



# Wisconsin Department of Health Services

## IRIS Budget Amendment SharePoint Instructions

### ATTACHMENTS

The first column shows a paperclip icon when attachments are available. Attach any documents collected to support the budget amendment (BA) request. These attachments must include the Long Term Care Functional Screen (LTC FS), the Budget Amendment Request ([F-01210](#)), and any other appropriate supporting documentation such as the Supportive Home Care Hours (SHC) tool, the Budget Amendment Quote Comparison ([F-01210a](#)), and other pertinent documents. Click on the hyperlink at the bottom of the issue form to open the attachment. All scanned documents must be legible.

### ISSUE ID

On the view screen, the “Issue ID” column displays an auto-generated number. The issue ID is unique to each BA request and identifies the BA request in correspondence.

### 1. REQUEST STATUS

“Status” indicates the stage in the review process. Only the Department of Health Services (DHS) may change the status to “closed.”

| Option                              | Description   |
|-------------------------------------|---|
| Open                                | Select “Open” when the IRIS participant has identified the need for the BA and the IRIS Consultant Agency (ICA) is actively working to collect the necessary information and documentation for DHS to review. |
| Pending Review                      | Select “Pending Review” when the ICA has submitted all information and attachments for DHS Review but the review has not yet occurred.  |
| Returned to ICA for Additional Work | Select “Returned to ICA for Additional Work” when DHS requires additional information because the paperwork submitted was incomplete, inaccurate, and/or unclear.   |
| Decision Issued                     | Select “Decision Issued” after DHS reviews the BA request, issues a decision, and attaches a decision letter for the ICA to mail to the IRIS participant.   |
| Independent Review Requested        | Select “Independent Review Requested” when the IRIS participant and/or legal representative elect to have an Independent Review of the initial decision.  |
| Independent Review Decision Issued  | Select “Independent Review Decision Issued” when DHS completes the Independent Review and issues a decision.  |
| DHS – Contract Compliance Review    | Select “DHS – Contract Compliance Review” when the ICA completes all activities regarding the BA and the request is ready for review and closure by DHS.  |
| Withdrawn                           | Select “Withdrawn” when the IRIS participant elects to withdraw his/her BA request at any point and discontinue the process. DHS leaves the status as “Withdrawn.”  |
| Closed                              | Select “Closed” when DHS completes the final review and closes the request. *Only the DHS may apply the closed status.  |

### 2. PARTICIPANT’S NAME

Enter the IRIS participant’s name into this text box in the format: Last Name, First Name.

### 3. MCI

Enter the IRIS participant’s Master Client Index number into this text box.

**4. COUNTY**

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

**5. IRIS BA/OTE POINT OF CONTACT**

Enter the name of the IRIS BA/OTE Point of Contact into this text box in the format: Last Name, First Name.

**6. CONTACT'S TELEPHONE NUMBER**

Enter the IRIS BA/OTE Point of Contact’s telephone number.

**7. TARGET GROUP**

Select the IRIS participant’s target group from the dropdown box options: Developmental Disability (DD), Frail Elder (FE), or Physical Disability (PD).

**8. ASSIGNED TO**

Select the email address within the IRIS BA SharePoint to select to assign the case. It is possible to have multiple people from multiple agencies assigned to the same request. This is essential when it comes to transferring responsibility for requests.

**9. DATE NEED FOR A BA WAS IDENTIFIED**

Enter the date that the IRIS participant first reported to his/her IC the need for a BA. Note: This is the date that the IRIS participant informed his/her IC of the need for additional budget. This may differ from the date the IRIS participant identified the need for the service(s).

**10. DHS RECEIVED**

Enter the date that the ICA changed the status to “Pending Review” and assigned the BA request to the DHS Representative.

**11. DHS REVIEW DATE**

Enter the date that the DHS Review Committee anticipates review of the BA request. DHS completes this field after the request passes the “pre-review.”

**12. CURRENT BUDGET**

Enter the amount of the IRIS participant’s current monthly budget.

**13. REQUESTED SERVICE**

Select the type of service, support, or good requested by the IRIS participant. The IRIS Service Code Definition Manual provides definitions for each of these services, supports, and goods. IRIS participants may request only one service, support, or good per BA request.

| <b>Options</b>                        |
|---------------------------------------|
| Adult Day Care                        |
| Adult Day Services                    |
| Counseling and Therapeutic Services   |
| Customized Goods and Services         |
| Daily Living Skills Training Services |
| Home Delivered Meals                  |
| Housing Counseling                    |
| Interpreter Services                  |
| Nursing Services                      |
| Participant Education and Training    |
| PERS                                  |
| Prevocational Skills                  |
| Respite                               |
| Specialized Transportation (trip)     |
| Specialized Transportation (mileage)  |

|                                      |
|--------------------------------------|
| Support Broker                       |
| Supported Employment                 |
| Supportive Home Care (15 minutes)    |
| Supportive Home Care (Chores)        |
| Supportive Home Care (Supervision)   |
| Supportive Home Care (Companionship) |
| Vocational and Futures Planning      |

**14. NUMBER OF UNITS**  
*Enter the number of units of the service, support, or good requested on the BA request.*

**15. TYPE OF UNITS**  
*Choose the correct type of units – 15 minutes, hourly, daily, or per use for the requested service, support, or good.*

**16. RATE**  
*Enter the requested unit rate for the service in the format: dollars per unit.*

**17. TOTAL REQUEST AMOUNT**  
*Enter the requested total monthly amount for the service represented as a dollar amount equal to the number of units multiplied by the unit rate.*

**18. DHS DECISION**  
*DHS enters DHS’ decision regarding the BA request.*

| <b>Option</b>                          | <b>Description</b>   |
|--|--|
| Not Yet Reviewed                       | The system defaults to “Not Yet Reviewed” until DHS enters a decision.   |
| Approved as Requested                  | DHS enters “Approved as Requested” when the BA request is approved exactly as requested.   |
| Approved with Conditions/Modifications | DHS enters “Approved with Conditions/Modifications” when the BA request is approved, but DHS requires conditions or modifications. For example, DHS approves the number of hours, but requires that a different, more cost-effective rate for the service, support, or good.   |
| Approved Temporarily/ Time Restriction | DHS enters “Approved Temporarily/Time Restriction” when the BA request is approved with a time restriction. For example, an IRIS participant’s natural support needs time to address his/her own health care need anticipated to last three months. DHS approves a BA request for additional SHC hours for this three-month period only, rather than an ongoing approval for additional hours. |
| Denied                                 | DHS enters “Denied” when DHS denies the BA request. DHS only denies requests for one or more reason(s), as outlined on the Notice of Action (NOA) ( <a href="#">F-01204a</a> ).  |
| Returned for Additional Work           | DHS enters this selection when additional information is required of the ICA.  |

**19. COMMENTS/CONDITIONS/MODIFICATIONS**  
*If DHS returns the request for additional work, then DHS enters a request for the required additional information into this text box. If DHS approves a request with conditions/modifications/time restrictions, then DHS enters the specific conditions/modifications/time restrictions in this text box.*

**20. DATE DUE**  
*DHS enters the date DHS expects the ICA to resubmit the BA with any additional information or rework of the BA request. DHS enters a span of time commensurate with the amount of information or re-work required.*

**21. DHS DECISION DATE**  
*DHS enters the date of the initial review decision.*

**22. DHS DECISION LETTER ISSUE DATE**  
*DHS enters the date of the letter sent to the IRIS participant informing him/her of the initial review decision.*

**23. APPROVED INCREASE**

*DHS enters the monthly amount (in dollars) of the approved increase in BA.*

**24. DURATION OF APPROVAL**

*Select the length of time for which DHS approved the additional funds from the following dropdown options: 0-3 months, 3-6 months, 6-9 months, 9-12 months, 12-24 months, or Ongoing. Selecting “ongoing” indicates that there is no “expiration date” on the approved budget increase.*

**25. IF DENIED, DECIDING FACTOR(S)**

*“If Denied, Deciding Factor(s)” identifies the reason that the BA request was denied. The options listed below came directly from the NOA to ensure that all reason(s) for denial are consistent with the NOA.*

| <b>Option</b>  | <b>Description</b>   |
|--|--|
| Informal support is available to provide sufficient support for your outcome       | DHS chooses “Informal support is available to provide sufficient support for your outcome” when there is evidence that the support, service, or good can and should be provided by a natural support at no cost.   |
| Specialized transportation definition does not cover reimbursement to participant. | DHS chooses “Specialized transportation definition does not cover reimbursement to participant” any time the request is asking for mileage reimbursement paid to the IRIS participant.   |
| The request does not meet an IRIS Medicaid Waiver Service definition               | DHS chooses “The request does not meet an IRIS Medicaid Waiver Service definition” any time the requested service does not match an IRIS waiver allowable service as defined in the IRIS Service Code Definition Manual.   |
| The request does not meet definition of Customized Good/Service                    | DHS chooses “The request does not meet definition of Customized Good/Service” when the requested customized good or service does not meet the definition of customized goods and services as defined in the IRIS Service Code Definition Manual.   |
| The request is not an effective way to support participant’s outcome.              | DHS chooses “The request is not an effective way to support participant’s outcome” when the requested support, service, or good does not appear as though it will meet the long-term care outcome as presented in the request.   |
| The request is not considered a safe way to support participant’s outcome.         | DHS chooses “The request is not considered a safe way to support participant’s outcome” when the requested service, support, or good creates a health or safety risk or does not adequately address health or safety risks to the IRIS participant.  |
| The request was determined to be sought under fraudulent circumstances.            | DHS chooses “The request was determined to be sought under fraudulent circumstances” when there is a determination that the support, service, or good was requested under fraudulent circumstances. Note: The DHS Representative sends an email to the DHS IRIS Quality Lead to address the program integrity issues separate from the BA process. |
| The reviewed request is allowable under Medicaid State Plan.                       | IRIS funds are the funding source of last resort. DHS chooses “The reviewed request is allowable under Medicaid State Plan” when the requested support, service, or good is allowable by the ForwardHealth card.   |
| The reviewed request was not on an approved plan.                                  | DHS chooses “The reviewed request was not on an approved plan” when the requested service, support, or good was not on an approved plan.   |
| There is insufficient documentation to justify the request at this time.           | DHS chooses “There is insufficient documentation to justify the request at this time” when the information presented does not adequately demonstrate how the requested good, support, or service will meet the long-term care outcome/need.  |
| Participant is no longer functionally eligible to remain in the IRIS program.      | DHS chooses “Participant is no longer functionally eligible to remain in the IRIS program” when it is discovered that the IRIS participant is no longer functionally eligible during the BA process.   |

|  |   |
|--|---|
| Participant does not need this good, service, or support to support his/her outcome.                                   | DHS chooses “Participant does not need this good, service, or support to support his/her outcome” when the requested good, service, or support is not necessary to meet the IRIS participant’s long-term care outcome.  |
| Participant does not reside in an eligible living arrangement to maintain IRIS enrollment.                             | DHS chooses “Participant does not reside in an eligible living arrangement to maintain IRIS enrollment” when the IRIS participant resides in an ineligible living arrangement.  |
| The participant/IC has failed to meet the necessary contact requirements.  | DHS chooses “The participant/IC has failed to meet the necessary contact requirements” when the IRIS participant has not made himself/herself available for the required contacts to remain an IRIS participant.  |
| Participant’s outcome is already supported in another way so the request is duplicative.                               | DHS chooses “Participant’s outcome is already supported in another way so the request is duplicative” when the requested support, service, or good meets the same long-term care outcome or need as another service already on the plan and there is no documented need for additional support to meet this need. |
| The original good, service or support was previously approved in error.  | DHS chooses “The original good, service or support was previously approved in error” when the IRIS participant requested additional units of a service, support, or good on his/her plan that should not have been approved in the first place.   |
| This is not an allowable good, service, or support per the approved Medicaid Home and Community-Based Services Waiver. | DHS chooses “This is not an allowable good, service, or support per the approved Medicaid Home and Community-Based Services Waiver” any time the requested service is not defined in the IRIS Services Definitions and Codes Manual.  |

**26. SPECIFIC REASON DENIED**

*DHS enters the specific reason for denial using the identified reason(s) for denial on the NOA related to the specific request.*

**27. DATE TO SEND NOA IF INDEPENDENT REVIEW REQUEST NOT RECEIVED**

*This date is auto-calculated and indicates the date the ICA mails an NOA issued by DHS when the IRIS participant does not request an Independent Review within ten calendar days.*

**28. INDEPENDENT REVIEW REQUEST RECEIVED**

*DHS selects the correct radio button (yes or no) to indicate whether DHS received a request for an Independent Review of DHS’ initial decision within ten days. If DHS approves the request, then DHS selects, “N/A.”*

**29. DATE INDEPENDENT REVIEW REQUEST RECEIVED**

*DHS enters the date DHS received the IRIS participant’s request for an Independent Review.*

**30. INDEPENDENT REVIEW DUE DATE**

*This date is auto-calculated and provides DHS with a due date to complete the Independent Review.*

**31. JUSTIFICATION FOR INDEPENDENT REVIEW**

*DHS enters a brief synopsis of the IRIS participant’s rationale for requesting an Independent Review. DHS attaches the actual letter from the IRIS participant requesting the Independent Review.*

| <b>32. INDEPENDENT REVIEW DECISION</b>             |  |
|--|--|
| <i>DHS enters the Independent Review decision.</i> |  |
| <b>Option</b>                                      | <b>Description</b>   |
| Not Yet Reviewed                                   | The system defaults to “Not Yet Reviewed” until DHS issues an Independent Review decision.   |
| Overtured  | DHS chooses “Overtured” when the Independent Review overturns the original decision meaning the denial is overturned to result in an approval. |
| Upheld   | DHS chooses “Upheld” when the Independent Review results in the initial decision being upheld meaning the BA request remains denied.           |

| <b>33. INDEPENDENT REVIEW DECISION DETAIL</b>                        |
|--|
| <i>DHS enters an explanation of the Independent Review decision.</i> |

| <b>34. INDEPENDENT REVIEW DECISION DATE</b>  |
|--|
| <i>DHS initially enters a projected date for review and changes the entry to reflect the actual date of the decision made by the Independent Review Committee.</i> |

| <b>35. NOA SENT</b>  |
|--|
| <i>DHS indicates whether the ICA sent an NOA by choosing the appropriate radio button (yes/no). DHS selects “N/A” indicating an NOA is unnecessary when the NOA is approved.</i> |

| <b>36. DATE NOA SENT</b>   |
|--|
| <i>DHS enters the date that the ICA sends the NOA. The ICA maintains responsibility to send the NOA to the IRIS participant.</i> |

| <b>37. NOA CASE NUMBER</b>   |
|--|
| <i>When DHS issues an NOA because of denying a BA request, DHS initiates a record in the DHS/NOA SharePoint Site. DHS enters the DHS/NOA SharePoint site issue ID.</i> |

| <b>38. CONTACT LOG</b>   |
|--|
| <i>DHS and the ICA enter all communications regarding the BA request in this contact log. This replaces email exchanges and centralizes communication regarding the BA request in an organized manner.</i> |

| <b>39. DATE CLOSED</b>   |
|--|
| <i>DHS enters the date closed when all activities pertinent to the BA are completed.</i> |

| <b>40. REQUEST INFORMATION CORRECT</b>  |
|---|
| <i>DHS enters “yes” or “no” answering the question as to whether the information submitted by the ICA for review was complete and accurate.</i> |

| <b>41. IF NOT, WHY?</b>  |  |
|--|--|
| <i>DHS selects the reason(s) for the return of the BA request to the ICA for additional information.</i> |  |
| <b>Option</b>  | <b>Description</b>   |
| Documentation incomplete/inaccurate  | DHS chooses “Documentation incomplete/inaccurate” when the ICA provides information that is incomplete, inaccurate, or unclear. DHS also selects this option when the appropriate attachments are missing. |
| Missing bids   | DHS chooses “Missing bids” any time the ICA does not submit three bids or quotes for the requested service, support, or good.  |
| Bids not equitable   | DHS chooses “Bids not equitable” any time the bids provided do not compare the same services, supports, or goods.  |

| <b>42. RELATED REQUESTS</b>   |
|---|
| <i>The ICA links all related requests associated with the IRIS participant’s name using the BA SharePoint tool.</i> |

The DHS/BA SharePoint site automatically calculates the following:

NOA sent within 10 days if no Independent Review  
 (Date NOA Sent – DHS Letter Issue Date ≤ 10 days)




Timely Processing by ICA  
 (DHS Received – Date Need Identified ≤ 30 days)

Number of Days to Decision  
 (DHS Decision Date – Date Need Identified)

| 43. SCREENSHOTS |                                   |   |
|-----------------|-----------------------------------|---|
| 1               | Request Status                    | Open <input type="button" value="v"/>   |
| 2               | Participant's Name *              | <input type="text"/>  |
| 3               | MCI *                             | <input type="text"/>  |
| 4               | County                            | <input type="button" value="v"/>  |
| 5               | IRIS BA/OTE Point of Contact *    | <input type="text"/><br>Last, First   |
| 6               | Contact's Telephone Number        | <input type="text"/>  |
| 7               | Target Group                      | <input type="button" value="v"/>  |
| 8               | Assigned To                       | <input type="text" value="Enter names or email addresses..."/>  |
| 9               | Date Need Was Identified *        | <input type="text"/> <input type="button" value="calendar"/>  |
| 10              | Date DHS Received                 | <input type="text"/> <input type="button" value="calendar"/>  |
| 11              | DHS Review Date                   | <input type="text"/> <input type="button" value="calendar"/>  |
| 12              | Current Budget                    | <input type="text"/>  |
| 13              | Requested Service                 | <input type="text"/> <input type="button" value="v"/>   |
| 14              | Number of Units                   | <input type="text"/>  |
| 15              | Type of Units                     | <input type="button" value="v"/>  |
| 16              | Rate                              | <input type="text"/>  |
| 17              | Total Request Amount              | <input type="text"/>  |
| 18              | DHS Decision                      | Not Yet Reviewed <input type="button" value="v"/>   |
| 19              | Comments/Conditions/Modifications | <input type="text"/><br>Details regarding a modification/adjustment to a request or reason(s) why it was denied/returned. |
| 20              | Date Due                          | <input type="text"/> <input type="button" value="calendar"/>  |
| 21              | DHS Decision Date                 | <input type="text"/> <input type="button" value="calendar"/>  |
| 22              | Decision Letter Issue Date        | <input type="text"/> <input type="button" value="calendar"/>  |
| 23              | Approved Increase                 | <input type="text"/><br>The total approved amount by DHS  |
| 24              | Duration of Approval              | <input type="text"/> <input type="button" value="v"/>   |

|    |  |  |
|----|--|--|
| 25 | If Denied, Deciding Factor(s)            | <input type="checkbox"/> Informal support is available to provide sufficient support for your outcome<br><input type="checkbox"/> Specialized transportation definition does not cover reimbursement to participant<br><input type="checkbox"/> The request does not meet an IRIS Medicaid Waiver Service definition<br><input type="checkbox"/> The request does not meet the Customized Goods, Service, or Support definition<br><input type="checkbox"/> The request is not an effective way to support participant's outcome<br><input type="checkbox"/> The request is not considered a safe way to support participant's outcome<br><input type="checkbox"/> The request is not the most cost effective way to support participant's outcome<br><input type="checkbox"/> The request was determined to be sought under fraudulent circumstances<br><input type="checkbox"/> The reviewed request is covered under Medicaid State Plan<br><input type="checkbox"/> The reviewed request was not on an approved plan<br><input type="checkbox"/> There is insufficient documentation to justify the request at this time<br><input type="checkbox"/> Participant is no longer functionally eligible to remain in the IRIS program<br><input type="checkbox"/> Participant does not need this good, service, or support to support their outcome<br><input type="checkbox"/> Participant does not reside in an eligible living arrangement to maintain IRIS enrollment<br><input type="checkbox"/> The participant/IC have failed to meet the necessary contact requirements<br><input type="checkbox"/> Participant's outcome is already supported in another way so the request is duplicative<br><input type="checkbox"/> The original good, service or support was previously approved in error<br><input type="checkbox"/> This is not an allowable good, service, or support per the approved HCBS Waiver |
| 26 | Specific Reason Denied                   | <input type="text"/>   |
| 28 | Independent Review Request Received      | <input type="checkbox"/> <input type="button" value="v"/>  |
| 29 | Date Independent Review Request Received | <input type="text"/> <input type="button" value="calendar"/>   |
| 31 | Justification for Independent Review     | <input type="text"/><br>Information and details as to why the participant feels DHS should reconsider their request for an independent review.   |
| 32 | Independent Review Decision              | <input type="checkbox"/> <input type="button" value="v"/><br>DHS decision after independent review   |



|    |                                    |  |  |
|----|------------------------------------|--|--|
| 33 | Independent Review Decision Detail | <input type="text"/>   | Specific detail regarding result of the independent review<br>(DHS use ONLY) |
| 34 | Independent Review Decision Date   | <input type="text"/>    |  |
| 35 | NOA Sent                           | - <input type="button" value="v"/>   | Has DHS sent participant an NOA  |
| 36 | Date NOA Sent                      | <input type="text"/>    |  |
| 37 | NOA Case Number                    | <input type="text"/>   |  |
| 38 | Contact Log                        | <input type="text"/>   | Documented contacts between DHS and the ICA                                  |
| 39 | Date Closed                        | <input type="text"/>    |  |
| 40 | Requested Information Correct      | <input type="checkbox"/> <input type="button" value="v"/>  |  |
| 41 | If Not, Why?                       | <input type="checkbox"/> Documentation inaccurate/incomplete<br><input type="checkbox"/> Missing bids<br><input type="checkbox"/> Bids not equitable |  |
| 42 | Related Requests                   | <input type="text"/><br><input type="button" value="Add &gt;"/><br><input type="button" value=" &lt; Remove"/>                                       | <input type="text"/>   |

**\*Note:** #27 and #30 are auto-calculated and do not appear unless the fields in the equation contain data.