



IRIS Consultant Agency (ICA) Certification Frequently Asked Questions

The Department of Health Services (DHS) is seeking qualified providers of IRIS Consulting Services (ICAs) and Fiscal Employer Agent services (FEAs). Currently, there is one provider of IRIS Consulting Services and Fiscal Employer Agent Services statewide. In an effort to strengthen the self-directed model of IRIS, the DHS requested approval to allow multiple providers from the Centers of Medicare and Medicaid Services (CMS) which the CMS approved on June 3, 2014. To ensure choice of provider, the CMS required the Department to hold regional informational sessions for interested parties.

Beginning August 20, 2014, the DHS Office of IRIS Management began a series of regional information sessions. A total of nine sessions, each four hours in length, were conducted in eight Wisconsin cities concluding on October 8, 2014. In all, ninety-eight individuals attended these sessions. Of the 98, 36 identified as potential ICAs, 31 identified as potential FEAs, and 31 attendees were undecided or did not identify themselves as an interested FEA or ICA. Below is a table that details the information session attendance.

<i>City</i>	<i>ICA</i>	<i>FEA</i>	<i>Undecided or Unidentified</i>
Ashland	5	1	1
Eau Claire	5	2	3
Fond du Lac	4	1	2
Green Bay #1	3	4	3
Green Bay #2	2	1	8
Milwaukee	4	7	8
Waukesha	5	2	4
Wausau	3	2	1
Wisconsin Dells	5	11	1
TOTAL	36	31	31
Total Number of Attendees			
	98		
Number of Sessions			
	9		
Average Number of Attendees			
	10.8		

Below is a list of questions submitted to the Wisconsin Department of Health Services in response to the ICA certification criteria.

Page(s) Referenced	Sections(s) Referenced
N/A	General
Q:	Can potential agencies provide both ICA and FEA services to DHS IRIS participants?
A:	No – the same agency cannot provide both ICA and FEA services to the same IRIS participant.
N/A	General
Q:	Are there DHS established management/administrative fees associated with ICA and FEA services? If so, can you please provide these?
A:	Yes - this information is in Section V(C) of the ICA Certification Criteria (P-00826).
N/A	General
Q:	Can potential ICA vendors become certified to provide ICA services in certain counties/regions throughout the state?
A:	Yes – this information is in Section V(E) of the ICA Certification Criteria (P-00826).
N/A	General
Q:	What challenges has DHS faced in partnering with a company(s) for ICA and FEA services?
A:	The challenge the Department has faced with all partner agencies is the rapid growth of the program while ensuring that the infrastructure, policies, and procedures meet the needs of participants.
N/A	General
Q:	What is the average amount of monthly hours allocated to a participant choosing to self-direct their long term care services?
A:	There is not an average amount of monthly hours allocated to a participant in the IRIS program. Each IRIS participant is unique and has diverse support and service needs. The individual support and service plan is developed with the participant, guardian and other persons important to the participant based on the person center planning and service delivery requirements detailed in Appendix D of the Medicaid Home and Community Based Services Waiver and IRIS policy: http://www.dhs.wisconsin.gov/iris/resources.htm .
N/A	General
Q:	What are the day-to-day duties for the providers servicing participants choosing to self-direct their long term care services?
A:	The day-to-day activities are described throughout the ICA Certification Criteria (P-00826).
N/A	General
Q:	How many hours have been billed to DHS, by these abovementioned incumbents, for ICA and FEA services over the past two fiscal years?
A:	The payment methodology for the participants is not based on a “per hour” method. The current payment methodology is based on the cost of the provider service.

Page(s) Referenced	Sections(s) Referenced
N/A	General
Q:	Are there payment minimums or thresholds established for providers servicing participants choosing to self-direct their long term care services?
A:	Non-participant hired worker rates are negotiated between the participant and the provider, are usual and customary, and align with other Wisconsin Long Term Care programs. Participant hired worker rates are negotiated between the participant and the participant hired worker and are usual and customary. Participant hired worker rates must meet state and federal wage and hour regulations.
N/A	General
Q:	Can you please provide the documentation necessary in order to become certified as an ICA and FEA?
A:	Reference the ICA and FEA Certification Criteria documents: http://www.dhs.wisconsin.gov/iris/resources.htm .
N/A	General
Q:	Can vendors connect with participants to educate them on the service capabilities offered?
A:	There is a DHS-prescribed format for educating IRIS participants on the ICA and FEA services. However, participants may engage ICA and FEA providers to gather information regarding the services the ICA and FEA provide. Regarding other Medicaid providers, vendors must follow the marketing requirements in the Medicaid handbook. Regarding other lines of business, the provider will be required to follow the separate lines of business requirements as described in the ICA Certification Criteria (P-00826) and the FEA Certification Criteria (P-00825) documents.
N/A	General
Q:	Are separate boards required for multiple lines of business?
A:	No. However, the Department will review the requirements under Section II (B)(3)(f) annually. If the Department determines that separate Boards are required, then the agency may be required to complete a Conditional Certification Improvement Project (CCIP) (F-01208).
N/A	General
Q:	Is there data available regarding the average amount of time an IRIS Consultant spends with a participant?
A:	There is not an average amount of monthly hours allocated to a participant in the IRIS program. Each IRIS participant is unique and has diverse support and service needs. The individual support and service plan is developed with the participant, guardian and other persons important to the participant based on the person center planning and service delivery requirements detailed in Appendix D of the Medicaid Home and Community Based Services Waiver and IRIS policy: http://www.dhs.wisconsin.gov/iris/resources.htm .
N/A	General
Q:	Regarding the financial projections – does the reserve amount include the revenue for the month of December or the months through December?
A:	The reserve amount includes only the revenue for the month of December, 2013.

Page(s) Referenced	Sections(s) Referenced
N/A	General
Q:	What is a TPA?
A:	A Third Party claims Administrator.
N/A	General
Q:	What is the timeline for implementing the Third Party Administrator (TPA)?
A:	Full implementation is scheduled for September 30, 2015.
N/A	General
Q:	Waukesha County and Washington County are two different colors (teal/aqua). What does that mean?
A:	Washington and Waukesha Counties are included in both Geographical Service Regions (GSR) 5 and 6. If you are applying for GSR 5, then Washington and Waukesha counties are included. If you are applying for GSR 6, then Washington and Waukesha are also included.
N/A	General
Q:	How were the enrollment numbers for the northeast region derived?
A:	Projected enrollment numbers for the northeast region are derived by taking 30% of the total county legacy waiver enrollment and waitlist.
N/A	General
Q:	When a participant needs a rescreen, is that completed by the ICA or the ADRC?
A:	The ICAs complete all annual and change in condition Long Term Care Functional Screens after a person's enrollment in IRIS.
N/A	General
Q:	When switching ICAs, does the new ICA just pick up with the last screen?
A:	Yes, assuming the Long Term Care Functional Screen is current and there is not an existing change in condition.
N/A	General
Q:	Who issues authorizations?
A:	The Department issues authorizations.
N/A	General
Q:	Can the reserve fund be an interest-bearing account?
A:	Yes.
N/A	General
Q:	How does DHS expect that new agencies will be able to attract 25% of the market? Please provide additional information about projecting enrollment.
A:	There is not a requirement that an agency attract 25% of the market. As with all competitive markets, market share is gained through high quality and efficient customer service.

Page(s) Referenced	Sections(s) Referenced
N/A	General
Q:	Is there a single entity IRIS Self-Directed Personal Care (SDPC) Agency?
A:	Yes. The Management Group is the current vendor for the IRIS SDPC Oversight Agency.
N/A	General
Q:	If consultants are working out of their homes, do you want those addresses too?
A:	No, only the addresses for the agency office(s) is required to meet the participant access requirements in ICA V(G.).
N/A	General
Q:	Can you provide services and consult for the same participant?
A:	No.
N/A	General
Q:	Is there a blank Business Associate Agreement available on the Internet?
A:	Yes, reference: http://www.dhs.wisconsin.gov/iris/resources.htm
N/A	General
Q:	Are there timelines regarding when to send in the pre-qualification paperwork?
A:	No. The certification process is continuous and ongoing.
N/A	General
Q:	Must you serve the whole region, or can you provide services to a sub-set of the region?
A:	Yes, agencies must serve an entire GSR.
N/A	General
Q:	Does TMG now receive the Monthly Rate of Service (MROS)?
A:	No – TMG operates under separate procurement authority and payment methodology. However, as of 1/1/2015, all ICAs will operate under the MROS.
N/A	General
Q:	Does the ICA hire and fire the participants' employees?
A:	No. The participant is the employer and is responsible for hiring and firing his or her own employees.
N/A	General
Q:	Are participants required to have an IRIS Consultant?
A:	Yes, all IRIS participants are required to have an IRIS Consultant.

Page(s) Referenced	Sections(s) Referenced
N/A	General
Q:	Will all participants receive notification of a new ICA?
A:	Yes, however the Department is still defining this process.
N/A	General
Q:	How does the payment cycle work for ICA's
A:	Please reference Section V(C) in the ICA Certification Criteria (P-00826).
N/A	General
Q:	Is it possible for a small, "closely held" organization to meet the prequalification criteria without having significant divisions in management structure at it begins?
A:	Without reviewing the application, the Department is unable to answer this question.
N/A	General
Q:	Should the prequalification letter contain all of the information listed in Section II(B) of the IRIS Consultant Agency Certification Criteria?
A:	Yes.
N/A	General
Q:	When can the prequalification documentation be submitted?
A:	The process is continuous and ongoing.
N/A	General
Q:	Being a self-directed program, how responsible is the ICA when a critical incident is reported?
A:	The ICA is responsible for reporting all known critical incidents per IRIS policy (P-00708). The ICA is responsible to ensure the immediate and ongoing health and welfare of the participant. The ICA is responsible for educating the participant and/or legal representative on the process to identify and report critical incidents. Reference VI.(F) of the ICA Certification Criteria (P-00826).
N/A	General
Q:	Can participants be dis-enrolled (for non-compliance)?
A:	Yes, participants can be dis-enrolled by the Department for the inability to ensure health and safety, mismanagement of budget authority, cost share delinquency, fraud, functional/financial ineligibility, and residing in a non-allowable setting.
N/A	General
Q:	Do you utilize Adult Protective Services (APS)?
A:	Yes. All incidents reported as abuse, neglect, or misappropriation of funds are reported to APS.

Page(s) Referenced	Sections(s) Referenced
N/A	General
Q:	Do IRIS Consultants need to travel to Madison to receive training?
A:	The Department is currently developing training curriculum and procedure. Training may include distance technology, on-site training at the ICA, or training in Madison.
N/A	General
Q:	For training ICAs on quality reporting, does DHS meet with each ICA separately, or does DHS meet with representatives from ICAs at the same time?
A:	DHS will likely meet with ICA representatives in a group to provide training on DHS IRIS process and policy. DHS will meet with ICA representatives separately to discuss participant-specific issues.
N/A	General
Q:	When does the Department see new FEAs and ICAs going live?
A:	The earliest the Department could contract with multiple ICA and FEA providers is January 1, 2015.
N/A	General
Q:	Will all ICAs be utilizing the same forms or will we be required to create our own? Same question for policy or best practice manuals.
A:	All ICAs will use the same forms, policies and IRIS Waiver Manual as developed by the Department.
N/A	General
Q:	For initial startup: will all ICAs be required to have three (3) consultants on board to offer options from the start date or can consultants be brought on board as participation increases?
A:	The Department does not mandate a specific number of IRIS Consultants per agency. Please refer to Section V(F) of the ICA Certification Criteria (P-00826). Staffing needs are determined by the provider relevant to the number of participants served and the staffing levels needed to meet consulting requirements.
N/A	General
Q:	Is there any requirement that would keep a consultant from working across regions if the ICA is certified in multiple regions?
A:	Consultants may provide services in all regions for which the ICA is certified.
N/A	General
Q:	If an agency originally becomes certified for one or two specific regions, is there a timeline when they can request certification for additional regions?
A:	No, there is not a mandated timeline. ICAs may expand per their business plan. A new application is required for the addition of another region.

Page(s) Referenced	Sections(s) Referenced
N/A	General
Q:	Will DHS 'level the playing field' for new ICAs by asking all participants (even current) to choose their ICA thereby informing every one of the new options available to them? Can this be an annual event just as for Medicare when individuals are informed of their choices each year?
A:	Yes, however the Department is still defining this process.
N/A	General
Q:	We currently have functional screeners for the Children's Long-Term Waiver, is it possible to utilize these staff to do the annual functional screens for LTC or would it be considered a conflict of interest?
A:	If the screeners meet the adult LTC FS requirements and all subsequent requirements concerning separate lines of business are met, yes this is possible. This would not be a conflict of interest. There is a distinct training requirement for the adult functional screen. Screeners would need to complete this training.
N/A	General
Q:	Is there any agency incentive for startup? Dollars or Technical Assistance?
A:	There is no monetary incentive for startup. However, one of the advantages of the certification process is that the Department can provide technical assistance relevant to the certification criteria to ICA providers.
N/A	General
Q:	Regarding the reserve account requirement: Has the department reconsidered the percentage of what this reserve amount is based on? If current participants are staying with the current ICA, there is not 25% of the current population available to serve. Given the consistent growth of 1.5% monthly it seems 18% would be a more reasonable amount unless there are multiple ICAs available, which means there are fewer options to serve for each agency creating a smaller percentage for all.
A:	The Department is reviewing this requirement, and if modified, all potential applicants will be notified.
N/A	General
Q:	Is each participant death reviewed no matter what the cause?
A:	Yes, this is a requirement of the Medicaid Home and Community-Based Services waiver.
N/A	General
Q:	Do you have the number of critical incidents?
A:	Yes, please reference exhibit 2.
N/A	General
Q:	How long does it take an ICA staff to investigate a critical incident?
A:	APS is responsible for conducting investigations. The ICA is required to ensure the immediate and ongoing health and welfare of the participant. Each participant's needs and each critical incident are unique and therefore this data is unavailable.

Page(s) Referenced	Sections(s) Referenced
N/A	General
Q:	Is the FEA notified of participant deaths or critical incidents?
A:	The ICAs are required to notify FEAs of each participant death and any critical incident that would have an effect on billing. The new centralized data system, currently under development with a target implementation date of 3 rd quarter 2015, will notify all relevant parties of any terminated service authorizations in real-time.
N/A	General
Q:	Are there parameters for how often a participant can change ICAs or FEAs?
A:	The proposed parameters for changing ICAs are monthly and the proposed parameters for FEAs are under negotiation with CMS.
N/A	General
Q:	When a participant switches FEAs, could there be a service gap due to paperwork or background check?
A:	The proposed parameters being negotiated with CMS will mitigate any service gaps.
17	V.B
Q:	Please further define the process for seeking approval to access reserve funds. How is the request made? What are the criteria the Department will use to consider the request? How long will the Department have to consider the request?
A:	The Department is reviewing this requirement, and if modified, all potential applicants will be notified.
7	II.B.3.f.2.a
Q:	This section duplicates some but not all of the information required in the Form DHS F-01275 (IRIS Provider Board Member Disclosure Form). Would the Department consider modifying this to eliminate the duplication?
A:	Yes, only the board disclosure form is required.
N/A	General
Q:	Can DHS please describe the process to amend an application after being certified?
A:	An amendment to the application post certification would be done through the quality management and improvement process.
N/A	General
Q:	At a DHS Certification Briefing session, the Department mentioned that each ICA will have a set of SharePoint sites in which to conduct quality management tasks. How will the information contained in the Department's SharePoint sites transfer if a participant moves from one ICA to another?
A:	The information specific to the participants record will follow the participant regardless of provider.
N/A	General
Q:	What are the "Target Groups?"
A:	The target groups are Physically Disabled, Developmentally Disabled, and Frail Elder and are defined by CMS in the Medicaid HCBS Waiver.

Page(s) Referenced	Sections(s) Referenced
N/A	General
Q:	Will we have to reapply to be recertified?
A:	The Department is defining the recertification process and will detail this information in future certification criteria versions.
N/A	General
Q:	What percentage of IRIS participants have the extra support with SDPC?
A:	As of September 30, 2014 there approximately 3,900 participants enrolled in SDPC.
N/A	General
Q:	What happens if we want to start 2015 and the last year audited was 2013?
A:	Submit the most current audited year.
N/A	General
Q:	Is there a limit to the number of agencies you will certify?
A:	All qualified providers will be certified.
N/A	General
Q:	Would the department please provide a list of all organizations that attended the briefing sessions, and indicate the provider type they selected?
A:	This information is currently not available.
7	II.B.3.d.3
Q:	How often do staff addresses have to be updated? Can the Department please confirm that the ICA-not individual ICs-needs to have office hours on a regular basis? Is there a minimum hour requirement for office hours?
A:	Only the ICA office address needs to be submitted, not the individual consultants' address. IRIS Consultants should be available for their participant's during normal business hours, listed in V.(G).
N/A	General
Q:	At a DHS Certification Briefing session a potential applicant asked if it would be considered a conflict for an agency that provides advocacy services to people to also be an ICA for those same people. The advocacy services are free of charge. The Department responded that since the services are free of charge, there is no conflict. However, if an organization that operates an ICA has access to potential or current IRIS participants through a different business line, even an unpaid service such as advocacy services, then there is a potential conflict that must be mitigated.
A:	The Department will need to review each service (paid or unpaid) as it relates to the separation of lines of business requirements within the criteria to ensure that any perceived or real conflicts of interest are mitigated.

Page(s) Referenced	Sections(s) Referenced
15	III.B
Q:	<p>This section states that ADRCs will provide people with biographies (paper or electronic) of the IRIS Consultants available and the ICA is responsible for providing ADRCs with up-to-date and accurate information in the Department prescribed format. Is there prescribed format for the biographies? Given how frequently IC availability can change due to capacity, medical leave, vacation, etc., it is difficult to envision how an ICA would ensure ADRCs have up-to-date information on a daily basis. Could the Department please provide additional detail on how this process would work? How would IC location information be provided to ensure that ADRCs are only offering bios for people that we as an ICA would provide as choices based on our criteria for matching? Page 15, Section B refers to the ADRC providing the consultant biographies but later the requirements state that this is an ICA function – please clarify. We strongly recommend that this remain an ICA function for the reasons listed above. When will DHS be providing further guidelines on the “impartial information” each ICA will need to submit to the ADRC? When will it need to get to the ADRCs for a January 1, 2015 effective date for certification</p>
A:	<p>Updating consultant information to the Department is the responsibility of the ICA. If the Department implements a consultant index, then it would be filtered by county and the participant would choose their consultant. This index would be used for initial choice or changing consultants. If a consultant no longer has consulting capacity, then the ICA must notify the Department so the consultant can be removed from the index.</p> <p>For times when consultants are sick or on vacation they will work directly with the participant to ensure an alternative plan for participant access is available.</p> <p>The Department will have the format for the ICA information available by December 1, 2014.</p>
17	V.A.6
Q:	<p>It does not seem appropriate that the ICA would represent the Department in an NOA Fair Hearing if/when the Department has either issued the NOA or made the determination. This is especially true when the appeal may challenge the Department or an IRIS program policy or administrative rule directly. Can the Department please comment on this and clarify when the Department would, at its discretion, assist the ICA in the fair hearing process?</p>
A:	<p>If the Department is the sole party issuing an NOA, the Department will represent itself at the fair hearing. This does not include NOA’s issued as part of a Budget Amendment/One-Time Expense (BA/OTE). The ICA has a large role in providing the information to the Department which is used in making a BA/OTE decision and the ICA is required to represent the Department at fair hearings resulting from BA/OTE decisions. In certain cases, the ICA may ask the Department to have representation at a fair hearing. The Department will review the circumstances when these requests occur, and notify the ICA whether the Department will attend the fair hearing.</p>

Page(s) Referenced	Sections(s) Referenced
19	V.D.9.a
Q:	With respect to the information technology system that each ICA is required to have in production until ISITS is available, the certification criteria states the following: "All data must be stored in a location controlled by the applicant agency." Can DHS verify that the intent of the item is to ensure that data hosted through a third party vendor is owned and controlled by the ICA, rather than requiring the data to be hosted at a physical location owned or controlled by the ICA?
A:	The ICA is required to have control and access to the data. It is acceptable for the IT contractor to store the data. This requirement does not require the data to be stored at the physical location of the ICA.
34	V.F.1
Q:	Please verify that the training that "All Personnel" must receive is specific to their role/function within an ICA (i.e. the training provided to a consultant may be different than an administrative assistant). For example, only select staff have access to the DHS SharePoint sites and would require training in this area.
A:	Yes, training is only required related to the functional areas for which the employee is responsible.
34	V.F.1.a.5.d
Q:	How soon after hire does an employee need to have form (F-01209) completed? When would the forms need to be returned for current employees? Who at DHS should receive the completed F-01209 forms?
A:	For newly certified ICA's, all employees must complete F-01209 within 60 days. The ICA should submit these forms to DHS in pdf format to the following email address: DHSIRISCertification@dhs.wisconsin.gov , with the following naming convention (Last Name, First Name_Start Date). New employees must receive this information as part of employee orientation and F-01209 must be submitted to the Department within 30 days of the employees start date. The ICA criteria will be updated to reflect the above information.
34	V.F.2
Q:	This section states that a Long-Term Care Functional Screen (LTC FS) is to be administered whenever a change occurs in a participant's condition. Can the Department please confirm that these change in condition screens are completed in accordance with the LTC FS instructions? Because some staff who have been administering screens were certified several years ago, we do not have a way to obtain original copies of their certification. Can the Department please verify that a list of all staff who administer the LTC FS; the date they were initially certified; and verification that they passed the most current CST (end of 2013/early 2014) would be acceptable documentation?
A:	Yes, change in conditions are completed in accordance with the LTC FS instructions. Yes, the documentation described above is acceptable.

Page(s) Referenced	Sections(s) Referenced
37	V.F.3.a
Q:	Will DHS be creating and providing training for staff in these areas? Will this training be required, or can an ICA use their own DHS-approved version?
A:	The Department will provide the ICA's with the policy and work instructions regarding these areas. The ICA is required to educate and ensure comprehension of the information with their personnel. The Department will allow ICA's to use their own DHS approved training materials.
40	V.H.1.a
Q:	Currently, the ICA accesses information like the LTC FS and budget utilization reports through direct access to systems (e.g., CARES, FMS, and the FSIA) that the Department and the current FEA operate. Please confirm whether the ICAs will continue to have access to these databases. Please clarify when redundancy would be necessary and an ICA would be required to also store the LTC FS and budget utilization reports in their systems?
A:	Yes, providers will continue to have access to these systems. The participant's long term care functional screens must be stored as part of the participant's records for record review purposes. The IRIS centralized IT system will store a link to this information upon implementation.
40	V.H.1.d
Q:	Since the ADRC is required to review the legal guardianship and representative paperwork at the time of the initial screen, it is recommended that the ADRC obtain a copy of that documentation and include it with the referral packet that is sent to the person's chosen ICA. Currently, ICA functional screen staff review the legal representative paperwork annually thereafter to verify that the status is valid.
A:	The ICA is responsible for obtaining, validating, and maintaining participant legal decision making paperwork as part of the participant's record.
40	V.G.4
Q:	Can the Department please confirm that participants would only be able to transition between FEAs at the first of a quarter? Can the Department please provide additional detail on the process of an ICA transfer prior to the implementation of ISITS? For example, where are completed transfer forms submitted? What records are shared between agencies? How does that information transfer occur and under what timeframes? Due to the complexity of this process before ISITS is in place, it is recommended that ADRCs manage the ICA transfer function. Can the Department please provide examples of when the ICA would be required to transfer a participant to another ICA in less than the 30 days stated in the certification criteria? Would adverse action timelines apply? For example, if a person requests a transfer on April 16th, would the transfer need to go into effect on May 1st or June 1st?
A:	The Department will be updating the certification criteria detailing the timeframes noted above.

Page(s) Referenced	Sections(s) Referenced
40	V.G.5
Q:	Can the Department please provide additional detail on how an ICA ensures the successful transition between FEAs when ICAs are a third party to the process? In other words, how would an ICA ensure that one FEA communicates and shares required information effectively and under prescribed timeframes with another FEA.
Q:	What is the "necessary information" an FEA would need when a person asks to transfer FEA providers. Similar to the recommendation regarding transfers between ICAs, we recommend that providing information to IRIS Participants about the various available FEAs and the participant's responsibilities for initiating and managing a transfer between FEAs be a function of the ADRCs.
A:	ICA's are required to provide the tools, resources and information to participants relevant to the transition between FEAs. The Department will define the documents required to be transitioned from ICA to ICA, FEA to FEA and SDPC to ICA. The Department will ensure that contracted agencies properly coordinate the paperwork necessary for a successful transition.
40	V.H.1.j
Q:	The ICA Certification document consistently mentions Risk, Needs, and Wage assessments which don't currently exist. Can the Department please clarify if these terms are referencing different documents currently in use, or will these tools be created later? When will the tools be available to ICAs and will they replace any existing forms or processes?
A:	These assessments will be centrally located at the Department and will be part of the IRIS policy and work instruction manual. The Department will be defining these in CY2015.
40	V.H.1.m
Q:	Would keeping the Participant Hired Worker training documentation sheets put the ICA or DHS at risk of being considered a joint employer? Would the Department consider having participants keep those training documents in their own employer records instead?
A:	No, these forms are program required training documents for the participant hired workers. The individual training requirements of the employer are maintained by the employer.
41	I
Q:	Does DHS plan to provide ICAs with a standard data extract in order for ICAs to perform such tasks as internal data analytics, completing daily operational tasks, tracking quality indicators and strategic goals? If so, will this be a nightly ETL (extract, transform, and load)? If there is not going to be a standard extract, how will the ICAs obtain this information that is vital to program operations? (e.g. demographic information, enrollment/disenrollment, outcomes, referrals, meeting certification and contract timelines)
A:	Yes, these reports and timeframes will be defined as part of the IRIS centralized IT system implementation.

Page(s) Referenced	Sections(s) Referenced
41	V.I.2.g
Q:	With regard to this requirement, we would recommend that the reporting of full-time IRIS Consultants be provided on an full-time equivalency basis.
A:	The requirement is for full time IRIS consultants and/or Orientation Consultants, if applicable.
41	V.I.2.d
Q:	Should the report of number of days from receipt of referral to enrollment be an average for that specific month, or is it a rolling average spanning a specified period of time?
A:	The report is specific to each calendar month.
N/A	Appendix A
Q:	Please clarify whether the Department is expecting a response to this section other than that the ICA will comply with the requirements outlined in Appendix A.
A:	A response is not required related to Appendix A.
42	Appendix A – A
Q:	The new Service Level requirements seem intended to guide the amount of contact a consultant provides for a person in IRIS. We believe this criteria creates an artificial and somewhat arbitrary label for people in the program. The complexity involved with identifying, documenting, and tracking the service levels would be a new requirement for ICAs and IRIS Consultants and could shift the emphasis of the work from the person to process. Currently, IRIS Consultants see people as often as necessary, and less often when a person requests it and particular set of criteria are met. This is done in a flexible, person-centered manner. It is recommended that the criteria set a minimum contact requirement and create the expectation that Consultants meet with people as often as necessary.
A:	The requirements in Appendix A (A) are accurate as written.
42	Appendix A – A.1
Q:	Please define "plan implementation".
A:	The initial set up and implementation of the participants individualized support and service plan which includes all identified services, and providers.
42	Appendix A – A.1.a-c
Q:	For counties transitioning to IRIS, for people relocating to the community, and for referrals an ICA gets in advance of a person's 18th birthday, there could be a significant lag between when an ICA begins providing support and when it is eligible for payment. Can the Department please confirm that pre-enrollment support and activities are expected to be performed within the stated MROS? This could be a particular concern in GSR 13 and other counties in the future as they transition to Family Care and IRIS.
A:	As with all IRIS referrals, there is no guarantee the person will choose to remain in IRIS.

Page(s) Referenced	Sections(s) Referenced
46	Appendix A – B.3.b.3
Q:	Requiring people to choose a Consultant within 3 business days of the welcome call and auto-assigning on the 4th day does not provide sufficient time for Consultant bios to be mailed and for people to review the information and make a thoughtful decision. The current process offers participants two weeks to choose a Consultant before one is auto-assigned. The new proposed process, as it is written in certification, would result in a significant increase in auto assignments. Is that the Department's intent? Would the Department consider a longer timeline for people to choose their Consultant to ensure adequate time for choice?
A:	The Department is reviewing this process and will issue further guidance in a revised certification criteria document.
46	Appendix A – B.3.c
Q:	The timeline calls for the enrollment and orientation meeting to be conducted within 14 days of the welcome call. In current practice, under an OC model, the initial visit takes place within 14 days of the referral date. Working from the welcome call date complicates the tracking of this measure since most other measures use the date of referral as the starting point and the welcome call date is not currently maintained as a discrete data element in the IT system. The tracking from the welcome call would also be potentially complicated in those instances where the OC/IC was having difficulty contacting the person and the welcome call got delayed as a result. Appendix B on page 60 indicates that the initial visit (enrollment and orientation meeting) would happen 14 calendar days from the referral, which is aligned with current ICA requirements.
A:	Reference the current version of the certification criteria (P-00826).
46	Appendix A – B.3.b.5
Q:	Requiring ICA staff who complete the welcome call to also schedule the initial meeting will only work if the person has requested a Consultant auto-assignment during the welcome call. Otherwise, the staff doing the welcome call would not know who the participant has chosen as a Consultant since the timeframe for choosing a Consultant extends past the welcome call. Would the Department consider flexibility in how those initial visits are scheduled? As long as the visits are occurring within the required timeframe, the method for scheduling could vary by ICA.
A:	The Department is reviewing this process and will issue further guidance in a revised certification criteria document.
49	Appendix A – C.7
Q:	Please provide the policies and procedures for the approval of ISSPs in accordance with IRIS program requirements.
A:	The current IRIS Policy manual is found here: http://www.dhs.wisconsin.gov/iris/resources.htm

Page(s) Referenced	Sections(s) Referenced
51	Appendix A – D.2.e
Q:	IRIS Consultants don't currently process timesheets or purchase orders and having them do so would create significant work that could not be supported under current consultant to participant ratios. Would the Department consider modifying the statement to require consultants to assist with or provide guidance on those things instead of being directly responsible for them? This would also be more consistent with a self-directed model.
A:	The context of these requirements is related to the education and training of participants in these services areas. The criteria will be updated to reflect this clarification.
51	Appendix A – D.2.c, h
Q:	People in the program are the employers of record. To ensure that relationship is clear, the current ICA supports people to be employers, but does not take on any of the employer responsibilities. To keep those roles clear, would the Department consider modifying the requirement to state that the consultant assists the participant to identify training needs, and helps the person add them to the worker's job description?
A:	The context of these requirements is related to the education and training of participants in these services areas. The criteria will be updated to reflect this clarification.
51	Appendix A – D.2.c
Q:	This section requires ICA staff to assist with supervising Participant-Hired Workers (PHWs). The person is the employer of record, and therefore is responsible for supervising their employees. Having ICAs supervise PHWs blurs the line of employer of record and is outside the current responsibilities of IRIS consultants. Adding this responsibility along with some of the other new responsibilities outlined in the requirements (e.g. determining level of care at each visit, processing timesheets and purchase orders, etc.) would increase the face to face time needed for each participant and would require an increased staffing level, which is not supported by the proposed monthly rate of service.
A:	The context of these requirements is related to the education and training of participants in these services areas. The criteria will be updated to reflect this clarification.
51	Appendix A – D.3
Q:	This section requires that all items a-j occur at each contact. Mandating that consultants cover and document all of these items every time they speak with a person/guardian will change the nature of the contacts. It shifts the visit from being about the person and what is important to them to being a process-driven agenda that's much less about the person and more about documentation requirements. Many of these topics are covered routinely, but not everyone at every visit.
A:	The context of these requirements is related to the education and training of participants in these services areas. The criteria will be updated to reflect this clarification.

Page(s) Referenced	Sections(s) Referenced
54	Appendix A – D.32
Q:	DHS will dictate "advance notice" based on how quickly the information is given to ICAs. Would the Department consider creating a standardized process to notify ICAs that new forms, policies, work instructions will be released before they are actually posted? Having the lead time would give ICAs time to inform their staff and manage any questions that arise before having to explain things to participants. Will DHS be providing the script of the notification to the participant or will each ICA craft their own wording of changes?
A:	The Department will provide ample opportunity for an ICA to come into compliance with any new or modified policies.
55	Appendix A – E
Q:	This section is mostly duplicative of Section V.G. Does the applicant need to provide the same information twice? Further, the numbering is different in the two versions.
A:	A response is not required related to Appendix A.
55	Appendix A – E.6.b
Q:	Page 39 states that ICAs must either maintain a resource directory or have immediate access to the local ADRC directory. This section states that ICAs must have their own resource manual. Can you please clarify which section is correct?
A:	The requirement is for ICA's to maintain a resource directory, or have immediate access to the local ADRC directory. The criteria will be updated to reflect this clarification.
N/A	General
Q:	Does DHS have the template "certification" contract and Business Associate Agreement (BAA) that is referenced in the Certification Criteria? The Briefing Session presentations have also highlighted that ICAs will be required to enter a contract and BAA. It is important to know if there are additional contract requirements that may not be outlined in the Certification Criteria Appendix A – Contractual Obligations.
A:	Yes, this will be posted to the DHS IRIS website.
N/A	General
Q:	During the last year, the contract for completing employee paperwork has been shifted from the FEA to the ICA. With new FEAs becoming certified who have experience in handling employee paperwork with other programs, will DHS consider keeping this responsibility with the FEAs? Potential FEAs have expressed their interest in performing this work and their perception that it would lead to better relationships between IRIS participants and the FEA. These relationships could increase program quality and integrity around participant hired workers. While IRIS consultants would still be trained on employee paperwork and able to provide support for people who need assistance with completing the documents, the focus of their work could be on helping people achieve their long-term care goals if the FEA were the primary organization responsible for the employee paperwork function.
A:	For consistency, the employee paperwork requirements are the responsibility of the ICA.

Page(s) Referenced	Sections(s) Referenced
N/A	General
Q:	How will Accessibility Assessments be handled if Independent Living Centers (ILCs) become ICAs? This process may require review in order to assure there are additional, qualified providers available if ILCs are unable to complete assessments due to their ICA provider status.
A:	An ILC, as with all providers, will be required to meet the separation of lines of business requirements of part of the certification criteria.
N/A	General
Q:	How often can participants change ICA providers?
A:	The criteria will be updated to clarify this information.
N/A	General
Q:	Can participant and employee forms be completed and signed electronically?
A:	The Department is working on the definition of an acceptable electronic signature.
18	V.C
Q:	If a participant is active in IRIS for at least one day in a month, is the ICA allowed to bill the MROS?
A:	Participants must be enrolled in IRIS on the day the claim file is submitted.
34	V.F.1
Q:	“All Personnel must...,” what specific positions does "All Personnel" refer to?
A:	Every employee working under the ICA contract.
45	Appendix A – B.3.b1
Q:	What is the required format for consultant biographies?
A:	The criteria will be updated to reflect this clarification.
6-10	II.B.1-8
Q:	Please confirm that only B.1. – B.8. are required to be addressed and submitted as part of prequalification criteria requirements.
A:	This is correct.
6-10	II.B
Q:	Please confirm if the prequalification document should be submitted in the same manner as indicated in number 4 on page 11 for Certification Application Submittal Process.
A:	The criteria will be updated to reflect this clarification.

Page(s) Referenced	Sections(s) Referenced
9	II.B.3.f.5.b
Q:	Please clarify which employees/positions conflict of interest forms should be submitted with prequalification documents, and if the reference is to DHS Form (F-01310) or the company conflict of interest agreement.
A:	The context of this requirement is the current protocol (policy, acknowledgement, internal controls) the ICA has in place to mitigate conflicts of interest. Form F-01310 is not required until post certification.
7	II.B.3.f
Q:	The applicant must maintain business separation from any agency. The applicant must demonstrate, to the satisfaction of the Department that the applicant entity is able to maintain complete separation. The applicant must demonstrate the mitigation of any real or perceived conflicts of interest. What would satisfy the Department? Must it be: A complete separate non-profit entity, with completely different people (in positions in the Consultant Agency) from broad scope? OR can we have a separate non-profit with some of our broad scope leaders with completely different job descriptions, etc.?
A:	The Department is unable to answer these questions based upon a general description. Each organization is unique and there may be multiple changes/modification needed to satisfy this requirement. Therefore, DHS will review this information as part of the certification process.