an interpreter or translator.

G. Participant Access

1. The IRIS consultant agency shall ensure participants have 24-hour access to the IRIS consultant agency. This requirement includes, but is not limited to, the following:

a. The IRIS consultant agency must maintain a physical presence in each region for which they are providing services;

1. The IRIS consultant agency must provide a location to conduct ISITS training sessions and confidential meetings with participants when it is not possible to do so in the participant's home. This location must be convenient for the participant and compliant with the Americans with Disabilities Act (ADA) – *it is not required that this location be owned or rented by the IRIS consultant agency.*

b. The IRIS consultant agency must maintain a consistent way (for example, phone, email, and fax) for the participant to contact the IRIS consultant agency during **typical business hours** 8:00 a.m. to 5:00 p.m. Monday through Friday;

c. The IRIS consultant agency must maintain consistent systems (for example, phone, email, and fax) for the participant to contact the IRIS consultant agency during **non-business hours** – prior to 8:00 a.m. and after 5:00 p.m. on weekdays, on weekends, and on holidays. The IRIS consultant agency must document contacts to participants that were made to the ICA during non-business hours.

d. The IRIS consultant agency will maintain at least two computers available to participant to access ISITS during business hours – 8:00 a.m. to 5:00 p.m. Monday – Friday;

e. The IRIS consultant agency must maintain an operational fax machine at all times; and,

f. The IRIS consultant agency must maintain an operational email address, internet access, and the necessary technology to access IRIS-related systems, both in the office and in the field. The technology must meet security standards required to electronically view HIPAA-protected information.

2. The IRIS consultant agency will assist participants, who are either unable or choose not to use ISITS independently, in meeting program requirements.

3. The IRIS consultant agency shall maintain or have immediate access to the local ADRC community resource manual.

4. The IRIS consultant agency will assist participants to transition to a different IRIS consultant agency when requested. Transitions should occur within 30 days of the documented request on the participant IRIS consultant agency (ICA) Selection – Change form (F-01202A), but may occur in less than 30 days based on the needs of the participant. Transition from one IRIS consultant agency to another can only occur at the first of the month. Transition activities include updating the participant's chosen ICA in ISITS, ensuring all information is up to date in ISITS, and ensuring a successful transition to the new ICA.

5. The IRIS consultant agency will assist participants to transition to a different Fiscal Employer Agent when requested. Transitions should occur within 30 days of the documented request on Fiscal Agent Selection – Change form (F-01293A), but may occur in less than 30 days based on the needs of the participant. Transition from one Fiscal Employer Agent to another can only occur the first of each quarter.

    a. The ICA will provide participants with impartial information regarding each of the available Fiscal Employer Agents;

    b. The ICA will provide the new Fiscal Employer Agent with all necessary information regarding the participant; and,

    c. The ICA will ensure the participant's successful transfer between Fiscal Employer agents.

6. For participants interested in changing long-term programs in a non-IRIS county, refer to a local ADRC.

H. Participant Records and Documentation

1. All records will be complete, thorough, and accurate. The IRIS consultant agency shall maintain HIPAA-compliant primary records within their system for each participant including, but not limited to:

    a. Current and historical functional and financial eligibility documentation;

    b. Current and historical Long Term Care Functional Screens;

    c. Current and historical ISSPs and budgets;

    d. Copy of legal guardianship or representative papers and other pertinent legal designations;

    e. Contact log documenting all communication with the participant;

f. Completed and signed orientation service level forms required in Appendix A (I)(A);

g. Completed and signed ongoing service level forms required in Appendix A (I) (B);

h. Documentation of approvals/denials of supports and services, including budgets, budget amendments and one-time expenses;

i. Correspondence (requests for additional information, budget amendments, one-time expenses, etc.);

j. Assessments (Risk, Behavior, Needs, Wages, etc.)

k. Budget utilization reports from the FEA;

l. Releases of Information;

m. Documentation of participant, legal representative and participant-hired worker training and education sheets required per IRIS program policy; and

n. Copy of the approval form for the authorized representative.

2. Completion of all required documentation into the DHS centralized IT system and/or SharePoint sites per the IRIS policy manual.

3. The IRIS consultant agency shall ensure the implementation of written complaint, grievance, and appeal procedures in compliance with IRIS program policy.

I. ICA Reporting Requirements

The methodology for the data submitted to the Department is subject to Department approval. The number and frequency of reports is subject to change based on CMS requirements and program policy. Reports intended for participants must be in an accessible format and the information provided must clearly distinguish if waiver expenditures align with prior authorizations on the participant's approved ISSP.

a. Reporting – Quality Assurance and Program Integrity
Provide participants and ICs with written notification of overutilization when utilization exceeds the monthly authorized participant-hired caregiver hours by 10%.

1. Annual Reports to DHS
   a. Total number of participants served
   b. Total number of participants served by county
   c. Total number of referral packets received
   d. Number of referral packets received by county

2. Monthly reports to DHS

    a. Number of participants served total
    b. Number of participant's served by county
    c. Number of new participants served
    d. Average number of days from receipt of referral packet to enrollment complete in total.
    e. Average number of days from receipt of referral packet to enrollment complete by county.
    f. Total number of referrals received
    g. Number of full time IRIS consultants
    h. Required progress reports regarding CCIP and/or other quality improvement initiatives.

APPENDIX A – Contractual Obligations

A. ICA Service Levels

Regardless of the model under which the ICA operates, such as IRIS consultants and/or orientation consultants, the ICA must ensure participants receive the correct level of consulting services. The ICA is required to explain and receive acknowledgement of understanding from the participant regarding the differences between the orientation phase of ICA services, the minimum level of ongoing ICA services, and the circumstances may constitute a Department required increase from the minimum level of ICA services.

All ICAs, regardless of the level of service selected, will collaborate with the IRIS participant throughout program participation to resolve any issues that may arise in which the participant needs assistance such as changes in service plan, change in living environment, and provider or employee conflicts.

The ICA Service Levels Include:

1. Orientation ICA Service Level

   All new or reenrolled IRIS participants are required to receive the orientation service level for the initial 90 days after plan implementation. The Orientation Level requires the ICA to maintain minimum contact with the participant during the orientation service period to ensure the participant builds a solid foundation of the policy and procedures of the IRIS program; a clear understanding of his or her role and responsibilities within the IRIS program; the process to get help, as needed; and, a clear understanding of the ICA's role and responsibilities. Orientation consultants provide as much service as necessary during this phase to ensure participant understanding of the IRIS program and proper development of the initial service plan. participants are free to contact the Orientation consultant as often as desired.

   The minimum requirements for the ICA, during the orientation phase, include:

   a. A bi-weekly phone conversation with the IRIS participant to discuss any questions, concerns and experiences with the IRIS program;

   b. Monthly, in-person conversations with the IRIS participant to discuss any questions, concerns and experiences with the IRIS program;

   c. At least one of the in-person conversations must occur in the IRIS participant's residence;

   d. Completion of the Annual Self-Direction Responsibilities Participant Education form (F-01205);

   e. Completion of the Annual Health and Safety - Critical Incident Participant Education form (F-01205A);

f. Completion of the Annual Complaints and Grievances Participant Education form (F-01205F);

g. Completion of the Annual Notice of Action and Appeal Rights Participant Education form (F-01205G);

h. Completion of the Budget Amendment Education Participant Education form (if applicable) (F-01205B);

i. Completion of the One-Time Expense Participant Education form (if applicable) (F-01205C);

j. Completion of the Annual Program Integrity – Fraud Prevention Participant Education form (F-01205D);

k. Completion of the Annual Program Integrity – Budget Monitoring Participant Education form (F-01205E); and

l. Completion of the Annual Conflict of Interest Participant Education form (F-01205i).

After the orientation phase, the participant and IRIS consultant will have a conversation discussing the participant's level of confidence, comprehension, and security in self-directing his or her long-term care support needs within the IRIS program. The IRIS consultant may offer his or her assessment of the participant's orientation to the program. If after this conversation the participant requests, or it is mutually agreed upon that the orientation level continue as they become familiar with the IRIS program, then the ICA is required to extend this service level an additional 90 days.

2. Ongoing ICA Service Level

The on-going service level is the minimum service level required for all program participants after completion of the orientation phase. The minimum ICA service requirements for the ICA, during the ongoing service level, include:

a. Completion of the Annual Functional Screen redetermination;

b. Completion of the Annual Self-Direction Responsibilities Participant Education form (F-01205);

c. Completion of the Annual Health and Safety – Critical Incident Participant Education form (F-01205A);

d. Completion of the Annual Complaints and Grievances Participant Education form (F-01205F);

e. Completion of the Annual Notice of Action and Appeal Rights Participant Education form (F-01205G);

f. Completion of the Budget Amendment Education Participant Education form (if applicable) (F-01205B);

g. Completion of the One-Time Expense Participant Education form,(if applicable, (F-01205C);

h. Completion of the Annual Program Integrity – Fraud Prevention Participant Education form (F-01205D);

i. Completion of the Annual Program Integrity – Budget Monitoring Participant Education form (F-01205E);

j. Completion of the Annual Conflict of Interest Participant Education form (F-01205i);

k. Completion of the Annual employment survey;

l. Completion of the Annual plan review;

m. Completion of the Plan updates when applicable;

n. Annual completion of participant satisfaction survey;

o. Completion of the monthly phone conversation; and

p. An in-person visit, at least quarterly.

3. Circumstances Requiring Increased levels of Ongoing ICA services

   a. Certain actions or activities by the IRIS participant may demonstrate the need for an increased ICA service level. The Department has an obligation to ensure the health and safety of IRIS participants, while ensuring the highest quality of service and integrity of the IRIS program. If the following circumstances occur, then an increased level of consulting service from the ICA may be required:

      1. Evidence of abuse or neglect.
      2. Two (2) or more related critical incidents in a rolling 12 month period.
      3. Evidence of fraud or waste.
      4. Routine errors in timesheet submission.
      5. Routine budget management issues.

4. If one of the circumstances noted above occurs, then the ICA is responsible for explaining to the participant the reason for increased consulting services. The ICA should work with the participant and based on the unique circumstances of the situation, mutually agree to an increased level of consulting services to address and resolve the situation. If the ICA and participant are unable to mutually agree to an increased level of consulting service, then the ICA must report their findings to the Department. The Department will work with the ICA and the participant to develop a level of service appropriate to address and resolve the situation. In certain circumstances, the Department may mandate an increased level of ICA services. All requests for an increase in service level require the following information:

a. A description of the circumstances requiring the increased level of ICA services, including type, frequency, and severity of the identified circumstances.

b. The number of monthly or weekly phone conversations to address the identified issue.

c. The number of monthly or weekly face-to-face conversations to address the identified issue.

d. The proposed duration of the recommended increased level of ICA services.

e. A description of the other solutions attempted to address and resolve the circumstances and a notation that those attempts were unsuccessful.

ICA applicants should note that participant life events including, but not limited to, a change in condition, seeking employment, moving, plan updates and amendments, and new or changing employees, are all considered naturally occurring life events and part of the standard ICA service delivery model required of all ICAs. The ICA must uniquely adjust the level of service required for each participant.

B. Enrollment and Orientation

1. Models

The Department will allow the ICA to choose one of the following consulting models:

a. Single: One consultant provides ICA services to the participant from enrollment throughout participation in the IRIS program.

b. Orientation Consultant (OC): One consultant provides ICA services to the participant during the enrollment/orientation and initial plan development phases (initial 90 days) and another consultant provides ICA services to the participant during ongoing participation in the program.

The Department requires cost-neutral consulting models. The IRIS consultant agency must choose a model and identify it in its certification application. The applicant agency must provide clear descriptions of the roles of each type of consultant. Regardless of the chosen model, the requirements outlined in this ICA Certification Criteria document, the IRIS policy manual, and the Medicaid 1915 (c) HCBS waiver must be adhered to and are subject to the Department review and performance adjustments.

2. Definition of Enrollment

Enrollment services provide the tools, resources, information, support, guidance, and/or assistance to IRIS participants during the transition into IRIS. When the IRIS program is chosen by a participant during enrollment counseling at the ADRC, a participant IRIS consultant agency (ICA) Selection (PICA) (F-01202) must be completed. The purpose of the PICA is to officially select an IRIS consultant agency. The ADRC sends the participant's referral to the IRIS consultant agency selected by the participant. The

chosen ICA provides enrollment and orientation services, plan development services, as well as on-going IRIS consultant services.

The design of enrollment and orientation services promotes a smooth referral and provides the participant with training and information regarding the IRIS program. Upon completion the enrollment and orientation process, the ICA continues to provide consultant services to the newly-enrolled participant as set forth in the plan development and ongoing consultant service standards.

3. Scope of Enrollment Services

   Enrollment and orientation services are delivered in accordance with the IRIS participant's identified LTC needs. Based upon those needs, the ICA selected by the person must:

   a. Enter the referral into the ICA IT system within one (1) business day;

   b. Contact the individual within three (3) business days after receiving the participant's referral packet to assist the participant in choosing a consultant;

      1. The ICA should obtain information from the participant about special needs or preferences and, in turn, provide the participants with at least three available consultants who are most suited to meet the participant's specified needs and provide IRIS consultant biographies, in the Department's required format;

      2. If the participant prefers to have a consultant chosen on his or her behalf, then the participant is assigned an IRIS consultant during this welcome call based on information provided from the participant to the ICA.

      3. If the participant does not identify a preferred consultant within three business days of the welcome call, then on the fourth business day, the ICA will notify the participant of the agency-selected consultant and notify the participant they can change consultants, at any time, and for any reason. The ICA will advise the participant of the procedure to change consultants at this time.

      4. In addition to IRIS consultant selection, the welcome call will include a brief overview of the immediate next steps and the steps of the enrollment and orientation phase.

      5. The ICA representative completing the welcome call will also schedule the initial enrollment and orientation meeting between the IRIS consultant and the participant.

   c. The enrollment and orientation meeting must be conducted within 14 days from the welcome call. An Orientation and Enrollment Checklist (F-01309) must be completed and signed by the consultant and the participant within 90 days from the date of referral. Enrollment and orientation activities on the checklist include, but are not limited to:

1. A review the orientation information and materials with the participant by the ADRC during enrollment counseling, including annual functional and financial eligibility requirements, as well as IRIS participant roles and responsibilities;

2. A discussion of the benefits, responsibilities, and alternatives to serving as the employer of record;

3. Provide neutral information regarding the available Fiscal Employer Agent(s) (FEAs) and assist the participant in choosing an FEA;

4. A review the processes and paperwork for hiring and terminating participant-hired workers and vendors; this should also include an explanation of requirements related to completion and submission of timesheets.

5. A review of the process and paperwork for hiring guardians and other legal representatives as participant-hired workers;

6. A discussion of the background check and other credentialing requirements for participant-hired workers and vendors;

7. Training on the ISITS system or discuss alternatives available to participants who choose not to independently use the ISITS system;

8. A discussion of the required ICA service levels, including the reasons for and the process by which the Department may require an increase in ICA services;

9. A discussion of the concepts of budget management and authority;

10. A discussion of the concepts of fraud and abuse of public dollars;

11. Provision of information related to the Individual Support and Service Plan (ISSP) including allowable goods and services, planning tools, and community resources available;

12. Provision of adequate documentation of all contacts per Department requirements – see Appendix F;

13. Compliance with IRIS program policy, standardized training to participants related to recognizing and reporting critical incidents as developed and provided by the Department. Provision of participant training to include reporting procedures for participant-hired workers, participants/participant representatives, and other designated individuals;

14. A review of complaints, grievances, and appeals process including related resources;

15. A review of the IRIS consultant's contact information, contact information for the participant's chosen ICA and FEA, and contact

information for the IRIS Call Center; and

16. A review of all required documentation and obtain all participant signatures as required per the IRIS policy manual.

C. Plan Development

1. Definition

   IRIS consultants are required to provide the tools, resources, and information to assist the participant in making informed planning decisions about LTC services and supports. The outcomes lead to the development of an Individual Support and Service Plan (ISSP), based on the participant's assessed LTC needs.

   IRIS consultants discuss with the participant his or her goals, and the assistance or services that the participant needs to address his or her long-term care needs in order to reach those outcomes. IRIS consultants support the participant to identify supports, services, and goods which address identified outcomes specific to the participant's disability or qualifying condition, to ensure community-based services prevent the need for institutional-based services. Supports, services, and goods can be any combination of natural supports, services paid for by other funding sources, as well as services and supports funded through the IRIS individual budget allocation.

2. Scope

   Plan development services are delivered in accordance with the IRIS participant's identified LTC needs. Based upon those needs, the IRIS consultant agency selected by the person must:

   a. Assist the participant in completing all required and/or applicable assessments including but not limited to risk, behavior, and needs assessments.

   b. Utilize discussion with the participant regarding LTC needs and life goals, all assessments, LTCFS, available medical records, and other available pertinent information to assist the participant in identifying participant-centered outcomes.

      1. Assist the participant to identify natural supports and other resources outside the IRIS program that may assist in meeting his or her needs.

      2. Assist the participant to identify supports funded by IRIS.

3. Develop and submit the completed initial Individual Support and Service Plan (ISSP) within 30 days of the initial enrollment and/or orientation meeting.

4. Ensure the ISSP for each participant includes the following:

   a. The participant's person-centered outcomes and purpose for requesting the good or service, as well as the method by which progress towards meeting this outcome will be measured;

b. The services and supports, covered by natural supports, other funding sources, and the IRIS program, to address the needs and outcomes of the participant as determined through an assessment and person-centered planning process;

c. All completed assessments;

d. Behavior support plans and restrictive measures applications in accordance with the Department's policy and the Wisconsin Restrictive Measures Protocol;

e. The 24-hour emergency backup and preparedness plan for services that affect the health and safety of participants;

f. The quality indicators, identified by the participant, for the services and supports provided through the IRIS program;

g. Mitigation of any issues of conflict of interest; and,

h. Any required cost share, medical remedial costs, and/or spend down.

5. Ensure appropriate service authorizations for each service or support that includes the following:

   a. Participant Name;
   b. Provider / Employee;
   c. Provider / Employee Agreement;
   d. Start Date;
   e. End Date;
   f. Unit of Measure for the service or support;
   g. Frequency of the service or support;
   h. Cost per Unit of service or support; and
   i. Service codes and modifiers (for DHS Only – Not Relevant to the participant).

6. Complete an accurate employee paperwork packet to include all of the following forms, when applicable: http://www.dhs.wisconsin.gov/iris/Forms.htm

   a. Internal Revenue form SS-4: Application for new or activation of existing Employer Identification Number (EIN);

   b. Internal Revenue form 2678: Employer Appointment of Agent;

   c. Internal Revenue form 8821: Tax Information Authorization; Authorizes information exchanges between the FEA and Internal Revenue Service;

   d. Application for Wisconsin State Income Tax Withholding Account Number. The FEA submits necessary forms and obtains an individual state tax account for each participant employer;

   e. Internal revenue form I-9: Employment Eligibility Verification;

   f. Background Check Release form;

g. Internal Revenue form W-4: Employee's Federal Tax Withholding Certificate;

h. Internal Revenue Notice 797: Possible Federal Tax Refund Due to the Earned Income Credit (EIC);

i. Internal Revenue form W-5: Earned Income Credit Advance Payment Certificate (upon request);

j. Wisconsin Income Tax Withholding Allowance Certificate;

k. Local Tax Employee forms, as applicable;

l. Document and Family Relationship of Employee to Employer, in order to correctly manage Federal Insurance Contributions Act (FICA), Federal Unemployment Tax Act (FUTA) and State Unemployment Tax Exemptions -see Internal Revenue Publication 15, Circular E, Section on Family Employees;

m. Proper documentation of all workers under the age 18 - minors;

n. Worker Health Insurance forms; and

o. Worker Benefit Accounting forms such as Paid Time Off (PTO).

7. Approve ISSP in accordance with the IRIS program requirements:

    a. Follow IRIS Policy and Procedures for ISSPs that fall outside of the IC approval authority.

8. Monitor initial implementation of the plan.

9. For those agencies utilizing the OC Model, the agency is required to provide the participant the following tools, resources, and information to ensure a seamless transition from OC to IC. This transition process must take place in person with the participant and the participant's guardian, if any, and the OC, IC, and any other providers, employees and other supports that the participant requests. The meeting must cover the following:

    a. A discussion of the participant's level of ICA services;

    b. A review of the effectiveness of current services and supports;

    c. A discussion regarding the process for a plan update, including changes the participant can make in ISITS without the assistance of an IRIS consultant;

    d. A review of the effectiveness of the emergency backup plan to ensure accurate information;

    e. regarding review of timesheet submission, payroll, and completion of new hire paperwork;

f. A review of the participant's budget, requirements for responsible service planning within the budget, and fraud prevention;

g. A review of any critical incidents, and critical incident reporting requirements;

h. A review of the processes to address complaints, grievances, and appeals, and identification of any complaints, grievances or appeals in process;

i. A review of the consultant's contact information, contact information for the participant's chosen ICA and FEA, and contact information for the 24 hour hotline; and

j. Completion of the transition visit checklist, signed by the consultant and the participant, documenting the discussion and understanding the aforementioned topics.

D. Ongoing Consultant Service Standards

1. Definition

The ICA service levels described in V.(G)(1) are required for all IRIS participants to ensure proper orientation to the IRIS program and ongoing consultant service level in the program. However, ongoing consultant services provide a level of service to a participant unique to their personal preferences and needs to maximize self-direction in the IRIS program. The participant and the ICA develop an appropriate level of consultant services to achieve the participant's long-term care outcomes. Regardless of the service level developed, the participant may initiate as many contacts as needed.

Activities occurring during ongoing consultant services include plan updates, annual recertification of functional eligibility by LTCFS screeners, annual completion of financial eligibility, completion of any change of condition assessments, resolving day-to-day issues, and supporting the participant's LTC needs to be met through the IRIS pprogram.

2. Scope

Ongoing consultant services are delivered in accordance with the requirements in V.(G)(2) of this criteria. The consultant shall provide the following services in conjunction with those requirements:

Provide a unique level of ICA services to ensure participants effectively self-direct services based on assessed needs. The ICA is required to respond to all inquiries and requests made by the participant in a timely manner, regardless of the participant's chosen level of IRIS consultant involvement. The amount and type of service needed must be specified in the ISSP and is reviewed at each contact.

The IRIS consultants must provide, at a minimum, the following services to all IRIS participants on the service plan developed with the participant. These services include, but are not limited to:

a. Provide education regarding optimum use of the IRIS budget to address LTC needs and regularly provide information on IRIS program changes or updates;

b. Assist in implementing the ISSP to ensure access to goods, services, supports, and to enhance success with self-direction;

c. In accordance with IRIS policy manual, assist with employer/vendor functions such as recruiting, hiring, and supervising participant-hired workers; establishing and documenting job descriptions for direct supports;

d. Accurately complete and submit any applicable participant-hired worker employment forms;

e. Process timesheets and purchase orders or invoices for goods, obtaining quotes for goods and services, as well as identifying and negotiating with vendors;

f. Assist participants with problem-solving related to employee or vendor payment issues by coordinating with the FEA, TPA and/or other relevant parties;

g. Assist the participant to arrange for participant-specific training of the participant-hired worker(s)/service provider(s) in circumstances where the participant is unable to provide the training;

h. Ensure the participant's requirements for training of participant-hired worker(s)/service provider(s) are documented in the ISSP and outlined in the job description;

i. Assist the participant to identify and access other resources for training participant-hired worker(s)/service provider(s), if applicable;

j. Assist the participant to identify local community resources, activities and services, and help the participant to access these resources, if applicable; and

k. Assist the participant in managing the service plan budget to include reviewing budget expenditures, preparing and submitting budgets, budget amendments, and one-time expenses in accordance with the IRIS policy manual (see chapter 5: Person-Centered Planning).

3. The following areas must be discussed and documented at each contact regardless of ICA service level:

a. A review and documentation of progress on implementation of the ISSP;

b. Documentation of any usage and effectiveness of the 24-hour Emergency Backup Plan;

c. A review ISSP/budget spending patterns including an analysis of any over-and under-utilization of services on the ISSP;

d. Assessment of the quality of services, supports, and functionality of goods in accordance with the quality assurance section of the ISSP and any applicable

IRIS service standards;

e. Documentation of the participant's access to related goods and services identified in the ISSP;

f. A review of any incidents or events impacting the participant's health and welfare or ability to fully access and utilize support as identified in the ISSP;

g. The steps mitigating conflict of interest issues and any health or safety issues;

h. The progress towards achieving outcomes;

i. Progress towards achieving employment goals; and

j. Other concerns or challenges as noted by the participant/legal representative.

4. The following areas will be discussed and documented annually with the participant:

   a. The reporting of critical incidents;
   b. Choice between ICAs and FEAs;
   c. Choice between living settings; and
   d. Choice of providers.

5. Ensure the participant understands and completes requirements for functional (Long Term Care Functional Screen) and financial eligibility on an annual basis;

6. Assist the participant in completing annual assessments including, but not limited to: risk, behavior, needs, hours, and wages.

7. Assist the participant having an updated Long Term Care Functional Screen and assessments of risk, behavior, and needs following changes in condition. The ICA will hire LTC Functional Screeners to provide recertification and change of condition screens for all participants within the Department required timeframe;

8. Provide participants with feedback and recommendations regarding the appropriateness of the level of ICA services developed;

9. Provide participants with continuous education regarding IRIS-covered supports, services, and goods;

10. Discuss assessed need and life goals, all assessments, Functional Screen, available medical records, and other available pertinent information to support participants in the identification of participant-centered outcomes.

11. Assist the participant to identify natural supports and other resources outside the IRIS program that may assist in meeting their needs.

12. Assist the participant to identify supports funded by IRIS.

13. Assist participants in completing updates to the ISSP when the participant requests a change in supports or services, including, but not limited to, adding/terminating a service

or support, changing providers or changing the rate for a service due a change in condition, change in outcomes, or other reason.

14. Ensure the ISSP updates and annual ISSP for each participant includes the following:

    a. The participant's long-term care outcomes and purpose for requesting the good or service, as well as the method by which progress towards meeting this outcome will be measured;

    b. The services and supports, covered by natural supports, other funding sources, and the IRIS program, to address the needs and outcomes of the participant as determined through an assessment and person-centered planning process;

    c. The 24-hour emergency backup plan for services that affect the health and safety of participants;

    d. The quality indicators, identified by the participant, for the services and supports provided through the IRIS program;

    e. Mitigation of any issues of Conflict of Interest;

    f. Any required cost share, medical remedial costs, and/or spend down;

    g. Complete service authorizations for each service or support which includes proper identification of the employee or vendor, the service start date, the service end date, the service frequency, the number of service units authorized, the service cost per unit and the HIPAA codes and modifiers; and

    h. Copies of the contributing assessments and documents to the ISSP including but not limited to a health and safety risk assessment, strength-based needs assessment, emergency backup and preparedness plan, and conflict of conflict of interest assessment.

15. Ensure the ISSP is submitted in the appropriate format as prescribed by the Department and using the ISITS system.

16. Revisions, requests for additional funding, and justification for payment above the range of rates are completed and submitted as needed, in the format as prescribed by the state, which requires the use of an online system, ISITS. Submission of a revision or request for additional funding is limited to one submission at any given time.

17. Ensure the completion and approval of the annual ISSP to the ICA at least thirty (30) days prior to the expiration of the plan so that sufficient time is afforded to implement new or modified services in advance of the new plan start date.

18. Approve ISSP during development in accordance with the IRIS program requirements.

19. Process revisions or requests for additional funding for either a one-time purchase or an ongoing budget increase, and justification for payment above the range of rates is completed and submitted as needed and in the format required by the Department, which

requires the use of an online system, ISITS. Submission of a revision or request for additional funding is limited to one submission at any given time.

20. For goods and services that cannot be approved by the IRIS consultant in the field, the ICA will follow the process outlined by the Department to make these determinations. This plan approval process may take no longer than five business days.

21. Ensure the participant is able to obtain access to their approved plan and budget documents in ISITS and provide a copy of the final, approved ISSP and budget documents to participants who choose not to use the ISITS system directly. Participants must have access to all current service authorizations.

22. Assist the participant in ensuring all services and supports are arranged, to include completion of all required paperwork, to begin in conjunction with the ISSP service authorization dates.

23. Assist participants to identify and resolve issues related to the implementation of the ISSP.

24. Provide the participant with any documentation related to a Fair Hearing, which is required of the ICA as part of these certification criteria.

25. Assist the participant with quality assurance activities to ensure implementation of the participant's ISSP, and utilization of the authorized budget.

26. Serve as an advocate for the participant, as needed, to enhance his/her opportunity to be successful with self-direction.

27. Assist the participant, or his or her guardian to develop and implement any behavior support plans and restrictive measures applications in accordance with Department policy and the *Wisconsin Restrictive Measures Protocol.*

28. In accordance with IRIS program policy, assist participants to transition to another ICA when requested. Transitions should occur within 30 days of request on the Participant ICA Selection – Change (PICA) (F-01202A. Transition from one ICA to another can only occur at the first of the month.

29. Assist participants to transition to another FEA when requested. Transitions should occur within 30 days of request on the participant FEA selection – change form (F-01293A). Transition from one FEA to another can only occur at the first of the month.

    Transition activities include the following:

    a. Providing the participant with impartial information regarding each available FEA;
    b. Providing the new FEA with all necessary information regarding the participant; and,
    c. Ensuring successful transfer between FEAs.

30. Refer participants who are moving to a non-IRIS county to a local ADRC.

31. In accordance with IRIS program policy, the ICA shall administer standardized training to participants related to recognizing and reporting critical incidents as developed and provided by the Department. Critical incidents include: abuse, neglect, exploitation, emergency services, law enforcement involvement, environmental hazards and participant deaths. This participant training shall also include reporting procedures for participant-hired workers, participants/participant representatives, and other designated individuals;

32. Provide participant with advance notification of changes to the IRIS program.

33. Monitor, report, and address issues of fraud, conflict of interest, and health and safety issues.

34. Assist participants, who are either unable or choose not to use ISITS independently, in meeting program requirements.

35. Monitor and ensure proper collection of cost share, spend downs, and medical remedial costs.

36. Assist the Department in implementing the Department defined Employment Initiatives by assisting participants with employment needs and collecting data from participants as requested by the Department, including contacting employers as directed by the Department to collect employment information.

37. Provide adequate documentation of all contacts into ISITS system per Department requirements – see Appendix F.

E. Participant Access

1. The ICA shall ensure participants have 24-hour access to the ICA. This requirement includes, but is not limited to, the following:

    a. The ICA must maintain a physical presence in each region for which they are providing services;

        1. The ICA must provide a location to conduct ISITS training sessions and confidential meetings with participants when it is not possible to do so in the participant's home. This location must be convenient for the participant and compliant with the Americans with Disabilities Act (ADA) – *it is not required that this location be owned or rented by the IRIS consultant agency.*

2. The ICA must maintain a consistent way, for example, phone, email, and fax, for the participant to contact the ICA during **typical business hours** 8:00 a.m. to 5:00 p.m. Monday through Friday;

3. The ICA must maintain consistent systems, for example, phone, email, and fax, for the participant to contact the ICA during **non-business hours** – prior to 8:00 a.m. and after 5:00 p.m. on weekdays, on weekends, and on holidays. The ICA must make documented

contact/attempted contact in response to concerns received during non-business hours, within 24 hours;

4. The ICA will maintain at least two computers that are available for participant's to access ISITS during business hours – 8:00 a.m. to 5:00 p.m. Monday – Friday;

5. The ICA must maintain an operational fax machine at all times; and,

6. The ICA must maintain an operational email address, internet access, and the necessary technology to access IRIS-related systems, in the office and in field locations. The technology must meet security standards required to electronically view HIPAA-protected information.

    a. The ICA will assist participants, who are either unable or choose not to use ISITS independently, in meeting program requirements.

    b. The ICA shall maintain a current local/state community resource manual.

    c. The ICA will assist participants to transition to an ICA when requested. Transitions should occur within 30 days of the documented request on the participant ICA selection – change form. Transition from one ICA to another can only occur at the first of the month. Transition activities include updating the participant's chosen ICA in ISITS, ensuring all information is up to date in ISITS, and ensuring a successful transition to the new ICA.

    d. The ICA will assist participants to transition to a different FEA when requested. Transitions should occur within 30 days of the documented request on the FEA selection – change form. Transition from one FEA to another can only occur at the first of the month.

    The ICA will provide participants with impartial information regarding each of the available FEAs.

7. The ICA will provide the new FEA with all necessary information regarding the participant; and,

8. The ICA will ensure the participant's successful transfer between FEAs.

    a. For participants moving to non-IRIS county, should be referred to a local ADRC.

VI. Agency Program Integrity and Quality Management Requirements

Maintaining and improving program integrity is one of the most important aspects of a self-directed program such as IRIS. All ICAs are required to demonstrate its capacity to support program integrity and quality management. Compliance with the criteria outlined below will serve as evidence of demonstration of the agency's commitment to support, maintain, and enhance program integrity and quality management. Program integrity and quality management are critical to sustainability within the IRIS program and the ICA's compliance with the stated criteria is vital to obtaining and maintaining an approved certification status.

A. Agency Program Integrity – Fraud Allegation Review & Assessment

1. The ICA must comply with IRIS policy (see 10.1A.1 – Fraud Allegation Review and Assessment (FARA)) and utilize the Fraud Allegation Review & Assessment (FARA) SharePoint site and/or Centralized ISITS site for reporting and data collection.

2. The ICA must provide a point of contact assigned to addressing fraud allegations and to serve as an active member of the inter-agency FARA team who collaboratively completes FARA and maintains FARA records in the Fraud Allegation Review and Assessment module in ISITS and/or SharePoint. The ICA is required to have a representative participate in inter-agency FARA team meetings that occur monthly.

3. The ICA is required to submit quarterly narrative reports per the Department's required template analyzing FARA data from the ISITS system.

4. The ICA will provide consultants with Department-approved training regarding how to identify and mitigate fraud, including how to discuss this topic with participants and their families.

5. The ICA will review all required program integrity and fraud education documentation and obtain all participant signatures as required per the IRIS policy manual.

B. Agency Program Integrity – Budget Monitoring

1. The ICA must comply with IRIS policy manual and utilize the Budget Monitoring SharePoint and/or ISITS centralized system site for reporting and data collection.

2. The ICA must provide a point of contact assigned to addressing issues of participant over-spending and non-spending and serve as an active member of the inter-agency Budget Monitoring team who collaboratively completes FARA and maintains FARA records in the Budget Monitoring SharePoint and/or ISITS. The ICA is required to have a representative participate in inter-agency Budget Monitoring team meetings that occur every two weeks. These meetings occur in conjunction with the FARA meetings.

3. The ICA is required to submit quarterly narrative reports per the Department's requirements analyzing Budget Monitoring data from the ISITS system.

4. The ICA will provide consultants with Department-approved training regarding how to identify and mitigate situations of overspending and non-spending, including how to discuss this topic with participants and their families.

5. The ICA will review all required program integrity and budget monitoring education documentation and obtain all participant signatures as required per the IRIS policy manual.

C. Agency Program Integrity – Conflict of Interest

1. The ICA will provide consultants with Department-approved training regarding how to identify and mitigate conflicts-of- interest, including requirements to discuss this topic with participants and their families.

2. The ICA reviews all required program integrity and conflict of interest education documentation and obtain all participant signatures as required per the IRIS policy manual (P-00708) and the IRIS policy manual: Work Instructions (P-00708A) (see 10.3A.1: Conflict of Interest – Participant and 10.3A.2: Conflict of Interest – Provider).

3. The ICA is required to disclose all formal business relationships in effect with any providers of long-term care services for any Wisconsin long-term care programs. This includes, but is not limited to, the following: Board Members, Managers, Supervisors, IRIS consultants and/or orientation consultants or their immediate family members who receive any financial gain from providers providing services in Wisconsin long-term care programs (F-01310).

D. Quality Management Requirements – Quality Management Plan

1. The ICA shall adhere to the quality management plan prescribed by the Department, and engage in quality improvement projects under the direction of the Department to ensure compliance with regulatory and program requirements, and to identify opportunities for continuous quality improvement.

    a. The ICA is required to utilize the Department's prescribed format for the quality management plan;

    b. The ICA is required to submit quarterly updates to the quality management plan to show progress towards plan goals and data, when available; and

    c. The ICA is required to meet with the Department regarding their plan on a schedule determined by the Department.

E. Quality Management Requirements – Record Review Remediation

1. The ICA shall remediate 100% of the negative individual and system-level findings documented as a result of the record reviews conducted by the Department. The Department will provide the ICA with the negative findings and required remediation tasks. The ICA will provide evidence of remediation in the Department-prescribed format and timeframe and the Department will validate the remediation with the requirement of 100% compliance.

F. Quality Management Requirements – Critical Incident Reporting

1. In accordance with IRIS program policy, the ICA shall administer standardized training to participants related to recognizing and reporting critical incidents as developed and provided by the administrative agency. Critical incidents include: abuse, neglect, exploitation, emergency services, law enforcement involvement, environmental hazards, and participant deaths. Participant training shall also include reporting procedures for participant-hired workers, participants/participant representatives, and other designated individuals.

2. In accordance with program policy, the ICA will report all critical incidents and provide follow up to ensure the participant's immediate and ongoing health and safety. Whenever

possible, the ICA will implement measures to prevent additional, similar incidents on both an individual and systemic level.

a. The ICA may be required to complete quality improvement projects relative to critical incidents at the Department's direction using the Department's prescribed format.

3. The ICA must comply with IRIS policy manual and utilize the Incident Reporting SharePoint site for reporting and data collection.

4. The ICA must provide a point of contact assigned to addressing issues regarding critical incidents. The ICA is required to have a representative participate in inter-agency Critical Incident review team meetings during which all participant deaths, critical incident data, and specific high-profile incidents are reviewed on a monthly basis.

5. The ICA will provide the Department with all requested reports, using the Department-approved template, on a quarterly, annual, and ad hoc basis, with regard to incident reporting.

G. Quality Management Requirements – Participant Satisfaction

1. The Department will conduct an annual participant satisfaction survey prescribed by DHS, for all participants. The ICA will provide a response to the results of the survey, including any required plan of correction or amendments to the agency's quality management plan, to the Department upon ICA certification renewal or as requested by the state.

APPENDIX B - Timelines

Initial Welcome Call	3 business days from referral date
IC Selection	3 business days from welcome call
IC Auto-assign	4 business days from welcome call
Initial Visit	14 calendar days from referral date
Initial Plan – completed	30 calendar days from initial visit
Implementation of Plan – Completed & Approved	45 calendar days from initial visit
Transition Visit	85-90 calendar days from welcome call
Enrollment/Planning Period	Calendar days 1-90 from referral date
Transition to participant-selected level of IC involvement	91st calendar day from referral date
Date of annual plan submission/approval	30 calendar days prior to current plan year end

APPENDIX C – Long Term Care Functional Screener Training Plan

A. New Hire Training – Screeners

1. Screeners will receive and review paper copies of the most recent Functional Screen clinical instructions and Functional Screen form, cue sheet, decision trees and instructions, and other pertinent material.

2. Screeners will receive the "Preview Log-in Instructions & FAQ" document, review information and use it to thoroughly work through the preview or practice area for the Functional Screen Clinical Certification course.

3. Upon completion of preparatory activities, screeners will receive the "Functional Screener Certification Course" Access Packet and use it to access, take and pass the on-line certification course.

4. Once Certification is received, screeners will work with the ICA Screen Liaison to obtain a Wisconsin Log-on ID and Functional Screen Security Clearance.

5. Screeners will receive and review any current FAQ documents related to the Functional Screen.

B. Mentoring Activities for Newly-Hired Screeners

1. On at least two occasions, a newly-hired screener will accompany and observe an experienced screener complete a Functional Screen with a customer from interview to entering the information in the Functional Screen.

2. On at least three additional occasions, the newly-hired screener will accompany an experienced screener to a Functional Screen interview. While the experienced screener conducts the interview and completes the screen, the newly hired screener will listen to the exchange and complete a separate screen. Upon return to the office, the newly hired screener will meet with the experienced screener and the Screen Liaison to review and compare the two screens; discuss and resolve any differences in the way the two screens were completed; and discuss any other related questions.

3. Newly hired screeners will also receive the following training from the screen liaison or an experienced screener:

    a. Instruction on procedures for obtaining verification of diagnosis and health-related services.

    b. Getting a completed screen input on the Functional Screen website,

    c. Making changes/corrections on a Functional Screen,

4. Ongoing and as-needed, the screener consults with the Screen Liaison regarding questions related to the proper completion of the Functional Screen, interpretation of instructions; use the related tools, etc.

C. Ongoing Training/Mentoring For Experienced Staff

1. On an ongoing, as-needed basis, screeners will consult with the Screen Liaison regarding any questions related to how to properly complete the Functional Screen, interpret directions, use the related tools, etc.

2. As appropriate, the screener will participate with the Screen Liaison in preparing emails to the Department Screen Staff when a Functional Screen question or concern cannot be resolved locally. The screener will participate in any related phone consultation with the Screen Liaison and the Department Screen Staff.

3. In day-to-day work, the screener will regularly use the Functional Screen instructions and supporting documents, such as the cue sheet and decision trees. The screener will obtain, review and utilize any updated material as soon as it becomes available.

4. If available, the screener will use the RN as a consultant for questions regarding health-related services, medications, and diagnosis.

5. The screener will use any reference books regarding health diagnosis and medications available.

6. The screener will participate in regular staff meetings where information about the Functional Screen received from the Department, the Functional Screen ListServ, the Departments memos, Q&A documents, and other sources is shared and discussed.

7. The screener will obtain and review "Frequently Asked Questions" documents when available.

8. The screener will participate in continued skills testing provided by the Department, as well as any other available Department or IRIS consultant agency screen training.

9. The screener will consult with other experienced screeners and will meet all HIPAA requirements.

D. Monitoring Activities for Experienced Screeners

1. Following quality review of Functional Screens, the Screen Liaison will meet with the screener to discuss. Subsequently, the screener will make any needed corrections/changes to the screen using established Department procedures.

2. In regular staff meetings or in individual meetings with the Screen Liaison, the screener will discuss/resolve any screening problems identified as a result of continued skills testing. The screener will follow any recommendations related to improving knowledge or skills in the problem area(s).

3. Review and respond to any quality assurance issues detected by the Department or its designee and implement any improvement projects or correction plans required by the Department to ensure the accuracy and thoroughness of the screens performed by the ICA.

APPENDIX D – IRIS FINANCIAL PROJECTION TEMPLATE

This page intentionally left blank reference financial packet.

APPENDIX E – RECORD REVIEW INDICATORS

Indicators listed under the health and welfare, ISSP, and administrative authority categories below relate to performance measures whose data is reported to the Centers for Medicare and Medicaid Services (CMS). Additional information is collected with regard to best practice. For 2015, the Department is utilizing a record review tool that incorporates the following indicators.

A. Health and Welfare

1. The participant or legal representative received information/education regarding how to report abuse, neglect, exploitation and other critical incidents.

2. Incident reports were completed and submitted for each reportable incident.

3. The use of implemented restrictive measures follows the Wisconsin Restrictive Measures Protocol.

4. Behavior concerns documented in the record are addressed.

B. Individual Support and Service Plan (ISSP)

1. The Individual Support and Service Plan address the participant's needs.

2. The Individual Support and Service Plan address the participant's health and safety risks.

3. The Individual Support and Service Plan address the participant's identified outcomes/goals.

4. The Individual Support and Service Plan was developed in consultation with qualified IRIS staff.

5. The participant was given the opportunity to be present and participate in the planning process.

6. The Individual Support and Service Plan was signed by the participant and/or legal representative.

7. The Individual Support and Service Plan was reviewed and/or updated when warranted.

8. The statement on the ISSP signature page indicating choice was offered between institutional care and waiver services is signed by the participant and/or legal representative and is current.

9. The statement on the ISSP signature page indicating choice was offered among waiver services and providers is current and is signed by the participant and/or legal representative.

C. Administrative Authority

1. The participant's actual expenditures remained within the approved, annualized budget for the most recent, complete plan year.

2. Instances of overspending during the current plan year were identified by the FSA and communicated to the ICA.

3. Instances of overspending during the current plan year were addressed with the participant.

4. Participant's most recent ISSP, either the annual plan or an update, was approved prior to the implementation of services.

The Department's current record review tool for 2015 also captures data regarding sixteen elements of best practice including: participant education sheets, case note documentation, emergency backup plan, conflict of interest, participant contact frequency, appropriate use of services, appropriate use of Customized Goods and Services, participant-centered planning, and participant-driven outcomes. It should also be noted that while the record reviews capture a specific set of data, frequently quality issues exist which require immediate response by the IRIS consultant agency and/or remediation activities.

Note: This information intends to provide potential ICA applicants with a general idea of record review evaluative criteria. With the change in the IRIS model and the implementation of ISITS, it is likely that the subject matter of the record review will change to incorporate additional contract-related elements for 2015. In addition to the aforementioned indicators, other issues related to quality, identified in the course of the record review, may require formal remediation, informal remediation (without a response) or, in the case of an issue of health and safety, an immediate response by the ICA at the request of the Department.

APPENDIX F – IRIS ORIENTATION AND TRAINING REQUIREMENTS

The Department expects administration of training on the following subjects is administered to all IRIS consultants, upon hire and annually thereafter. The Administrative Agency is responsible for developing all training material content. The Department provides oversight and direction to the administrative agency and provides final approval of all materials used for consultant training. The IRIS consultant agency will not use training materials other than materials provided by the administrative agency, without prior Department approval. The ICA is responsible for maintaining records of the IRIS consultants' satisfactory completion of all training requirements.

The IRIS consultant training curriculum includes but is not limited to:

A. An overview of the IRIS program including the history of the IRIS program, the structure of the program, the relationship between IRIS partners, processes of enrollment, processes of program participation, and processes of disenrollment;

B. An overview of self-determination including the five principles of self-determination and the six degrees of self-determination;

C. Critical incident reporting including the identification of reportable incidents, how to report an incident, how to mitigate critical incidents to ensure the immediate health and safety needs of the participant, how to prevent future incidents, documentation related to critical incidents, involvement of external agencies, using SharePoint/ISITS to resolve issues, and roles of IRIS partners, including the participant, in incident reporting.

D. Person-centered plan development including the development of outcomes and supports according to the DHS IRIS policy manual;

E. Plan approval including what can be approved in ISITS, what can be approved by the IRIS consultant, and the process by which supports and services not authorized for approval by the IRIS consultant can be approved;

F. Annual financial eligibility requirements including when financial eligibility is completed, who completes it, any cost share, spend down or medical remedial that is factored into financial eligibility;

G. Documentation requirements as outlined in Appendix A of the ICA Certification Criteria packet;

H. Matters of program integrity including how to identify, report, mitigate, and document issues of conflict of interest, fraud, and other program integrity concerns;

I. IRIS Self-Directed Personal Care (SDPC) including the criteria for enrollment, how to enroll, IRIS SDPC representatives, how to participate in IRIS SDPC, conditions for involuntary disenrollment from IRIS SDPC, and steps for annual IRIS SDPC renewal;

J. Long Term Care Functional Screen including completion benchmarks, who completes the LTCFS, what is measured, how to use the LTCFS as a tool in person-centered planning, and how to identify a change in condition;

K. Record review remediation including the purpose of the record review and remediation, how record reviews are completed, how to formulate responses to remediation, and required formats and timeframes associated with remediation completion;

L. The use of ISITS including how to use the system, teaching others how to use the system, and how to assist participants who choose not to use ISITS to meet the requirements of the IRIS program;

M. Participant-hired workers including how to assist participants to hire workers, the paperwork required for hiring participant-hired workers, and the IRIS consultant's role in facilitating the hiring of participant-hired workers in a self-directed program.

N. Approved waiver services and supports including supports paid for using IRIS funds and the limitations regarding who can provide those supports and services;

O. Risk assessment and management including identifying and helping the participant mitigate risks including challenging behaviors, medical treatment, falls, environmental hazards, egress issues, and others;

P. Needs assessments including how to assist the participant in identifying their strengths and areas they need assistance from natural supports, supports from other funding sources, and supports funded by IRIS funds;

Q. Complaints, appeals, and grievances including supporting a participant to file a grievance or make an appeal, the existing processes, the roles of IRIS partners, and how to complete the appropriate paperwork;

R. Budget issues including how to request additional funds for a one-time expense, addressing a participant is overspending, and effectively monitoring and help a participant manage their budget; and,

S. Appropriate service codes and modifiers per the IRIS Service Code definition manual.

This list of training subjects is subject to change. The purpose of this list provides an example of some of the required topics.

APPENDIX G – DOCUMENTATION REQUIREMENTS

The Department expects ICA employees to include the following information in documentation of interactions with the participant: (the list is not all-inclusive and is subject to change):

Date;

Type of contact (phone, visit, email, etc.);

Persons participating in the contact;

Location (if the contact is a visit);

Description of the discussion regarding all topics listed in Ongoing consultant Services – Scope of Service – FF.1-10 in this ICA Certification Criteria Packet;

When documenting a planning meeting, the case note should include a discussion of the participant's needs/interests/goals ending in the formulation of outcome statements and the subsequent discussion of supports and services starting first with those addressed through natural supports, then those funded through alternate funding sources and finally those funded by IRIS;

Next steps, including the person responsible for completion;

Next planned contact;

Documentation for email/telephone contacts stating who initiated the contact, the type of contact, the purpose of the contact, and the outcome of the contact to include any next steps and the person responsible for completion. Documentation of phone messages should include the purpose of the phone call and content of the message; and,

Content is accurate, contains well-formed thoughts, and provides a detailed account of the contact. The writer must use good spelling, correct punctuation, and appropriate grammar. The content is absent the writer's opinion and/or feeling and is based on fact and assessment.