



Wisconsin Department of Health Services

IRIS Service Definition Manual

The IRIS program is a Medicaid Home and Community-Based Services (HCBS) program authorized under § 1915(c) of the Social Security Act and as approved by the Centers for Medicare and Medicaid Services (CMS). The program provides funding for certain specifically defined services to enrolled IRIS participants. In all cases, it is the expectation that natural and community supports or Medicaid card-coverable services will be used whenever available and that paid supports with funding from the IRIS program are the last means of obtaining those supports. Services not covered by Medicaid/Forward Health card are listed here: http://docs.legis.wisconsin.gov/code/admin_code/dhs/101/107/035. Approved services as documented on a participant's IRIS Support and Service Plan (ISSP) must be directly connected to individualized participant long-term care outcomes.

PURPOSE: This document identifies allowable IRIS waiver services, provides definitions of each service, and explains provider qualifications and standards for each service. Note that the service definition language contained in this document was formally approved by CMS, effective June 3, 2014.

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IRIS Service Code Definition Manual Instructions

The following service definitions, exclusions, and provider qualifications are taken directly from the IRIS 1915(c) Home and Community-Based Services (HCBS) waiver, which governs the IRIS program.

DEFINITIONS

Service Definition: This section defines the service title identified in the IRIS HCBS waiver.

Definition and Purpose: This section defines the service and purpose of what the service is used for.

Specific Exclusions and Exceptions: This section identifies specific exclusions and exceptions that are not allowed within this service definition.

Provider Qualifications and Standards: This section identifies the required qualifications and/or standards for the service provider.

Service Delivery and Provider Options: This section identifies who manages the services and who is eligible to provide the services.

- Match the service you intend to provide to the IRIS participant with the service definitions. Match the unit type, code, and any applicable modifiers using the quick reference guide. Include the service description, unit type, service code, and any applicable modifiers on the participant/provider agreement. Note: The Wisconsin Department of Health Services (DHS) strongly encourages you to have a signed participant provider agreement with the participants you provide services. Having a service agreement signed by each IRIS participant you serve documents important information. These agreements are available on the DHS website under “Vendor Specific.”
- Include the service description, unit type, service code, and any applicable modifiers on the claim you submit to the Fiscal Employer Agent.

Questions on the information included in this manual should be directed to the IRIS Call Center at 1-888-515-4747.

LIVING SITUATION

1-2 Bed Adult Family Home

Definition and Purpose

An adult family home (AFH) is a residence where one or two adults reside in which care, treatment, support, or service above the level of room and board is provided. The residence is the AFH operator(s)' primary residence.

An AFH also includes a "community care home." A community care home is a residence where one or two adults reside and in which care, treatment, support, or service above the level of room and board is provided. In the community care home the operator owns, rents, or leases the residence and employs staff who provides the care, treatment, support, or service. The community care home is not the provider's primary residence. It includes homes that are the primary domicile of the operator or homes that are controlled and operated by a third party that hires staff to provide support and services.

Participants of the IRIS waiver choose an AFH and collaborate with the AFH operator to identify services including, but not limited to, supportive home care, personal care, and supervision (provided by the home and included in the AFH rate). Additional services include transportation, behavioral and social supports, daily living skills training, and recreational activities; IRIS participants can purchase these services from separate providers. In these instances, the AFH must provide access to and coordination with identified service providers. Furthermore, AFH services coordinate with services received by the participant, including health care and employment or vocational services. Each provider maintains an agreement with the IRIS participant that specifies the nature and scope of the AFH services provided. Additional requirements are described in the 1-2 bed AFH certification standards. Each 1-2 bed AFH operator must maintain current certification to provide services as a 1-2 bed AFH.

AFHs must communicate with designated IRIS program representatives and other providers, within confidentiality laws, about any critical incidents occurring in the home. In addition, the AFH must report to the county adult protective services unit, any incident, situation, or condition that endangers the health or safety of the IRIS participant/AFH resident.

Specific Exclusions and Exceptions (this list is NOT all-inclusive)

- IRIS funds may not be used to pay for the cost of room and board.
- Supportive home care (SHC) is not available to persons residing in an AFH unless the SHC is provided outside the home and supports the participant to have access to the community.
- A participant may not obtain the same services they receive from an AFH from another provider. The services provided by the AFH are described in the participant provider agreement.
- Supplementation of care and supervision costs by the participant, or others, is prohibited.

IRIS participants living in an AFH are ineligible to have their budget increased if the increase is intended to pay an increased rate to the AFH or is necessary because the rate charged by the AFH is higher than the average rate paid for similar AFH services by Family Care in the relevant county. However, if an IRIS participant resides in an AFH but plans to move to their own home, then a temporary budget increase, for up to 90 days, may occur for the preparation and accomplishment of the move. In addition, a budget increase is permissible when the participant needs AFH services as part of their backup plan or for respite services.

Additional funding, for temporary residential care services, is available under the following conditions:

- Residential care is needed as part of the back-up plan, when primary services/supports are not available;
- Residential care is needed, temporarily, for recuperative purposes; and,

- The person lives in residential care upon entry to the IRIS waiver, but wants to move to their own apartment/home. Residential care is approvable, for up to three months, while the person develops necessary services and transitions to the community.

Provider Qualifications and Standards

A description of AFH standards, in the Medicaid Waiver Standards for Adult Family Homes, can be found under section [202.01](#) or DHS publication [P-00638](#):

3-4 Bed Adult Family Home

Definition and Purpose

An AFH is a residence where three or four adults who are not related to the licensee live, in which care, treatment, support, or service above the level of room and board is provided. This may include up to seven hours per week of nursing care per resident. The residence is the AFH operator(s)' primary residence.

An AFH also includes a "community care home." A community care home is a residence where three or four adults who are not related to the licensee live, in which care, treatment, support, or service above the level of room and board is provided. In the community care home, the operator owns, rents, or leases the residence and employs staff who provides the care, treatment, support, or service. The community care home is not the provider's primary residence.

The AFH, and also the services of the home, are identified for each individual participant by the participant and the AFH operator. Services typically include supportive home care, personal care, and supervision, which are provided by the home and included in their rate. Services may also include transportation, behavioral and social supports, daily living skills training, and recreational activities, which may be purchased from separate providers, in which case the AFH is responsible to provide access to and coordination with those services. AFH services also coordinate with other services received by the participant, including health care, work, or vocational services. Each provider is expected to have an agreement with the IRIS participant that specifies the nature and scope of the AFH services to be provided. The operator must maintain current license in order to operate as a 3-4 bed AFH.

All providers of AFH services must communicate with designated IRIS program staff and other providers within confidentiality laws about any critical incidents that occur in the home. In addition, the home must report to the county adult protective services unit regarding any incident, situation, or condition that endangers the health or safety of the participant living in the home.

This service type also includes homes of 3-4 beds, specified under Wis. Stat. § 50.01(1)(a), which are licensed as foster homes under Wis. Stat. § 48.62 and certified by the certifying agency as defined under Wis. Admin. Code ch. DHS 82. The latter are owner-occupied homes for persons with intellectual disabilities who are aging out of foster care. This category of homes permits such persons to remain in the same home, promoting continuity of care.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- IRIS funds may not be used to pay for the cost of room and board.
- Supportive home care is not available to persons living in this residence unless it is SHC provided outside the home that assists the participant to access the community.
- The same services provided, that are described in the participant provider agreement, may not be provided by another service provider.
- Care and supervision costs cannot be supplemented by the participant or others.

IRIS participants living in an AFH are ineligible to have their budget increased if the increase is intended to pay an increased rate to the AFH or is necessary because the rate charged by the AFH is higher than the average rate paid for similar AFH services by Family Care in the relevant county. However, in the case where the participant lives in an AFH but plans to move to his/her own home, a temporary increase in budget for up to 90 days may be made to allow the

participant to prepare for and accomplish the move. A budget increase is also permissible when the services of the AFH are needed as part of a backup plan or when the AFH services are to be used as respite services.

Additional funding for temporary residential care services is available when:

- Residential care is needed as part of the back-up plan when primary services/supports are not available.
- Residential care is needed temporarily for recuperative purposes.
- The person is living in residential care when coming onto the Self-Directed Services waiver, but wants to move to his or her own apartment/home. Residential care could be approved for up to three months while the person develops necessary services and transitions to the community.

Provider Qualifications and Standards:

DHS Division of Quality Assurance (DQA) licenses and oversees 3-4 bed AFHs. The rules and requirements for licensure can be found at: http://www.dhs.wisconsin.gov/rl_DSL/AdultFamilyHomes/AFHregs.htm.

Certified Residential Care Apartment Complex

Definition and Purpose

A residential care apartment complex (RCAC) is defined as a place where five or more adults reside and consists of independent apartments, each having an individual, lockable entrance and exit. Each unit must have a kitchen, including a stove or microwave oven, an individual bathroom, and sleeping and living areas. Persons who reside in the RCAC can also receive the following services: supportive services (e.g., laundry, house cleaning), personal assistance (e.g., personal care), nursing services (e.g., wound care, medication management), and assistance in the event of an emergency (e.g., personal emergency response system (PERS) and response).

RCAC services can be provided by an RCAC, either directly or under contract, to meet the needs identified in a tenant's service agreement, and to meet unscheduled care needs or to provide emergency services 24 hours a day, Wis. Admin. Rule § DHS 89.13(2).

An RCAC does not include a nursing home or a community-based residential facility (CBRF), but may be physically part of a structure that is a nursing home or CBRF, Wis. Admin. Rule § DHS 89.13(1). To be a Medicaid-waiver allowable setting, the facility, or a distinct part of the facility, must consist entirely of certified RCAC units or a combination of certified RCAC units and conventional independent apartments.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- The RCAC may provide not more than 28 hours per week of supportive, personal, and nursing services to persons living at the RCAC. RCACs that are registered with, but are not certified by DQA, are not allowed. A certified RCAC may not admit a person who has been found incompetent or who has an activated power of attorney for health care, or a person who has been found by a physician or psychologist to be incapable of recognizing danger, summoning assistance, or making care decisions. Supportive home care, personal emergency response system, and nursing care are services expected to be provided by the RCAC and are therefore not available elsewhere. Care and supervision costs cannot be supplemented by the participant or others.
- Waiver funds are not used to pay for the cost of room and board. SHC is not available to recipients of residential services. This service may not duplicate any other service that is provided under another waiver service definition.
- RCAC Wis. Admin. Code ch. DHS 89 requires that an RCAC maintain a home-like environment defined as follows: all residential care apartment complexes must provide each tenant with an independent apartment in a setting that is home-like and residential in character; make available personal, supportive, and nursing services that are appropriate to the needs, abilities, and preferences of individual tenants; and operate in a manner that protects tenants' rights, respects tenant privacy, enhances tenant self-direction and self-reliance, and supports tenant autonomy in decision-making including the right to accept risk.

Provider Qualifications and Standards:

DHS/DQA certifies residential care apartment complexes. The rules and requirements for certification can be found at: http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/89.pdf.

Housing Counseling

Definition and Purpose

Housing counseling is the provision of comprehensive guidance on housing opportunities that are available to meet the participant's needs and preferences. Housing counseling includes exploring both home ownership and rental options, and both individual and shared housing situations, including situations where the individual lives with his or her family. Qualified counselors provide guidance on how a participant may gain access to available public and private resources available in order to obtain or retain safe, decent, accessible, and affordable housing and remain in the community to avoid institutionalization.

Housing counseling includes planning, guidance, and assistance in accessing resources related to:

- Home ownership, both before and after purchase
- Home financing and refinancing
- Home maintenance, repair and improvements, including the abatement of environmental hazards
- Rental counseling, not including cash assistance
- Accessibility and architectural services and consultation
- Weatherization evaluation and assistance in accessing these services
- Lead-based paint abatement evaluation
- Low-income energy assistance evaluation
- Access to transitional or permanent housing
- Accessibility inventory design
- Health and safety evaluations of physical property
- Debt/credit counseling
- Homelessness and eviction prevention counseling
- Identifying preferences of location and type of housing
- Explaining the rights and responsibilities of a tenant with disabilities, including how to ask for reasonable accommodations and modifications
- How to file a complaint

Specific Exclusions and Exceptions

NONE

Provider Qualifications and Standards:

Agencies providing housing counseling must have expertise in housing issues relevant to the participant and may not be a provider of residential support services to the participant. Housing counseling is not a one-time service and may be accessed by a participant at any time. A qualified provider must be an agency or unit of an agency that provides housing counseling to people who need assistance with housing as a regular part of its mission or activities. Counseling must be

provided by staff with specialized training and experience in housing issues. This service is excluded if it is otherwise provided free to the general public.

Relocation—Housing Start-Up and Related Utility Costs

Definition and Purpose

Relocation-related services may be funded by IRIS as a last payment resource when other sources are exhausted. Relocation-related services include the provision of services and essential items needed to establish a community living arrangement for persons relocating from an institution, a residential setting, or for people moving out of a home controlled by another individual, with intent to establish an independent living arrangement. Allowable costs include initial fees to establish utility service or the purchase of basic and essential items and services needed to establish a community living arrangement.

Relocation-related housing start-up services include person-specific services, supports, or goods that may be arranged, scheduled, contracted, or purchased, which support the preparation of the participant's transition to a safe, accessible community living arrangement. No institutional length of stay requirement exists to access this service. When this service is provided to an individual transitioning from a residential institution to a community-based setting, the service is not billed until the date the individual leaves the institution and enters the IRIS program. Services or items covered by this service may not be purchased more than 180 days prior to the date the member relocates to the new community living arrangement.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- Relocation-related housing start-up services exclude: the purchase of food, the payment of rent, the purchase of leisure or recreational devices or services (e.g., television or video equipment, cable or satellite service) and excludes the use of waiver funds to purchase service agreements or extended warranties for appliances or home furnishings. Relocation services exclude home modifications necessary to address safety and accessibility in the member's living arrangement, which may be provided as the waiver service home modifications. Excludes housekeeping services provided after occupancy, which are considered the waiver service supportive home care.
- Housing startup costs require prior approval for purchases exceeding an identified budget amount, or which exceed the participant's budget.
- When this service is provided to an individual transitioning from an institution to a community-based setting, the service is not billed until the date the individual leaves the institution and enters the waiver.

Provider Qualifications and Standards:

Security deposits for lease agreements may only be made to owners or providers of safe, quality housing, in compliance with all local housing and building codes.

Furnishings and equipment purchased must be in good and safe working condition.

Payments for utility or telephone connection charges may only be made to providers registered with the WI Public Service Commission.

Providers of services to prepare the housing arrangement for occupation and assist the participant with the moving of personal belongings, must meet the same standards as applied to Home Care workers (see Provider Qualifications and Standards for Supportive Home Care workers). Providers must be reputable contractors or companies.

SUPPORT

Supportive Home Care

Definition and Purpose

Supportive home care (SHC) is the provision of a range of services for participants who require assistance to meet daily living needs, to ensure adequate functioning in the participant's home, and to support safe access to the community.

SHC services include

1. Personal Services
 - a. Assistance with activities of daily living such as eating, bathing, grooming, personal hygiene, dressing, exercising, transferring, and ambulating.
 - b. Assistance in the use of adaptive equipment, mobility, and communication aids.
 - c. Accompaniment of a participant to community activities.
 - d. Assistance with medications ordinarily self-administered.
 - e. Assistance with making and attending appointments.
 - f. Attendant care.
 - g. Supervision and monitoring of participants in their homes, during transportation (if not done by the transportation provider), and in community settings.
 - h. Reporting observed changes in the participant's condition and needs.
 - i. Extension of therapy services—includes activities by the SHC worker that assist the participant with physical therapy, occupational therapy, or other therapy/treatment plan. Examples include assistance with exercise routines, range of motion exercises, standing by during therapies for safety reasons, having the SHC worker read the therapist's directions, helping the participant remember and follow the steps of the exercise plan, or hands-on assistance with equipment/devices used in the therapy routine. The extension of therapy services does not include the actual therapist-provided service.
 - j. Medication reminder services and electronic support equipment in the home, provided via a phone call, text message, or electronic notification.
2. Household Services
 - a. Performance of household tasks and home maintenance activities including meal preparation, shopping, laundry, house cleaning, simple home repairs, snow shoveling, lawn mowing, running errands, paying bills (at the direction of the participant).
 - b. Assistance with packing/unpacking and household cleaning/organizing when a participant moves.

The participant is encouraged to negotiate lower costs when a worker is on-call (available to work and provide non-active caregiving in a companionship role) or if the services occur at night while the participant sleeps (time frame defined individually depending on the participant's schedule and needs). A night shift should not exceed eight hours.

Additional modifiers, included in the list below, allow for creative acquisition of services using flat fees or lower rates for on-call and night care. The service authorization in the participant's ISSP should indicate the approved hours in the day using these codes/modifiers.

Different levels of supportive home care services include:

1. **Routine** care services classified as both personal services and household services, including hands-on services and those provided on a scheduled basis. Participants may employ providers of routine services or hire through an agency.
2. **Chore** services typically include lawn care, snow removal, laundry services, and house cleaning. Chore services may be paid with a flat rate for the service or on an hourly basis. Participants may employ providers of chore services or hire through an agency.
3. **Supervision** care services are services provided as an oversight to the participant. In these situations, the participant can complete tasks, but need oversight and guidance to complete the tasks properly and safely.

4. **Companionship** care services are services provided as in-home support to participants not needing hands-on care, but who require an attendant should a support need arise. Generally, the rate paid for companionship care is lower than the other supportive home care services.
5. **Community Integration Events (CIE):** CIE worker expense reimbursement provides reimbursement for participant-hired workers attending CIEs with a participant, because the participant has long-term care needs that necessitate the worker's presence at the event. This reimbursement is limited to the worker's expense only; the participant portion of the expense is the responsibility of the participant. Reimbursement is issued directly to the IRIS participant-hired worker. Allowable expense reimbursement for CIE is defined as the following:

Parking—If it is necessary for the participant-hired worker to drive a separate vehicle to the event and the event requires a parking fee, the support worker is eligible for parking reimbursement. Attending an event with the participant in the same vehicle, regardless of the owner of the vehicle, does not constitute worker expense reimbursement.

Meals—If the CIE necessitates a meal purchase at the event and if event rules restrict outside food, the support worker is eligible for meal reimbursement. The action of a participant eating a meal at a restaurant as a CIE in and of itself does not meet the qualifications of an event necessitating a meal purchase by the support worker and is not an allowable staff reimbursement expense. Similarly, CIEs such as planned meals including, but not limited to, celebrations or other family traditions (e.g., birthday meals, anniversary meals, holiday meals, Sunday brunch) also do not meet the criteria of an allowable staff meal reimbursement expense.

Admission—If the CIE does not allow participant-hired worker support staff free admission to the event, the support worker is eligible for admission reimbursement. The reimbursement is strictly limited to the cost of admission to the CIE; any other costs associated with attending the event are not eligible for reimbursement.

The DHS defines the following as allowable staff reimbursement costs:

- The CIE addresses a participant's assessed long-term support need.
- The CIE enhances the participant's opportunities to achieve long-term support outcomes related to living arrangement, relationship, community inclusion, work and functional or medical status with respect to a long-term support need.
- Participants have CIE worker expense reimbursement approved on the ISSP.

Pursuant to Olmstead Letter No. 3, Attachment 3-c, in order to assure continuity of care, services may include personal assistance retainer payments for up to 15 consecutive days where there is a reasonable probability that in their absence the member would not be able to retain a preferred home care worker because the worker would seek other employment, or if the worker is employed by an agency, would be reassigned and may not return to serving the member.

Retainer payments may be made under the following medically related and non-medically related circumstances as applicable to the participant:

1. Medically Related

- Hospitalization.
- Nursing home or ICF-I/ID admission.
- Receipt of medical or rehabilitative care entailing at least an overnight absence.
- Participation in a therapeutic rehabilitative program as defined in DHS 101.03(175).

There is no yearly limit on the number of medically related episodes for which retainer payments may be made.

2. Non-Medically Related

- Planned vacation entailing at least an overnight absence and unaccompanied by the worker.
- Visit to relatives or friends unaccompanied by the worker and entailing at least an overnight absence.

- Obtaining education, employment, or job, habilitative or self-advocacy training unaccompanied by the worker and entailing at least an overnight absence.
- Recreational activities unaccompanied by the worker entailing at least an overnight absence.

Retainer payments may be made for no more than four (4) non-medically related episodes in a calendar year.

The participant shall determine the amount of the per diem retainer payment, not to exceed 75% of the authorized rate amount, which shall be sufficient to accomplish the purpose of providing a reasonable probability of retaining the worker for the member.

All workers must comply with the Training and Documentation Standards for Supportive Home Care and In-Home Respite Care.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- Services available through the Medicaid State Plan are excluded.
- Training provided to a participant intended to improve the participant’s ability to independently perform routine daily living tasks is excluded (this may be provided as daily living skills training).
- Any service provided under another waiver service definition is excluded.
- Services such as grocery shopping, meal preparation, laundry, yard work, and cleaning not for the exclusive benefit of the participant are excluded.
- "Live-in caregiver” services are excluded.
- Representative payee services are excluded.
- Agencies are excluded from worker expense reimbursement.
- Payroll bonuses are not allowed.

Individual Provider Qualifications and Standards:

Participant-hired workers may provide services only after receipt of sufficient training and employer-provided orientation. In addition, participant-hired workers must meet all other employment eligibility requirements, including passing the caregiver and criminal background check upon employment, and every four years thereafter.

Agency Provider Qualifications and Standards:

Supportive Home Care agencies and Home Health Care agencies provide services compliant with Wis. Admin. Rule § DHS 105.17: https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/105/17.

Qualifications and requirements for electronic support equipment vendors include that they are a Medicaid-certified provider. The devices must meet all applicable laws, regulations, and standards for the manufacture and design for safety and utility. Electronic support equipment should be installed and repairs made only by individuals adequately trained in the installation or repair of the equipment, or according to manufacturer’s instructions.

Daily Living Skills Training

Definition and Purpose

Daily living skills training services provide education and skill development or training to improve the participant’s ability to independently perform routine daily activities and effectively utilize community resources. Services are instructional, focused on skill development, and are not intended to provide substitute task performance. Daily living skills training may include education and skill development such as:

- Personal hygiene



- Food preparation
- Home upkeep/maintenance
- Money management
- Accessing and using community resources
- Community mobility
- Parenting
- Computer use
- Driving evaluation and lessons

When a participant selects an agency for the provision of daily living skills training services, the agency must document that the provided services relate to the areas listed above. The IRIS participant works with the agency to ensure individual needs are met; the IRIS consultant verifies the need for continued assistance on an annual basis, at a minimum.

Daily living skills training is intended as a service designed to allow a participant to acquire additional skills to meet long-term care related outcomes in a timeframe necessary to learn the skill. The DHS requires biannual reports, included in the participant's record, of the participant's progress toward obtaining the daily living skill and outcome identified on the ISSP. The biannual report ensures the participant-provided training is effective in acquiring the skill identified.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

No more than eight (8) hours of daily living skills training is provided per day.

Individual Provider Qualifications and Standards:

Individuals providing assistance must meet the standards set forth in Appendix T of the Medicaid Waivers Manual (<https://www.dhs.wisconsin.gov/waivermanual/appndx-t1.pdf>). The participant should ensure that only competent and qualified providers of daily living skills training services that have the appropriate expertise, training, and background are paid with IRIS funds. Generally, a best practice is to require providers to have a minimum of two years of experience working with the target population. Providers should ensure that staff is adequately trained and that the ratio of staff to participants is appropriate. All staff must pass a criminal background check.

Providers of daily living skills training must have a minimum of two years' experience working with the target population. However, a consumer may employ qualified providers who are less experienced. In that event, the participant must ensure that the provider receives comprehensive participant-specific training to enable them to competently work with the participant to meet the objectives outlined in the care plan. All staff must pass a criminal background check.

Providers shall assure that the ratio of staff to participants is adequate to meet the specific needs of the participant(s) receiving services. Providers directly employed by participants must meet the qualifications to be employed in the United States, and pass the criminal background check.

Agency Provider Qualifications and Standards:

Providers of daily living skills training must meet the certification standards set forth in Chapter IV of the Medicaid Waivers Manual: <https://www.dhs.wisconsin.gov/waivermanual/waiverch04-10.pdf>. When a participant selects an agency for the provision of services, the agency must maintain this documentation. The IRIS participant works with the agency to ensure individual needs are met.

Providers of daily living skills training must have a minimum of two years' experience working with the target population. However, a consumer may employ less experienced, qualified providers. In that event, the participant ensures the provider receives comprehensive, participant-specific training, which supports the provision of competent work with the participant to meet the objectives outlined in the ISSP. In addition, all staff must pass a caregiver and criminal background check.



Providers shall ensure daily living skills training staff are knowledgeable in the adaptation and use of specialized equipment and in the modification of participant environments and that these staff complete regular training/continuing education coursework to maintain/update their level of expertise.

Providers shall assure that the ratio of staff to participants is adequate to meet the specific needs of the participant(s) receiving services. Providers directly employed by participants must meet the qualifications to be employed in the United States, and pass the criminal background check.

Respite

Definition and Purpose

Respite care services include those services provided to an IRIS participant on a short-term basis to relieve the participant's primary caregiver(s) from care demands. Provision of respite care services may occur in a residential setting, the home of the participant, or in another community setting.

1. Residential respite may be provided in the following allowable settings:
 - a. Adult family home certified for one or two persons—Wis. Admin. Code ch. DHS 82 (http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/82)
 - b. Adult family home licensed for three or four persons—Wis. Admin. Code ch. DHS 88 (https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/88.pdf)
 - c. Licensed community based residential facility—Wis. Admin. Code ch. DHS 83 (https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83)
 - d. Certified residential care apartment complex—Wis. Admin. Code ch. DHS 89 (http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/89.pdf)

Residential respite may involve overnight stays or partial day stays by the participant. Costs for room and board in these settings may be included in the charge to the IRIS program. The actual length of the respite stay must be specified in the participant record.

2. Home-based respite—When respite care service is provided in the home of the participant, the service is defined as home-based respite. Home-based respite care services may occur in partial day or overnight increments. Costs for room and board in these settings cannot be included in the charge to the IRIS program. The length of the respite stay must be specified in the participant record. The standards for respite provided within an individual's home are determined primarily by the participant and/or their legal decision-maker. However, the respite provider is still subject to a background check, similar to other providers.
3. Other setting respite—Other settings in which respite services may be provided include institutions such as a certified Medicaid setting (hospital, nursing home) or other licensed facility. Services may involve overnight or partial day stays by the participant. The actual length of the respite stay must be specified in the participant record. The standards for other setting respite are determined primarily by the participant and/or their legal decision-maker. However, the respite provider is still subject to a background check.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- The receipt of respite precludes the participant from receiving other waiver services such as adult day care, nursing services, and supportive home care on the same day the participant receives respite care, unless clear documentation exists that service delivery occurred at distinct times from respite services regardless of how the respite payment is structured.
- The cost of room and board, except when provided as part of respite care or furnished in a facility and approved by the state and is not a private residence or a residential care complex, is excluded.

Provider Qualifications and Standards:

Residential respite: Providers of this service must meet the licensure and certification requirements applicable to the type of residence (i.e., AFH, RCAC or CBRF).

1. Individual Respite Provider—Appendix T of the Medicaid Waivers Manual (https://www.dhs.wisconsin.gov/sites/default/files/legacy/bdds/waivermanual/app_t.pdf)
2. AFH 1-2 bed—Wis. Admin. Code ch. DHS 82
3. AFH 3-4 bed—Wis. Admin. Code ch. DHS 88
4. CBRF—Wis. Admin. Code ch. DHS 83
5. RCAC—Wis. Admin. Code ch. DHS 89

Home-based respite: The standards for respite provided within an individual’s home are determined primarily by the participant and/or their legal decision-maker. The respite provider is subject to a background check.

IRIS Self-Directed Personal Care

Definition and Purpose

IRIS self-directed personal care (IRIS-SDPC) allows the IRIS participant to self-direct their personal care instead of obtaining services from a certified Medicaid personal care agency (MAPC). The participant may choose to obtain services from a certified Medicaid personal care agency or choose to self-direct personal care services through an option known as IRIS-SDPC. IRIS-SDPC includes the participant exercising employer authority over all hired workers. DHS contracts with a single vendor to operate the IRIS-SDPC services.

The IRIS-SDPC agency registered nurse completes an assessment to determine the number of personal care hours available to the participant each month. The assessment collects information regarding an individual’s ability to accomplish activities of daily living (ADL), medically oriented tasks (MOT), and the individual’s need for personal care worker assistance with these activities in the home. The assessment is completed in a face-to-face home visit in the participant’s home and establishes the time needed for a worker to perform the personal care tasks. The nurse obtains a physician’s order supporting the amount of care documented in the assessment. The nurse and the participant develop a person-centered plan for personal care services called “My Cares.”

The IRIS participant serves as the employer of the hired personal caregivers, and the fiscal employer agent functions as the employer agent. The nurse consults with the participant on specific, care-related questions that surface. The time needed for a worker to perform the personal care tasks, documented in the assessment and supported by the physician’s order, includes the maximum monthly hours for which the participant may employ and schedule a personal caregiver.

A participant may appoint a representative to, on their behalf, direct the provision of IRIS-SDPC services. Such an appointment applies only to tasks related to IRIS-SDPC. A representative may exercise decision-making authority over the IRIS-SDPC budget, planning, and purchase of self-directed personal care tasks, including the amount, duration, scope, provider, and location of personal care services. The same person directing the IRIS-SDPC services may not, however, also serve as the IRIS-SDPC employee.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

The participant may not hire their legal representative as an IRIS-SDPC worker. If the participant has a guardian to serve as a paid provider of the participant’s IRIS-SDPC services, the guardian must designate an alternative representative. However, if the IRIS participant is under limited guardianship, the limited guardian may remain in this role without designating a separate representative for SDPC.



Provider Qualifications and Standards:

Participant-hired workers may provide services only after the receipt of sufficient training regarding the personal care worker-related tasks through an employer-provided orientation. The participant-hired workers must also meet all other employment eligibility requirements, including passing the caregiver and criminal background check prior to providing services, and every four years thereafter.

Live-In Caregiver

Definition and Purpose

Live-in caregiver—42 CFR § 441.303(f)(8)—is the payment of rent and food costs reasonably attributable to an unrelated, live-in personal caregiver residing in the participant’s household. The service intends to meet the needs of participants requiring assistance with ADLs to ensure adequate functioning in the home and to permit safe access to the community. The live-in caregiver service is not available in situations where the participant lives in the provider’s home (i.e., the lease or deed is in the name of the provider).

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- Legally responsible persons (i.e., relatives or guardians) cannot serve as allowable providers of live-in caregiver services. The room and board costs of live-in caregivers cannot be funded by IRIS.
- Excludes situations/payment wherein the participant resides in the provider’s home (the lease or deed is in the name of the provider of Medicaid services).
- Excludes services available through the Medicaid State Plan.
- Excludes training provided to a participant intended to improve the participant’s ability to independently perform routine daily living tasks, which may be provided as daily living skills training.
- This service may not duplicate any service provided under another waiver service definition.

Provider Qualifications and Standards:

Live-in caregivers may provide services only after the receipt of sufficient training and employer-orientation. In addition, the live-in caregiver must meet all other employment eligibility requirements, including passing the caregiver and criminal background check prior to service provision and every four years thereafter.

Nursing Services

Definition and Purpose

Nursing services include those medically necessary, skilled nursing services provided safely and effectively by a nurse practitioner, a registered nurse, or a licensed practical nurse working under the supervision of a registered nurse. The nursing services provided must occur within the scope of the Wisconsin Nurse Practice Act and not otherwise available to the participant under the Medicaid State Plan or federal Medicare.

Nursing services are typically a Medicaid ForwardHealth card-coverable service or Medicare service, and are not included in ISSP; however, when nursing service needs exceed the Medicaid ForwardHealth allowable services, IRIS funds may be used to pay for nursing services.

Professional skilled nursing means the observation of care of the ill, injured, or infirm, or for the maintenance of health or prevention of illness that requires substantial nursing skill, knowledge, or training, or application of nursing principles based on biological, physical, and social sciences. Professional skilled nursing includes any of the following:

1. The observation and recording of symptoms and reactions.

2. The execution of procedures and techniques in the treatment of the sick under the general or special supervision or direction of a physician, podiatrist licensed under Wis. Stat. ch. 448, dentist licensed under Wis. Stat. ch. 447, optometrist licensed under Wis. Stat. ch. 449, or under an order of a person who is licensed to practice medicine, podiatry, dentistry, or optometry in another state if the person making the order prepared the order after examining the patient in that other state and directs that the order be carried out in this state.
3. The execution of general nursing procedures and techniques.
4. The supervision of a patient and the supervision and direction of licensed practical nurses and less skilled assistants in accordance with Wis. Stat. ch. 441.

Nursing services may include the periodic assessment of the participant's medical condition when the condition requires a skilled nurse to identify and evaluate the need for medical intervention, or to monitor and/or modify the medical treatment services provided by non-professional care providers. Services may also include regular, ongoing monitoring of a participant's fragile or complex medical condition as well as the monitoring of a participant with a history of noncompliance with medication or other medical treatment needs.

Participants aged 18-21 must receive this service through the Medicaid State Plan per EPSDT.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

Exclusion includes services available through the Medicaid State Plan. The statewide IRIS-SDPC oversight agency provides review of the need for nursing services to ensure the need exceeds the Medicaid State Plan benefit limitations. Results of the analysis serve as the prior authorization for this service. DHS reviews all prior authorizations on a quarterly basis.

Provider Qualifications and Standards:

Agency-directed and individual registered nurses/licensed practical nurses must comply with licensing, accreditation and practice standards under Wis. Stat. ch. 441: <http://docs.legis.wisconsin.gov/statutes/statutes/441.pdf>.

Training Services for Unpaid Caregivers

Definition and Purpose

This service is the provision of training services for individuals who provide uncompensated care, training, companionship, supervision, or other support to participants.

Training includes instruction about treatment regimens and other services included in the participant's care plan, use of equipment specified in the service plan, and guidance as necessary to safely maintain the participant in the community. Training must be aimed at assisting the unpaid caregiver in meeting the needs of the participant. All training for individuals who provide unpaid support to the participant must be included in the participant's care plan.

Training furnished to individuals who provide uncompensated care and support to the participant must be directly related to their role in supporting the participant in areas specified in the care plan.

This service includes, but is not limited to, online or in-person training, conferences, or resource materials on the specific disabilities, illnesses, or condition that affect the participant for whom they care. The purpose of the training is for the caregiver to learn more about the participant's condition, what to expect, and how to provide the best care for someone with that specific condition. For example, training could be provided on effectively caring for a participant with dementia.

Training includes the costs of registration and training fees associated with formal instruction in areas relevant to the needs identified in the participant's care plan.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- This service may not be provided in order to train paid caregivers.



- This service does not cover teaching self-advocacy, which is covered under consumer education and training services.
- This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan.

Provider Qualifications and Standards:

This training must be provided by licensed, certified, or accredited professionals who maintain current credentials in their field of practice. For example, training could be provided by registered nurses, licensed mental health professionals, or licensed therapists.

Consultative Clinical and Therapeutic Services for Caregivers

Definition and Purpose

The purpose of consultative services is to improve the ability of unpaid caregivers and paid participant-hired workers to carryout therapeutic interventions.

Clinical and therapeutic services assist unpaid caregivers and/or paid participant-hired workers in carrying out the participant's treatment/support plans, are not covered by the Medicaid State Plan, and are necessary to improve the participant's independence and inclusion in their community.

The service includes assessments, development of home treatment plans, support plans, intervention plans, training and technical assistance to carry out the plans, and monitoring of the participant and unpaid caregiver/participant-hired worker in the implementation of the plans.

This service includes the provision of training for participant-hired workers that are or will be serving participants with complex needs (beyond routine care). For example, when an individual with complex needs is relocating from one of the state centers for the intellectually disabled, this service could be used to train unpaid caregivers/participant-hired workers on the behavioral support plans necessary for community integration.

This service may also include consultation with service providers and potential providers to identify resources that can meet the unique needs of the member and to identify additional supports necessary for unpaid caregivers/participant-hired workers to perform therapeutic interventions.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- Excludes training in participant self-advocacy or caregiver advocacy on behalf of a participant, which is covered under the Medicaid State Plan.
- This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan.

Provider Qualifications and Standards:

Employing or contracting with professionals with current state licensure or certification in their field of practice.

Specialized Transportation

Definition and Purpose

Specialized transportation services pay for the cost to transport a participant who does not have reasonable access to appropriate other transportation. The transportation maintains or improves the participant's mobility in the community, increases independence, and community participation, and prevents institutionalization. Community is broadly defined as, and is not limited to, the boundaries of any particular municipality.



Specialized transportation services provide transportation to participants who do not have access to unpaid transportation and are unable to safely transport themselves. IRIS specialized transportation is for non-medical, non-emergency, non-Medicaid (MA) transportation.

Use of natural or community supports to provide transportation services should be the utilization priority. Specialized transportation is an allowable IRIS program service when unpaid transportation is not available to participants to support community access to obtain services, use necessary community resources, and to participate in community life.

Specialized transportation services may include the pre-purchase or provision of such items as bus tickets, train passes, taxi vouchers, or other fare, or may include a direct payment to providers covering the cost of transportation. Services may include the payment of a participant account between the participant and the transportation provider who provides documentation of the trips provided for the specific time period.

A trip is defined as transportation of the participant from one location to another location. The participant must be physically present in the vehicle for half of the trip. A mileage rate does not include payment for mileage when the participant is not in the vehicle. For each time specialized transportation is used, either the predetermined trip rate OR the “per mile” rate must be used. The participant’s individual support and service plan must reflect the predetermined billing method and rate.

Specialized transportation may also be approved as mileage according to the Federal IRS rules related to mileage reimbursement and DHS-established limits. Mileage is calculated based on the starting and ending points and is approved by the number of miles needed. Mileage, when transporting more than one IRIS participant, must be split between the plans so that each mile is billed once. The IRIS mileage rate includes the cost of gasoline, oil, insurance, and all other car maintenance costs. The mileage rate does not include other costs such as wages paid to the driver or attendant.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- Specialized transportation cannot pay for the transportation to/from school, as this is an obligation of the school.
- The mileage reimbursement rate may not be supplemented to cover vehicle operating, maintenance, or repair costs.
- Vehicle adaptations and modifications are excluded (these are considered adaptive aids).
- Specialized transportation does not include the participant transporting self to a location.
- Specialized transportation excludes transportation mileage and other related expenses when the destination is a vacation. Renting a vehicle while on vacation is not an allowable expense.
- Specialized transportation excludes the mileage incurred when a caregiver runs errands and the participant is not in the vehicle (supportive home care).
- Excludes transportation services to and from Medicaid medical providers as such transportation is funded by the participant’s Medicaid ForwardHealth card through the state’s transportation broker.
- Costs for the participant or participant’s family to maintain a vehicle are excluded.
- IRIS Specialized transportation is for non-medical, non-emergency, non-MA transportation.

Individual Provider Qualifications and Standards:

- Individual or volunteer providers of transportation services must provide documentation of current liability insurance coverage, possess a valid driver’s license, and provide written assurance of the following:
 - The vehicle being used is mechanically sound, has properly functioning lights, safety, ventilation, and braking systems, and
 - The vehicle has properly inflated tires, without excessive wear.
 - All transportation providers meeting the definition of caregiver are subject to the required criminal, caregiver, and licensing background checks.

- Providers of specialized transportation services to IRIS participants must communicate with other providers within confidentiality laws about any occurrences or situations regarded as critical incidents.
- Providers of specialized transportation services to IRIS participants must promptly communicate with the IRIS consultant, and/or the county adult protective services unit, regarding any incidents, situations, or conditions that have endangered, or, if not addressed, may endanger the health or safety of the participant.

Agency Provider Qualifications and Standards:

- Authorized providers of this service include individuals with a valid driver's license and proof of current automobile insurance, mass transit providers, licensed taxi or common carriers, or licensed specialized transportation providers.
 - Mass transit—Wis. Stat. § 85.20: <http://docs.legis.wisconsin.gov/statutes/statutes/85/20>
 - Taxi or common carrier—Wis. Stat. § 194: <http://docs.legis.wisconsin.gov/statutes/statutes/194.pdf>
 - Specialized transportation provider—Wis. Stat. § 85.21 and Wis. Admin. Rule § DHS 61.45: https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/61/II/45
 - Providers must provide evidence that the vehicle style and condition can provide transportation safely.
 - Commercial carriers are those that provide public transportation (excluding city buses) and private transportation with an emphasis on only providing transportation as a service. Agency providers are those that provide transportation and other services, such as day services, prevocational services, residential services, etc.

Home-Delivered Meals

Definition and Purpose

Provision of home-delivered meals occurs when access to meals outside of the home is unrealistic or difficult to accomplish. Home-delivered meals intend to support the nutritional needs of IRIS participants living in a home or apartment who are without paid or natural supports to assist with meal preparation.

Provider costs of home-delivered meals may include: the planning of meals and purchasing of food, supplies, equipment, labor, and transportation costs associated with delivery of one or two meals per day to the participant's home. Participants in receipt of home-delivered meals may be unable to plan, prepare, or obtain nutritional meals without assistance or may be unable to manage a special physician-recommended diet. Generally, the provision of meals occurs in the participant's home.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- Excludes payment for meals at federally subsidized nutrition sites.
- Home-delivered meals may not meet that which constitutes a "full nutritional regimen" (i.e., three meals per day).

Provider Qualifications and Standards:

- Aging network agencies, hospitals, nursing homes, public schools, or restaurants are included as approved providers of home-delivered meals. Providers must be licensed food service providers or Older American's Act program providers, and comply with Wis. Admin. Code ch. DHS 196: https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/196_.pdf and Wis. Stat. ch. 254 <http://docs.legis.wisconsin.gov/statutes/statutes/254.pdf>.
- Hospitals and nursing homes must comply with Wis. Admin. Code chs. DHS 124, DHS 132, and DHS 134; aging network agencies must comply with Wis. Stat. § 46.82 (3); and restaurants must comply with Wis. Admin. Code ch. DHS 196.

AIDS, EQUIPMENT, AND SUPPLIES

Adaptive Aids

Definition and Purpose

Adaptive aids include controls or appliances that enable people to increase their ability to perform ADLs or control the environment in which they live (including patient lifts, control switches, etc.). Adaptive aids also provide services and material benefits that enable individuals to access, participate, and function in the community. These include the purchase of vehicle modifications (such as van lifts, hand controls, equipment modifications, etc.) that allow the vehicle to be used by the participant to access the community, or those costs associated with the maintenance or repair of these items.

Examples of adaptive aids include:

- Patient lifts
- Control switches
- Eating and cooking utensils
- Grabbers
- Toilet risers
- Shower chairs
- Grab bars
- Scald preventing showerhead
- Talking alarm clocks
- Accessible computer keyboard
- Lift chair
- Van lift
- Vehicle hand controls
- Wheelchair
- Cane
- Walker
- Wheelchair tray
- Adult tricycle
- Specialized furniture/mattress

This service may also include the initial purchase of a service animal and routine veterinary costs for a service animal. Wisconsin Stat. § 106.52(1)(fm) states: "Service animal" means a guide dog, signal dog, or other animal that is individually trained or is being trained to do work or perform tasks for the benefit of a person with a disability, including the work or task of guiding a person with impaired vision, alerting a person with impaired hearing to intruders or sound, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items.

The Americans with Disabilities Act states service animals are dogs (and in some cases, miniature horses) trained to perform major life tasks to assist people with physical disabilities. For a person to legally qualify to have a service dog, he/she must have a disability that substantially limits his/her ability to perform at least one major life task without assistance.

To qualify as a service dog, the dog must be individually trained to perform that major life task. All breeds and sizes of dogs can be trained as service animals. The federal American Disabilities Act (ADA) does NOT require certification or registration of service animals.

While no special accreditation is required by the state of Wisconsin, it is recommended that you strongly consider service dog certification training to realize the full potential of your assistance animal.

When required by the IRIS One Time Expense policy, a qualified assessor independent of the good or service requested must complete an accessibility assessment. The cost of this assessment is funded by the IRIS program and is not considered to be a cost to the participant's budget. Three viable provider estimates must be obtained and submitted with each request for an adaptive aid. In all cases, the provider with the most reasonable costs and the assurance of the appropriate level of quality will be selected.

Participants ages 18-21 must receive this service through the Medicaid State Plan per EPSDT.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- If IRIS funds pay for the installation of grab bars, the program considers such use of funds as a home modification and, consequently, the grab bars are not billed as adaptive aids.
- Durable medical equipment (DME) obtained through Wisconsin's approved Medicaid State Plan is excluded. IRIS funds may pay for aids exceeding the allowable Medicaid paid goods and services, or aids denied by Medicaid.
- Excludes food, grooming, and non-routine veterinary care for service animals based on DHS guidelines.

Provider Qualifications and Standards:

Additional qualifications and requirements include that adaptive aids must meet all applicable laws, regulations, and standards for the manufacture and design for safety and utility. Best practice suggests that to ensure participant safety, the installation or repair of adaptive aids should be completed by professional installers who can provide training and documentation.

Wisconsin Admin. Code § DHS 105.40: https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/105/40

Specialized Medical Equipment and Supplies

Definition and Purpose

Specialized medical and therapeutic supplies include items necessary to maintain the participant's health, manage a medical or physical condition, improve functioning, or enhance independence. The cost of items or devices provided may be in excess of the quantity of medical equipment or supplies covered under the Medicaid State Plan, when coverage of the additional items or devices is denied. Items or devices provided must demonstrate direct medical or remedial benefit to the participant.

Allowable items, devices, or supplies include:

- Incontinence supplies
- Wound dressings
- Intravenous or life support equipment
- Orthotics
- Nutritional supplements and associated supplies and equipment not covered under the Medicaid State Plan but needed for the participant to obtain adequate nutrition
- Vitamins
- Over-the-counter medications



- Skin conditioning lotions/lubricants

Additional allowable items may include books and other therapy aids designed to augment a professional therapy or treatment plan. Room air conditioners, air purifiers, humidifiers, and water treatment systems may be allowable when recommended or prescribed by the participant's physician.

Specific Exclusions and Exceptions:

Excludes items considered as and regulated by the federal Food and Drug Administration (FDA) as nutritional supplements unless specifically covered under this definition or under the Medicaid State Plan.

Individual Provider Qualifications and Standards:

All items and supplies shall meet applicable standards of manufacture, design, installation, safety, and treatment efficacy. Items purchased must meet a reasonable buyer expectation of quality and performance. Items considered DME must meet Wis. Admin. Rule § DHS 105.40: https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/105/40

Agency Provider Qualifications and Standards:

Authorized providers of these supplies include authorized DME providers and other certified Medicaid vendors. All items and supplies shall meet applicable standards of manufacture, design, installation, safety, and treatment efficacy. Items purchased must meet a reasonable buyer expectation of quality and performance. Items considered DME must meet Wis. Admin. Rule § DHS 105.40: https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/105/40

The DHS-approved three vendors to rent or sell medication management devices to IRIS participants. The IRIS program requires the use of the appropriate modifier for the telephone costs, according to the vendor selected.

Electronic Medication Compliance Management Devices

Definition and Purpose

Electronic medication compliance management devices include pieces of equipment that store a participant's medication, notify the participant when to take the medication, and dispense the correct medications at the appropriate time.

Medications are loaded into the device, which typically holds up to a month's supply of prescribed drugs. The device visually and audibly notifies the person when to take the medication. The device supports the dispensing of medication at the correct time of day, in correct combinations, in correct quantities, and with correct instructions (i.e., take with food). Some devices send telephonic warning alerts to caregivers while continuously tracking medication adherence and providing data for care management.

Electronic medication compliance management devices, including all components and accessories not otherwise classified, are allowable unless covered by the participant's Medicaid ForwardHealth card or other insurance. Devices can be purchased or rented according to purchase agreements established by DHS.

The devices require a telephone landline; therefore, if a telephone landline is not present in the home, installation and ongoing costs of that service may also be covered by the IRIS program.

Participants ages 18-21 must receive this service through the Medicaid State Plan per EPSDT.

Specific Exclusions and Exceptions

- Excludes items considered as regulated by the federal Food and Drug Administration (FDA) as nutritional supplements unless specifically covered under this definition or under the Medicaid State Plan.
- The IRIS program only utilizes DHS-approved vendors for electronic medication compliance management devices.



Provider Qualifications and Standards:

The DHS approved three vendors to rent or sell Medication Management devices to IRIS participants. The IRIS program requires the use of the appropriate modifier for the telephone costs, according to the vendor selected. The vendors include:

| | | |
|--|--|--|
| Philips Lifeline Contact: Audra Tella, Business Contracts Manager 111 Lawrence St. Framingham, MA 01720 1-800-368-2925 or 1-508-988-1868 | Simply Home, LLC Contact: Ian Sanders 1280 Hendersonville Rd. Asheville, NC 28803 1-877-684-3581 | Life Assist USA—A division of Advance 8608 University Green #1 Middleton, WI 53562 1-888-860-8098 or 1-608-831-1688 |
|--|--|--|

As part of the application process, the vendors also provide proposed costs for the installation, training, and monthly rental of the devices:

| | |
|---|---------------|
| Philips Lifeline | \$57.00/month |
| Simply Home, LLC | \$26.95/month |
| Life Assist USA – A division of Advance | \$44.95/month |

Communication Aids

Definition and Purpose

Assistive technology includes communication aids that are devices or services needed to assist with hearing, speech, communication, or vision impairments. The services assist the individual to communicate with service providers, family, friends, and the general public. Results of improved communication may include a decrease in reliance on paid staff, an increase in personal safety, an enhanced independence, and an improved social and emotional well-being.

Communication aids include: communication devices, speech amplifiers, aids and assistive devices, and cognitive retraining aids, and include costs related to the repair of these aids. Communication aids also include electronic technology such as tablets or mobile devices and related software that assists with communication. Applications for mobile devices or other technology are also covered under this service, when the use is primarily medical in nature or provides assistance to a person who needs such assistance due to his/her disabilities.

If the appropriate need is validated and documented, the purchase of a license for specific computer-based fonts that improve accessibility or ability to meet a long-term care outcome may be an eligible expense to be paid for with IRIS waiver funds. These types of requests will be reviewed and approved by DHS. An example of a font that may be approved is the Dyslexie font (<https://www.dyslexiefont.com/en/dyslexia-font/>). Individuals who are dyslexic may establish and justify a need for the purchase of a license to use this font.

This list is intended to be illustrative and is not exhaustive.

Specific Exclusions and Exceptions:

This excludes DME that can be obtained through Wisconsin's approved Medicaid State Plan.

Provider Qualifications and Standards:

Vendors of communication aids should meet the requirements in Wisconsin Medicaid Waiver Manual - Chapter IV—SPC 112.47 http://www.dhs.wisconsin.gov/bdds/waivermanual/waiverch04_10.pdf.



The providers of systems or devices purchased as communication aids shall ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Federal Communication Commission, etc.) and should be obtained from authorized and qualified dealers.

Items purchased must meet a reasonable buyer expectation of quality and performance.

Interpreter Language Translation Services

Definition and Purpose

Interpreter services are provided to people who have hearing impairments and need sign language translation in order to communicate with people in the community, employees, or others. Interpreters provide sign language services for participants with hearing impairments. IRIS funds may only be used when it is the responsibility of another party to provide this service.

Participants ages 18-21 must receive this service through the State Plan per EPSDT.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- Interpreter services may not be paid when provided by a spouse, relative, or guardian.
- Interpreter services required by a participant to interact with their IRIS consultant are considered administrative expenses and would not be considered a long-term care service.
- IRIS funds cannot be used to provide interpreter services that are the responsibility of another entity (school, court, hospital, etc.).

Provider Qualifications and Standards:

Qualifications and requirements for interpreter services are the responsibility of the participant to ensure that qualifications meet their needs.

A qualified interpreter for the deaf is a person certified by the National Registry of Interpreters for the Deaf or one who has successfully participated in the DHS Office for the Deaf and Hard of Hearing program, “Wisconsin Interpreting and Transliterating Assessment (WITA).”

Allowable foreign language interpreter services are those provided by a person recognized by the waiver program agency as proficient in the translation of the applicable language and instructed by the agency as to the privacy and confidentiality of the participant-related communication.

Electronic devices must meet UL or FCC standards.

Personal Emergency Response System (PERS)

Definition and Purpose

A PERS is a service that provides immediate assistance in the event of a physical, emotional, or environmental emergency through a community-based electronic communications device. The service provides a direct link to health or other service professionals, enabling the user to secure an immediate response by the activation of an electronic communications unit in the participant’s home.

Allowable items under this service may also include a cellular telephone and cellular service as an alternative to a land-based telephone PERS. Cell phone services offered free of charge should be used whenever possible. Several programs offer free wireless PERS supported, in part, by the federal government. If a landline is required for the operation of the PERS, the basic cost of the landline can be funded only when another landline is not already available. This service may include devices and services necessary for operation of PERS when otherwise not available. This service may also include installation, upkeep, and maintenance of devices or systems as appropriate.



Specific Exclusions and Exceptions:

The IRIS program excludes funding for the installation and/or monthly cost of landline service when a landline currently exists.

Provider Qualifications and Standards:

The PERS provider should assure the devices, where applicable, meet Federal Communication Commission performance standards. Electronic devices must meet UL Standards. Telephonic devices must meet FCC regulations.

The installation of the PERS should be completed by qualified installers representing the health agency managing the PERS. In the event of the unavailability of qualified installers, the agency should seek experienced technicians to complete necessary line adaptations.

TREATMENT RELATED

Counseling and Therapeutic Services

Definition and Purpose

Counseling and therapeutic services include the provision of professional, treatment-oriented services to address the participant's identified needs for physical, medical, personal, social, behavioral, cognitive, developmental, emotional, mental, or substance abuse treatment. The goal of treatment is to maintain or improve participant health, welfare or functioning, in the community.

Counseling and therapeutic resources may include: assistance adjusting to aging and disability, which includes understanding capabilities and limitations; assistance with interpersonal relationships; recreational therapy; music therapy; art therapy; nutritional counseling; medical and legal counseling; grief counseling; weight counseling (except for Medicare participants); massage therapy; aquatic therapy; and health club memberships. Services provided in a camp setting require specific coding.

Therapies or treatment services may be provided in a natural setting or in a service provider's office and includes therapies or treatments provided by state-licensed or certified medical professionals or practitioners of the healing arts, not available under the Medicaid State Plan. Costs associated with memberships, parking, passes, and fees directly related to the long-term care outcomes of the participant and to the counseling or therapy received are included in this service.

Counseling and therapeutic services must meet clearly defined outcomes, be proven effective for the member's condition or outcome, and be cost effective. Any alternative therapies and treatments must meet DHS requirements.

Participants ages 18-21 must receive this service through the Medicaid State Plan per EPSDT.

Specific Exclusions and Exceptions (list NOT all-inclusive):

- Inpatient services
- Services provided by a physician
- Services available through the Medicaid State Plan or covered by other insurance, including Medicare
- Attendant costs, to assist participants in attending counseling and therapeutic sessions

Provider Qualifications and Standards:

Agencies or individuals providing counseling and therapeutic services must be appropriately licensed or certified in the State of Wisconsin per Wisc. Admin. Rule § DHS 61.35, found at:

https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/61/II/35



Only competent and qualified providers may provide services to participants. Alternative therapies and treatments must be provided by licensed professionals who maintain current Wisconsin state licensure or certification in their field of practice.

When these services are provided by trained technicians, therapy assistants, or other specially trained persons who do not require state licensure or certification, careful consideration of implementation of services must occur to prevent adverse consequences on the health and safety of the participant.

Participant Education and Training

Definition and Purpose

Consumer education and training services are designed to help a person with a disability develop self-advocacy skills, support self-determination, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services; includes education and training for participants, their caregivers, and/or legal representatives that is directly related to building or acquiring such skills. Covered expenses may include enrollment fees, books, and other educational materials and transportation related to participation in training courses, conferences, and other similar events. Excludes educationally related services available under Individuals with Disabilities Education Act (IDEA) (20 U.S.C.1401 et seq.) or other relevant funding sources.

Providers must have expertise in problem solving, self-advocacy skills development, self-determination, community integration, financial management, and decision-making.

Covered services may include: enrollment fees, books, and other educational materials; transportation related to participation in trainings, courses, conferences, and other similar events addressing the objectives of this service category.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- Education/training costs exceeding \$2500 per participant annually.
- Payment for hotel and meal expenses while participant or their legal representatives attend allowable training/education events.
- Excludes all forms of college tuition.

Provider Qualifications and Standards:

The participant ensures competent and qualified providers of participant education and training services hold the necessary required credentials. Certification from the Department of Public Instruction is required if the individual is a teacher.

DAY SERVICES

Adult Day Care

Definition and Purpose

Adult day care services include the provision of services, part of a day, in a non-residential group setting, to adults needing an enriched social or health-supportive experience or needing assistance with ADLs, supervision, and/or protection.

Services may include: personal care and supervision; light meals; medical care and transportation to and from the day care site. Transportation between the individual's place of residence and the adult day care center may be provided as a component of adult day health services. The cost of transportation is included in the rate paid to providers of adult day

health services. Meals provided as part of adult day care may not constitute a "full nutritional regimen" (three meals per day). For providers of this service, Wis. Stat. § 49.95 applies.

Special services, such as bathing, at the adult day care site may also be included in this category, if not already included in the program fee. Funding for adult day care is separate from the substitute care rate. Adult day care is permissible for up to eight hours per day.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- Adult day care services provided as part of the residential facility program cannot be paid separately as adult day care as this represents billing twice for the same service and violates the Medicaid rule requiring providers to accept one single payment as payment in full.
- Adult day care cannot be provided within a substitute care setting.
- Adult day care is available up to eight (8) hours per day.

Provider Qualifications and Standards:

Persons providing these services shall comply with all relevant provisions of Chapter IV of the Medicaid Waivers Manual SPC 102—Adult Day Care: <https://www.dhs.wisconsin.gov/waivermanual/index.htm>.

Adult day care must be provided in a state-certified facility. Providers of services are governed by the certification standards for adult day care issued by the DHS/DQA.

Certification Standards for Adult Day Care for six or fewer people can be found at: <https://www.dhs.wisconsin.gov/forms1/f6/f62611.doc>.

Certification Standards for adult day care for more than six people can be found at: <https://www.dhs.wisconsin.gov/forms1/f6/f60947.doc>.

Day Services

Definition and Purpose

Day service programs provide regularly scheduled, individualized skill development activities to participants. Services must be provided in a non-residential setting separate from the participant’s private residence or other residential living arrangement. Program goals may include assistance with acquisitions, retention, or improvement in self-help, socialization, and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence, and personal choice. Services are furnished consistent with the participant’s person-centered plan. Day services focus on enabling the participant to attain or maintain his or her maximum potential and shall be coordinated with any needed therapies in the individual’s person-centered plan. Services may occur in a single physical environment or multiple environments or in the community at-large.

Community-based services take place in the community (and not in a facility) where interaction with people without disabilities could occur. Facility-based services take place in a facility, such as a day program, a prevocational center or a senior center.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- Services may occur in a single physical environment, multiple environments or in the community at-large as long as the setting meets setting compliance.
- Day services may not provide for the payment of services that are vocational in nature (i.e., for the primary purpose of producing goods or performing services).



- For participants with degenerative conditions, day services may include training and supports designed to maintain skills and functioning and to prevent slow regression, rather than acquiring new skills or improving existing skills.
- Day services may be used to provide supported retirement activities. As some participants get older they may no longer desire to work and may need supports to assist them in meaningful retirement activities in their communities. This may involve altering schedules to allow for more rest time throughout the day, support to participate in hobbies, clubs, and/or other senior-related activities in their communities.
- Participants who receive day services may also receive educational, supported employment, and prevocational services. An individual's participant-centered plan may include two or more types of non-residential services. However, different types of non-residential services may not be billed during the same period of the day.
- Service provisions typically occur four or more hours per day, up to five days per week, outside the home of the participant. Services may occur in a single physical environment, multiple environments or in the community.

Provider Qualifications and Standards:

The participant should ensure that only competent and qualified providers of day services, with the appropriate expertise, training, and background, receive payment with IRIS funds per Wis. Admin. Code ch. DHS 61:

https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/61/II/41. Providers certified by the Rehabilitation Accreditation Commission for Activity Services may use this certification as evidence of qualification.

EMPLOYMENT

Supported Employment—Individual

Definition and Purpose

Supported employment—individual services are the ongoing supports to participants who, because of their disabilities, need intensive ongoing support to obtain and maintain an individual job in competitive or customized employment or self-employment, including home-based self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Supported employment services can be provided through many different service models. Some of these models can include evidence-based supported employment or customized employment for individuals with significant disabilities.

Customized employment means individualizing the employment relationship between employees and employers in ways that meet the needs of both. It is based on an individualized determination of strengths, needs, and interests of the person with a disability, and is also designed to meet the specific needs of the employer. It may include employment developed through job carving, self-employment, or entrepreneurial initiatives or other job development or restructuring strategies that result in job responsibilities being customized and individually negotiated to fit the needs of participants.

In a self-directed supported employment individual employment support model, participants may hire their own job coaches and employment support staff, rather than relying exclusively on agency-based staffing models. This model of support may be particularly useful as participants seeking to expand the pool of people who can provide individual supported employment supports and services to include friends, family members, coworkers, and other community members that do not view themselves as part of the traditional Medicaid provider employment supports workforce.

The outcome of this service is sustained, paid employment at or above the minimum wage in an integrated setting within the general workforce, in a job that meets personal and career goals. Supported employment services are individualized and may include any combination of the following services: vocational/job-related discovery or assessment, person-centered employment planning, job placement, job supports, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instruction, job coaching, benefits support, training and planning, asset development, transportation and career advancement services, and tools/equipment needed to work effectively. Other

workplace support services, including services not specifically related to job skill training, may also be provided based on the needs of the specific participant served that enable the participant to be successful in integrating into the job setting.

Supported employment-individual employment supports may be provided by a coworker or other job site personnel provided that the services that are furnished are not part of the normal duties of the co-worker, supervisor, or other personnel and these individuals meet the qualifications established below for individual providers of service. Employers may be reimbursed for supported employment services provided by coworkers. This is referred to as a “paid co-worker supporter.” Paid co-worker supports on the job have proven to be less intrusive than a typical job coaching situation as well as providing a more inclusive and integrative environment for the participant.

The cost of transportation for a participant to get to and from a supported employment site may be included in the reimbursement paid to the supported employment provider, or may be covered and reimbursed under specialized transportation, but not both. All providers of transportation shall ensure that the provider qualifications for specialized transportation are met.

Self-directed personal care provided to a participant by their personal care worker during the receipt of supported employment services may be included in the reimbursement paid to the supported employment provider, or may be covered and reimbursed under the waiver service personal care, but not both. All providers of personal care shall meet the personal care provider qualifications.

Supported employment-individual employment support may include services and supports that assist the participant in achieving self-employment and operating a microenterprise; however, IRIS waiver funds may not be used to defray the expenses associated with starting up or operating a business. Assistance for self-employment may include: (a) aiding the participant to identify potential business opportunities; (b) assistance in the development of a business plan, including identifying potential sources of business financing and other assistance in developing and launching a business; (c) identification of the supports that are necessary in order for the participant to operate the business; and (d) ongoing assistance, counseling, and guidance once the business has been launched.

A participant’s person-centered plan may include two or more types of non-residential services. Other workplace support services, including services not specifically related to job skill training, may also be provided based on the needs of the specific participant served.

Supported employment includes benefits counseling, a service for people considering employment, or with current employment and experiencing changes (e.g., pay raises, increased hours, and additional benefits). Benefits counseling provides people with information to make informed decisions about employment options. Work incentive benefit counseling may be provided by a work incentive benefits specialist (WIBS). The WIBS may practice independently or work for independent living centers, community rehabilitation providers, or nonprofit organizations. Although no formal licensure requirement exists for WIBS, an association exists, Work Incentive Benefits Specialist Association (WIBSA). Information, including a list of association members, can be found at <http://www.wibsa.org>. WIBS counseling can be funded within the Supported Employment or Vocational Futures Planning and Support waiver, as long as the participant is not also receiving the service through the Department of Vocational Rehabilitation (DVR). If the IRIS participant is actively working with DVR, the ICA staff should support the IRIS participant to express the need for this service to his/her DVR counselor.

DHS ensures that prevocational, educational, and supported employment services or a combination of these services, if provided as habilitation services under the waiver, are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- Waiver funds may not be used to defray expenses associated with starting up or operating a self-employment business.



- Supported employment-individual supports do not include payment for supervision, training, support, and adaptations typically available to other nondisabled workers filling similar positions in the business. IRIS is the funding source of last resort for employment services.
- If the participant has an open case with Wisconsin DVR, those funds must be used before any IRIS funds.
- The state assures that prevocational, educational, or supported employment services, or a combination of these, if provided as habilitation services under the waiver, are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.
- Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as:
 - Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or
 - Payments that are passed through to users of supported employment services.
 - Supported employment-individual employment supports do not include volunteer work.
 - Different types of nonresidential services may not be billed for the same period of time.
 - Vocational services provided in facility-based work settings or other types of vocational services furnished in specialized facilities that are not part of general community work places.

Provider Qualifications and Standards:

Providers of Supported Employment services must meet the applicable standards set forth by the Wisconsin DVR.

Information on the certification requirements for DVR can be found at:

https://dwd.wisconsin.gov/dvr/service_providers/agreement_for_services.pdf.

As best practice, providers should meet National APSE's Supported Employment Competencies relevant to particular aspect(s) of supported employment being provided.

For self-employment, providers must have knowledge of the unique needs/preferences of the participant and knowledge of self-employment best practices.

In addition, the provider must comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA).

Supported Employment-Group

Definition and Purpose

Supported employment-small group employment support are services and training activities provided in regular business, industry, and community settings for groups of two (2) to eight (8) workers with disabilities. Mobile crews and other business-based workgroups employing small groups of workers with disabilities in employment in the community are considered small group employment support. Supported employment-small group employment support must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces. A required outcome of this service is sustained paid employment and work experience leading to further career development and individual, integrated, community-based employment for which a participant is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Small group employment support does not include vocational services provided in facility-based work settings.

Participants receive the tools, resources, and information annually to assist in making an informed choice about which supports and services to select to meet their employment-related outcomes during the person-centered planning process. Participants should consider group supported employment services only when individual options are unavailable or the



person's preference is group services. The appropriateness of the selected supports and services are reviewed annually at minimum.

Supported employment-small group employment supports may include any combination of the following services: vocational/job-related discovery or assessment, person-centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, training and systematic instruction, job coaching, benefits support, training, and planning transportation, and career advancement services. Other workplace support services may include services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting.

The outcome of small group supported employment support service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

The cost of transportation for a participant to get to and from a small group supported employment site may be included in the reimbursement paid to the supported employment provider, or may be covered and reimbursed under specialized transportation, but not both. All providers of transportation shall ensure that the provider qualifications for specialized transportation are met.

Self-directed personal care provided to a participant by his/her personal care worker employee during the receipt of small group supported employment services may be included in the reimbursement paid to the supported employment provider, or may be covered and reimbursed under the waiver service personal care, but not both. All providers of personal care shall meet the personal care provider qualifications.

A participant's person-centered plan may include two or more types of nonresidential services.

Supported employment-small group employment support services may be provided by a coworker or other job site personnel provided that the services that are furnished are not part of the normal duties of the coworker, supervisor, or other personnel and these individuals meet the pertinent qualification of the providers of service.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- Supported employment -small group employment supports do not include payment for supervision, training, support, and adaptations typically available to other nondisabled workers filling similar positions in the business. IRIS is the funding source of last resort for employment services.
- If the participant has an open case with Wisconsin DVR, those funds must be used before any IRIS funds.
- The state assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver, are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.
- Federal financial participation is not claimed for incentive payments, subsidies or unrelated vocational training expenses such as:
 - Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or
 - Payments that are passed through to users of supported employment services
 - Supported employment-small group employment support does not include vocational services provided in facility-based work settings or other similar types of vocational services furnished in specialized facilities that are not a part of general community workplaces.
 - Supported employment-small group employment does not include volunteer work.
 - Different types of nonresidential services may not be billed for the same period of time.
 - Vocational services provided in facility-based work settings or other types of vocational services furnished in specialized facilities that are not part of general community work places.

Provider Qualifications and Standards:

Providers of Supported Employment services must meet the applicable standards set forth by the Wisconsin DVR. Information on the certification requirements for DVR can be found at: https://dwd.wisconsin.gov/dvr/service_providers/agreement_for_services.pdf.

As best practice, providers should meet National APSE's Supported Employment Competencies relevant to particular aspect(s) of supported employment being provided.

In addition, the provider must comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA).

For self-employment, providers must have knowledge of the unique needs/preferences of the participant and knowledge of self-employment best practices.

Vocational Futures Planning and Support (VFPS)

Definition and Purpose

VFPS is a person-centered, team-based, comprehensive employment planning and support service that provides assistance for waiver program participants to obtain, maintain, or advance in employment or self-employment/microenterprise.

The agency providing VFPS services will ensure that the following service strategies are available as needed to the participant with the development of an employment plan based on:

- An individualized determination of strengths, needs, and interests of the individual with a disability.
- Identification of the barriers to work, including an assistive technology prescreen or in-depth assessment.
- Identification of the assets a member brings to employment.
- Benefits analysis and support.
- Resource team coordination.
- Career exploration and employment goal validation.
- Job-seeking support, with an emphasis on competitive, integrated employment opportunities.
- Job follow-up and long-term support.

VFPS must be provided by qualified professionals that include, for example, an employment specialist, a benefits specialist, and an assistive technology consultant. When this service is provided, the participant's record must contain activity reports, completed by the appropriate VFPS team member(s), within 30 days of completing a particular service strategy. When ongoing support is provided, monthly ongoing support reports must be completed by the provider of the ongoing support and provided to the participant. The IRIS consultant will ensure that these reports are included as part of the participant's record.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- VFPS furnished under the waiver excludes services available from a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).
- VFPS excludes services provided as prevocational or supported employment. Such services may be used to supplement, but may not duplicate any VFPS services provided under the waiver.

Provider Qualifications and Standards:

VFPS must be provided by qualified professionals including; for example, an employment specialist, a benefits specialist, and an assistive technology consultant.

All VFPS team members shall maintain the skills and knowledge typically acquired through the completion of an advanced degree in human services or an equivalent combination of education and experience, with ongoing training and technical assistance appropriate to their specific specialty.

Providers of vocational services must meet the applicable standards and process requirements set by the Wisconsin DVR. Information on the provider requirements for DVR can be found at:

http://dwd.wisconsin.gov/dvr/service_providers/default.htm.

Prevocational Services

Definition and Purpose

Prevocational services are services that provide learning and work experiences, including volunteer work, where the participant can develop general, on-the-job, task-specific skills that contribute to employability in paid employment in integrated community settings.

Services are expected to occur over a defined period of time and with specific outcomes to be achieved, as determined by the participant and his/her IRIS consultant through an ongoing, participant-centered planning process and only until integrated community employment can be obtained. Participants receiving prevocational services must have integrated employment-related goals with clearly defined benchmarks in their participant-centered services and support plan. Services are expected to specifically involve strategies that enhance a participant's employability in integrated community settings. Competitive employment and/or supported employment are considered successful outcomes of prevocational services.

Prevocational services should enable each participant to attain the highest possible wage and to work in the most integrated setting and with the job matched to the participant's interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines. Services are intended to develop and teach general skills that lead to employment, including but not limited to:

- The ability to communicate effectively with supervisors, coworkers, and customers.
- The understanding of generally accepted community workplace conduct and dress.
- The ability to follow directions.
- The ability to attend to tasks.
- Workplace problem solving skills and strategies.
- General workplace safety and mobility training.

Support of employment outcomes is a part of the participant-centered planning process, which must be directed by the individual and may include a representative whom the individual has freely chosen and others chosen by the individual to contribute to the process. This process includes identification of the participant's personal long-term care outcomes and identification of services and items, including prevocational services and other employment-related services that advance supports available to achieve a competitive employment and/or supported employment outcome.

Participants who receive prevocational services during some days or parts of days may also receive supported employment, educational, or day services at other times.

Participants participating in prevocational services may be compensated, in accordance with applicable Federal laws and regulations, but the provision of prevocational services is intended to lead to a permanent, integrated employment situation. Prevocational services should be designed to create a path to integrated, community-based employment for



which an individual is compensated at or above minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Prevocational service providers offer paid work opportunities incidental to the delivery of prevocational services following OSHA health and safety standards and prohibit unpaid contract work or engaging in training that involves doing unpaid contract work.

Participation in prevocational services is not a required prerequisite for supported employment services provided under the waiver. Prevocational services should be provided in the most integrated setting preferred by the participant, and may be provided in a variety of community locations including, but not limited to, work centers operated by community rehabilitation programs (CRPs). Some example sites may include a private employer, a nonprofit community organization or site, local government offices, and others.

If the individual has not successfully achieved and maintained integrated employment within two years, although demonstrable, reasonable, and continued progress has been made, the participant and IRIS consultant must meet to determine what actions have been taken and which have been successful or unsuccessful and a new action plan must be developed that reflects the discussion.

IRIS funds may fund Project SEARCH under prevocational services. Project SEARCH is a 9-to-12-month program that provides training and education leading to integrated employment for individuals with disabilities. Project SEARCH serves as a workforce alternative for students in their last year of high school. Interested participants need to apply for the program and if accepted can request IRIS funds to compliment DVR funds for the program. Project SEARCH is based on a partnership that includes a local business, a school, DVR, a vocational services agency, and a disability services agency. Each day, accepted students report to the host business, learn employability skills in the classroom, and job skills while participating in three to four internships during the year.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- Prevocational services by definition are time-limited. Individuals requesting prevocational services must indicate a goal of integrated employment and must justify that the prevocational service is building the skills needed to attain an integrated/competitive job.
- Waiver funding is not available for the provision of vocational services delivered in facility-based or sheltered workshop settings, where individuals are supervised for the primary purpose of producing goods or performing services.
- Prevocational services furnished under the waiver are not available under a program funded under §§ 602(16) and (17) of the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1401(16 and 17). Prevocational services may be provided to supplement, but may not duplicate services provided under supported employment or vocational futures planning and support services provided under the waiver. IRIS is the funding source of last resort for employment services. If the participant has an open case with Wisconsin DVR, those funds must be used before any IRIS funds.
- The state assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver, are: (1) not otherwise available to the individual through a local educational agency under IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.
- If the transportation to the prevocational service is provided by the prevocational services provider, the cost of this transportation is included in the rate paid to the provider. Transportation may be provided between the participant's place of residence and the site of the prevocational services or between prevocational service sites (in cases where the participant receives prevocational services in more than one place) either as a component part of prevocational services or under specialized transportation, but not both. All providers of transportation shall ensure that the provider qualifications for specialized transportation are met.
- Personal care provided to a participant during the receipt of prevocational services may be included in the reimbursement paid to the prevocational services provider, or may be covered and reimbursed under the waiver service supportive home care or state plan personal care, but not both. All providers of supportive home care or personal care shall meet the appropriate provider qualifications.

- Only activities or assistive technology that contribute to the participant's work experience, work skills, or work-related knowledge that leads to paid integrated employment in the community can be included in prevocational services.

Provider Qualifications and Standards:

Providers of prevocational services must meet the applicable standards and process requirements set by the Wisconsin DVR. Information on the provider requirements can be found at:

https://dwd.wisconsin.gov/dvr/service_providers/agreement_for_services.pdf.

All providers of supportive home care or personal care shall meet the appropriate provider qualifications. All providers of transportation shall ensure the provider qualifications for specialized transportation are met.

Participants must adhere to 42 CFR 440.180(c)(2)(i), including if the participants receive prevocational services, they are compensated at less than 50% of minimum wage.

Services must be reviewed semiannually to determine if progress is being made toward achieving community-based integrated employment goals and if prevocational services remain the most appropriate for the participant.

There shall be a direct service staff person, or persons, who shall possess skills and knowledge that typically would be acquired through:

- A course of study that would lead to a bachelor's degree in one of the human services; or
- A minimum of 2 years of academic, technical, or vocational training consistent with the type of work to be supervised; or
- A minimum of 2 years' experience in a work situation related to the type of work supervised; or
- Additional staff or consultants who are knowledgeable and skilled in adapting or modifying equipment and environments, and the application of special equipment for persons with physical disabilities, shall be available, as needed.

Prevocational services shall include remunerative work including supervision and instruction in work tasks and observance of safety principles in a realistic work atmosphere. A realistic work atmosphere is most effectively provided within a community jobsite setting, whenever possible.

The organization of work shall embody awareness of safe practices and the importance of time and motion economy in relation to the needs of individuals being served.

Information concerning health and special work considerations of participants should be taken into account and shall be clearly communicated in writing to supervisory personnel.

Vocational counseling must be available.

The agency offering prevocational services shall maintain provisions either within its parent organization or through cooperative agreements with DVR or other job-placing agencies, for the placement of any individuals served into integrated community jobs. Individuals shall be informed of the availability of placement and supported employment services in the integrated competitive industry.

The agency offering prevocational services shall maintain payroll sub-minimum wage certificates and other records for each participant employed in compliance with the Fair Labor Standards Act.

The agency offering prevocational services shall provide the participant with effective and accessible grievance and complaint procedures.

Prevocational services shall be provided as recommended in the individual service plan and supported by an integrated employment goal in an approved setting.

Must also be a qualified provider of supported employment services.



OTHER

Customized Goods and Services

Definition and Purpose

Customized goods and services refers to a service, support, or good that addresses a participant's assessed long-term support need, enhances the participant's opportunities to achieve long-term care outcomes related to living arrangement, relationships, community inclusion, work or functional or medical status with respect to a long-term support need.

Each service, support, or good selected must address a long-term support need and must meet all of the following criteria:

- The item or service is designed to meet an assessed long-term support need related specifically to the participant's functional, vocational, medical, or social needs. The item or service must also contribute to the achievement of the identified long-term care outcomes in his/her individual support and service plan (ISSP).
- The service, support, or good is documented on the ISSP.
- The service, support, or good is not prohibited by federal and state statutes and regulations, or guidance including the state's procurement code.
- The service, support, or good is not reasonably available through another source (natural, community-based).
- The service, support, or good is not available through Medicaid, Medicare, or HCBS Waiver Services.
- The service, support, or good is not experimental (as defined in Wis. Admin. Rule § DHS 107.035): http://docs.legis.wisconsin.gov/code/admin_code/dhs/101/107/135.

Each service, support, or good selected must meet at least one of the following criteria:

- The service, support, or good will maintain or increase the participant's safety in the home or community environment.
- The service, support, or good will decrease or prevent increased dependence on other Medicaid-funded services to meet a long-term support need.
- The service, support, or good will maintain or increase the participant's functioning related to the disability.
- The service, support, or good will address a long-term support need and will maintain or increase the participant's access to or presence in the community.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

Items, goods, or services that are not for the direct benefit of the participant or to treat a participant's disability-related, long-term care need are not allowed.

Provider Qualifications and Standards:

The participant should ensure that only competent and qualified providers of goods and services with the appropriate expertise, training, and background are paid with IRIS funds.

Support Broker

Definition and Purpose

A support broker is an individual who assists participants in planning, securing, and directing self-directed supports.

The services of a support broker are paid for from the participant's self-directed supports budget authority. Support brokers must be independent of any other waiver service provider. Support brokers are subject to caregiver and criminal



background checks. A support broker shall be knowledgeable of the local service delivery system and local community-integrated services and resources available to the participant. A support broker shall also be knowledgeable of the typical kinds of needs of persons in the participant's target group. The participant and the IRIS consultant agencies are responsible to assure that a support broker selected by the participant has the appropriate knowledge.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

Excludes activities included under IRIS Consultant Services or Fiscal Employer Agent services.

Provider Qualifications and Standards:

An individual may be considered a qualified support broker only when they demonstrate adequate knowledge of the unique needs/preferences of the participant and the participant's specific target group, and they have knowledge of the local service delivery system and local resources available to the participant. Criminal and caregiver background checks are required. The participant can decide the amount and type of training they require of the support broker.

Home Modification

Definition and Purpose

Home modifications include services designed to assess the need for, arrange for, and provide modifications and/or improvements to a participant's residence that address a need identified to improve health, safety, accessibility or provide for the maximization of independent functioning. Home modifications are generally permanent fixtures/changes to a physical structure. Home modifications include the cost of the permit to authorize the changes, the materials, and services needed to complete the installation of specific equipment, the modification of the physical structure or the reconfiguration of essential systems within the home. Only the most economical approach to achieve the outcome is considered.

Home modifications are considered a one-time expense. Home modifications are generally not available in rental units as the IRIS program is not responsible for modifying a rental unit. Items considered portable (portable ramp) are defined as adaptive aids. Home modifications may include adaptations including, but not limited to:

- Ramps (fixed), ramp extensions, and platforms
- Porch/stair lifts
- Doors/doorways, door handles/door opening devices
- Adaptive door bells, locks/security items or devices
- Plumbing, electrical modifications related to adaptations
- Medically necessary heating, cooling, or ventilation systems
- Shower, sink, tub, and toilet modifications
- Faucets/water controls
- Accessible cabinetry, counter tops, or work surfaces
- Grab bars (see exception below), handrails, accessible closets
- Smoke/fire alarms and fire safety adaptations
- Adaptive lighting/light switches
- Flooring and/or floor covering to address health and safety
- Wall protection
- Voice, light, or motion-activated devices that increase the participant's self-reliance and capacity to function independently

Modifications not specifically described above may be approved if the item or service meets the definition and the standards for allowable home modifications. DHS or the IRIS consultant agencies determine if the modification is waiver allowable and notify the participant of the decision.

Home modifications must be necessary to address disability-related, long-term care needs that increase self-reliance and independence or to ensure safe, accessible means of ingress/egress to a participant's living quarters or to otherwise provide safe access to rooms, facilities, or equipment within the participant's living quarters, or adjacent buildings that exist as part of the residence. Only those modifications determined as the most cost-effective approach to meeting the participant's long-term care related outcomes receive funding approval.

A qualified assessor, independent of all contractors, must complete an accessibility assessment. The cost of this assessment is funded by the IRIS program and not considered a cost to the participant's budget. Three viable provider estimates must be obtained and submitted with each request for a home modification. In all cases, the provider with the most reasonable costs and assurance of the appropriate level of quality is selected.

Home modifications made prior to a person leaving an institutional setting cannot be paid for until the person leaves the institution and is enrolled in the IRIS program with a plan start date.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- Modifications that increase the square footage of a privately owned residence may be allowed when this circumstance is a more cost-effective option to meet the participant's long-term care outcome. Increases in square footage will only be considered when there is documented evidence of the cost effectiveness of this option versus remodeling this existing footprint of the residence.
- Modifications not recommended in the accessibility assessment are excluded.
- Modifications without the most cost-effective approach to meeting the participant's long-term care related outcomes are excluded.
- Modifications proposed to modify a rental unit are generally excluded.
- Home modifications made prior to a person leaving an institutional setting cannot be paid for until the person leaves the institution and is enrolled in the IRIS Waiver with a plan start date.
- Quotations from at least three providers must be obtained and submitted with the request for the home modification for modifications with costs exceeding an amount set annually by the DHS. In all cases, the provider with the most reasonable costs and the assurance of the appropriate level of quality will be selected.

Provider Qualifications and Standards:

Completion of home modifications must occur according to American Disability Act (ADA) standards. If the project cannot meet ADA requirements, additional review and approval is required.

The provider and designers of any home modifications must meet all applicable state and local requirements for professional licensure for building contractors, plumbers, electricians, engineers, or any other building trades.

All modifications must occur in accordance with any applicable local and state housing building codes and are subject to any inspection required by the municipality responsible for administration of the codes.

SUPPORTS FOR SELF-DIRECTION

IRIS Consultant Services

Definition and Purpose

IRIS Consultant Services are services/functions that assist the participant and/or legal representative in identifying immediate and long-term needs, developing options to meet those needs, and accessing identified supports and services. All participants have the right to select their IRIS consultant by viewing consultant biographies and choosing the individual who best meets their needs. The IRIS consultant assists the participant and/or legal representative in developing person-centered outcomes and ISSPs; and facilitates the processing of all ISSPs and plan updates.

Practical skills training is offered to enable participants to independently direct and manage waiver services and participant-hired workers. Examples of skills training include providing information on recruiting, hiring, and managing participant-hired workers, and providing information on effective communication and problem solving. IRIS consultant services include providing the tools, resources, and information to participants to ensure participants make the most informed choice about their long-term care outcomes, supports, and services as well as understand the responsibilities involved with directing services. The IRIS consultant is not responsible to directly coordinate services, hire, manage, schedule, train, or terminate participant-hired workers.

Through this service, the IRIS consultant provides the participant with the following tools, resources, and information:

- Person-centered planning and its application
- The range and scope of individual choices and options
- The process for changing the ISSP and individual budget
- The grievance process
- Risks and responsibilities of self-direction
- Freedom of choice of providers
- Individual rights
- The reassessment and review schedules
- Other subjects pertinent to the participant and/or family in managing and directing services

Assistance may be provided to the participant with:

- Defining goals, needs, and preferences
- Identifying and accessing services, supports, and resources
- Practical skills training (e.g., how to hire, manage, and terminate workers, problem solving, conflict resolution)
- Developing an emergency backup plan
- Recognizing and reporting critical events
- Providing assistance in filing grievances and complaints when necessary
- Other areas related to managing services and supports

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

Providers of Consulting Services cannot provide other Wisconsin long-term care waiver services to the same participant.

Provider Qualifications and Standards:

IRIS consultant agencies are certified using the DHS IRIS Consultant Agency Certification Criteria and Process.

IRIS consultant agencies shall ensure that all individuals providing consultant services meet the criteria specified within the certification criteria:

1. IRIS consultants shall:

- Be at least 18 years of age
- Possess a minimum of a Bachelor's degree in social work, psychology, human services, counseling, nursing, special education, or a closely related field
- Have one year of supervised experience working with seniors and/or people living with disabilities
- Complete all required IRIS orientation and training courses
- Pass a nationwide caregiver criminal history screening pursuant to the DHS's caregiver policy

OR

2. IRIS consultants shall:

- Be at least 18 years of age
- 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
- Complete all required IRIS orientation and training courses
- Pass a nationwide caregiver criminal history screening pursuant to the DHS's caregiver policy

OR

3. Current IRIS consultants in good standing who do not meet the above criteria may petition DHS to receive an exemption. These consultants must also pass a nationwide caregiver and criminal history screening pursuant to DHS policy and complete all required IRIS orientation and training courses as outlined in Appendix F of the IRIS Consultant Agency Certification Criteria.

IRIS consultant agencies will ensure that hired consultants have the following attributes to aid in their success as a consultant: be well-organized, have good written and oral communication skills, have knowledge of community resources, have effective critical thinking abilities, have effective negotiation skills, have sufficient knowledge of technology to be able to use and teach others to use the IRIS Self-Directed Information Technology System (ISITS), and the ability to provide excellent customer service.

IRIS consultant agencies will ensure all employees providing consultant services attend all state-required orientation and trainings and demonstrate knowledge of and competence with the IRIS policies and procedures, philosophy, including self-direction, financial management processes and responsibilities, behavior management, risk and needs assessments, person-centered planning and service plan development, and adhere to all other training requirements as specified by the state. Training requirements are further clarified in Appendix F of the IRIS Consultant Agency Certification Criteria.

Fiscal Employer Agent Services

Definition and Purpose

Fiscal employer agent services include services/functions that assist the participant and/or legal representative in:

1. Managing and directing the disbursement of funds contained in the participant-directed budget related to the payment of participant-hired workers.
2. Facilitating the employment of participant-hired workers by the family or participant by performing as the participant's agent with employer responsibilities such as processing payroll; withholding federal, state, and local tax; withholding garnishments as necessary; and making tax payments to appropriate tax authorities.
3. Performing fiscal accounting and making expenditure reports to the participant or family, and state authorities.

Specific tasks completed by the fiscal employer agent include:

Employer authority:

- Assist the participant to verify worker citizenship status
- Receive and process timesheets of participant-hired workers.
- Process payroll, withholding, filing, and payment of applicable federal, state, and local employment-related taxes and insurance.

Budget authority:

- Maintain a separate account for each participant-directed budget.
- Track and report participant funds, disbursements, and the balance of participant funds.
- Provide participant with periodic reports of expenditures and the status of the participant-directed budget.

Additional functions/activities:

- Execute and hold Medicaid provider agreements as authorized under a written agreement with the Medicaid agency.
- Receive and disburse funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency.
- Provide other entities specified by the state with periodic reports of expenditures and the status of the participant-directed budget.

Specific Exclusions and Exceptions (this list is NOT all-inclusive):

- Providers of fiscal employer agent services cannot provide other Wisconsin long-term care waiver services to the same participant.
- Representative payee services.
- Consulting services.

Provider Qualifications and Standards:

IRIS Fiscal Employer Agents must be certified through successful completion of the DHS-approved certification criteria and process.

PAYMENT OBLIGATIONS

Cost Share

Cost share is the amount of the participant's income that must be paid each month for the participant to receive and maintain Medicaid financial eligibility. Cost share is determined during the annual financial eligibility review by the income maintenance worker. All changes in financial status of a participant must be reported to the income maintenance worker within 10 calendar days to ensure financial eligibility is reviewed and an accurate determination occurs.

Cost share payments must be paid to the IRIS financial services agency monthly and no later than the fifth of the month for the month in which the payment is due. The payment of the cost share is required for continued program eligibility. Failure to meet the cost share obligation results in disenrollment.

Exceptions exist affecting the participant's monthly cost share liability amount in certain situations:

- No cost share payment is due in any month the participant receives no IRIS funded services.
- No cost share payment is due when an admission to a hospital, nursing home, or ICF/IDD is long enough for the participant to incur a patient liability cost.
- The participant is not required to pay any amount of a cost share that is in excess of the cost of the IRIS-funded services received in that month. This reconciliation is performed at intervals throughout the year to allow time for claims processing and true cost service determination.

APPENDIX A: SERVICE CODE QUICK REFERENCE GUIDE

The IRIS Service Code Definition Quick Reference Guide is intended to give providers a guide to easily and quickly locate the service description, unit type, code, and any applicable modifiers. This guide includes all of the allowable services in the IRIS program. Below are the instructions on how to use the quick reference guide to locate the appropriate service and billing information.

Definitions

Long Service Description: This is a detailed description of the service that includes the type of service and how the service unit is coded for billing (e.g., daily, each, 15 minutes, hourly).

Unit Type: The unit type is the unit of measure that the service must be billed under.

Code: The code is the claim billing code that the service must be billed under and must be submitted on the claim.

SPC Code: This code is submitted with the encounter claim and is a state-defined code used by DHS analysts for service categorization and grouping.

Provider Type: This refers to what type of provider the code and long service description is applicable.

ORG = Provider-organization or vendor.

PHW = Participant-Hired Worker

LIVING SITUATION

Service Codes

| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|---|-------|------------|------------|------------|----------|---------------|
| 1-2 Bed Adult Family Home Service (Daily) | 00240 | | | | 202.11 | ORG |
| 3-4 Bed Adult Family Home Service (Daily) | 00241 | | | | 202.22 | ORG |
| Residential Care Apartment Complex (RCAC) Service Fee (Daily) | 00670 | | | | 711.02 | ORG |
| Housing Counseling Service (Hourly) | T2013 | UD | | | 610.00 | ORG |
| Relocation from Nursing Home Facility - Housing Start-Up and Related Utility Costs (Each) | T2038 | | | | 106.03 | ORG |

SUPPORT

Supportive Home Care

Service Codes

| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|---|-------|------------|------------|------------|----------|---------------|
| Chore Service Supportive Home Care Non Live-in (15 minutes) | S5120 | U1 | | | 104.24 | PHW |
| Routine Supportive Home Care Non Live-in (15 minutes) | S5130 | U1 | | | 104.23 | PHW |
| Companion Supportive Home Care Non Live-in (15 minutes) | S5135 | U1 | | | 104.17 | PHW |
| Supervision Supportive Home Care Non Live-in (15 minutes) | S5125 | U1 | 52 | | 104.22 | PHW |



| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|--|-------|------------|------------|------------|----------|---------------|
| Routine Supportive Home Care Service Live-in (15 minutes) | S5130 | | | | 104.23 | PHW |
| Supervision Supportive Home Care Live-in (15 minutes) | S5125 | 52 | | | 104.22 | PHW |
| Companion Supportive Home Care Live-in (15 minutes) | S5135 | | | | 104.17 | PHW |
| Chore Service Supportive Home Care Live-in (15 minutes) | S5120 | | | | 104.24 | PHW |
| Chore Service Supportive Home Care (15 minutes) | S5120 | | | | 104.24 | ORG |
| Routine Supportive Home Care (15 minutes) | S5130 | | | | 104.23 | ORG |
| Companion Supportive Home Care (15 minutes) | S5135 | | | | 104.17 | ORG |
| Supervision Supportive Home Care (15 minutes) | S5125 | 52 | | | 104.22 | ORG |
| PHW Expense Reimbursement for Community Integration Events (Each) | S5121 | UN | | | 104.14 | PHW |
| Lodging Expenses for Live-in Caregiver (Daily) | S9976 | | | | 104.88 | PHW |
| Meals Expense for Live-in Caregiver (Daily) | S9977 | | | | 401.00 | PHW |
| Support Broker Services (15 Minutes) | T2041 | | | | 619.00 | ORG |
| Routine Supportive Home Care Service (Daily) | S5131 | | | | 104.13 | ORG |
| Routine On-Call Attendant Supportive Home Care Service (Daily) | S5126 | UD | | | 104.10 | ORG |
| Routine Special Payment Rate for Attendant Supportive Home Care (Each) | S5126 | TV | | | 104.10 | ORG |
| Routine Attendant Supportive Home Care Service (Nightly) | S5126 | UJ | | | 194.10 | ORG |
| Supervision Supportive Home Care (Daily) | S5126 | 52 | | | 104.12 | ORG |
| Supervision Supportive Home Care (Nightly) | S5126 | UJ | 52 | | 104.12 | ORG |
| Supervision Supportive Home Care (Each) | S5126 | 52 | | | 104.12 | ORG |
| Supervision Special Payment Rate for Supportive Home Care (Each) | S5126 | TV | 52 | | 104.12 | ORG |
| Companion On-Call Companion Supportive Home Care Service (Daily) | S5136 | UD | | | 104.17 | ORG |
| Companion Supportive Home Care Service (Nightly) | S5136 | UJ | | | 104.17 | ORG |
| Chore Service Supportive Home Care (Each) | S5121 | U7 | | | 104.14 | ORG |
| Medication Reminder Service Non-Face to Face (Monthly) | S5185 | | | | 112.46 | ORG |
| Installation and Testing Fees for Electronic Support Equipment (video, movement, sound) (Each) | S5160 | | | | 112.46 | ORG |
| Non-MA Nursing Services provided by RN (Hourly) | S9123 | | | | 710.00 | ORG |
| Non-MA Nursing Services provided by RN (Daily) | T1030 | | | | 710.00 | ORG |
| Non-MA Nursing Services provided by LPN | S9124 | | | | 710.00 | ORG |

| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|--|-------|------------|------------|------------|----------|---------------|
| (Hourly) | | | | | | |
| Non-MA Nursing Services provided by LPN (Daily) | T1031 | | | | 710.00 | ORG |
| Overtime for Chore Service Supportive Home Care (15 minutes) | S5120 | TU | | | 104.24 | PHW |
| Overtime for Companion Supportive Home care (15 minutes) | S5135 | TU | | | 104.17 | PHW |
| Overtime for Routine Supportive Home Care (15 minutes) | S5130 | TU | | | 104.23 | PHW |
| Overtime for Supervision Supportive Home Care (15 minutes) | S5125 | TU | 52 | | 104.22 | PHW |
| Retainer Payment for Chore Service Supportive Home Care (medical reason) (Each) | S5121 | CG | | | 104.14 | PHW |
| Retainer Payment for Companion Supportive Home Care (medical reason) (Each) | S5136 | CG | | | 104.17 | PHW |
| Retainer Payment for Routine Supportive Home Care (medical reason) (Each) | S5131 | CG | | | 104.13 | PHW |
| Retainer Payment for Supervision Supportive Home Care (medical reason) (Each) | S5126 | CG | 52 | | 104.12 | PHW |
| Retainer Payment for Chore Service Supportive Home Care (non-medical reason) (Each) | S5121 | CG | UC | | 104.14 | PHW |
| Retainer Payment for Companion Supportive Home Care (non-medical reason) (Each) | S5136 | CG | UC | | 104.17 | PHW |
| Retainer Payment for Routine Supportive Home Care (non-medical reason) (Each) | S5131 | CG | UC | | 104.13 | PHW |
| Retainer Payment for Supervision Supportive Home Care (non-medical reason) (Each) | S5126 | CG | 52 | | 104.12 | PHW |
| Consultative Clinical and Therapeutic Services for Caregivers (Family Member (Each) | S5111 | UK | | | 113.10 | PHW |
| Consultative Clinical and Therapeutic Services for Caregivers (Family Member (Each)) | S5111 | UK | | | 113.10 | ORG |
| Consultative Clinical and Therapeutic Services for Caregivers (Non-Family Member (Each) | S5116 | UK | | | 113.10 | PHW |
| Consultative Clinical and Therapeutic Services for Caregivers (Non-Family Member (Each)) | S5116 | UK | | | 113.10 | ORG |
| Training Services for Unpaid Caregivers (Each) | S5116 | UK | | | 113.20 | ORG |
| Retro OT - Chore Service Supportive Home Care (Each) | S5121 | TU | | | 104.14 | PHW |
| Retro OT - Companion Special Payment Rate for Supportive Home Care (Each) | S5136 | TU | TV | | 104.17 | PHW |
| Retro OT - Routine Special Payment Rate for Attendant Supportive Home Care (Each) | S5126 | TU | | | 104.10 | PHW |
| Retro OT - Routine Supportive Home Care Service (Each) | S5131 | TU | | | 104.13 | PHW |
| Retro OT - Supervision Supportive Home Care Service (Each) | S5126 | TU | 52 | | 104.12 | PHW |

Daily Living Skills Training

Service Codes

| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|--|-------|------------|------------|------------|----------|---------------|
| Daily Living Skills Training Non Live-In (15 minutes) | T2017 | U1 | | | 110.00 | PHW |
| Daily Living Skills Training Live-In (15 minutes) | T2017 | | | | 110.00 | PHW |
| Daily Living Skills Training (15 minutes) | T2017 | | | | 110.00 | ORG |
| Daily Living Skills Training Service (Daily) | T2012 | | | | 110.00 | ORG |
| Overtime for Daily Living Skills Training (15 Minutes) | T2017 | TU | U1 | | 110.00 | PHW |
| Retro OT - Daily Living Skills Training Service (Each) | T2012 | TU | | | 110.00 | PHW |

Respite

Service Codes

| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|--|-------|------------|------------|------------|----------|---------------|
| Respite in Other Setting Non Live-in (15 minutes) | T1005 | U1 | | | 103.99 | PHW |
| Respite in Participants Home Non Live-in (15 minutes) | T1005 | U1 | | | 103.26 | PHW |
| Respite in Other Setting Live-in (15 minutes) | T1005 | | | | 103.99 | PHW |
| Respite in participants home Live-in (15 minutes) | T1005 | | | | 103.26 | PHW |
| Respite in Participants Home (15 minutes) | T1005 | | | | 103.26 | ORG |
| Respite in Other Setting (15 minutes) | T1005 | | | | 103.99 | ORG |
| Respite Service in participants home (Nightly) | S9125 | UJ | | | 103.26 | ORG |
| Special Rate for Respite in participants home (Holidays and Weekends)(Each) | H0045 | TV | | | 103.26 | ORG |
| Residential Respite / Substitute Care Service (Hourly) | 00669 | | | | 103.22 | ORG |
| Residential Respite / Substitute Care Service (Daily) | 00663 | | | | 103.22 | ORG |
| Residential Service provided in other setting (Daily) | H0045 | | | | 103.99 | ORG |
| Respite Service Provided in other setting (Nightly) | H0045 | UJ | | | 103.99 | ORG |
| Special Payment Rate for Respite provided in other setting (Holidays/weekends)(Each) | H0045 | TV | | | 103.99 | ORG |
| Respite Service in participants home (Daily) | S9125 | | | | 103.26 | ORG |
| Overtime for Respite in participants home (15 minutes) | T1005 | TU | | | 103.26 | PHW |
| Overtime for Respite provided in other setting (15 minutes) | T1005 | TU | | | 103.99 | PHW |
| Retro OT - Respite Service in Participants Home (Each) | S9125 | TU | | | 103.26 | PHW |

| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|---|-------|------------|------------|------------|----------|---------------|
| Retro OT - Respite Service Provided In Other Setting (Each) | H0045 | TU | | | 103.99 | PHW |

IRIS Self-Directed Personal Care

Service Codes

| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|--|-------|------------|------------|------------|----------|---------------|
| IRIS Self Directed Personal Care Services Live-in (15 Minutes) | T1019 | | | | 105.32 | PHW |
| IRIS Self Directed Personal Care Services Non Live-in (15 Minutes) | T1019 | U1 | | | 105.32 | PHW |
| IRIS Self Directed Personal Care Services (15 Minutes) | T1019 | | | | 105.32 | ORG |
| SDPC RN Authorized Personal Protective Equipment (Each) | T1020 | | | | 105.32 | ORG |

Specialized Transportation

Service Codes

| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|---|-------|------------|------------|------------|----------|---------------|
| Specialized Transportation Trip for the participant (Each) | T2003 | RI | | | 107.20 | PHW |
| Specialized Transportation Trip for the participants attendant (Each) | T2001 | RI | | | 107.20 | PHW |
| Specialized Transportation Trip for an attendant to attend a community integration event (Each) | T2001 | RI | UN | | 107.20 | PHW |
| Mileage for participant specialized transport and escort (Miles) | S0215 | RI | | | 107.21 | PHW |
| Specialized Transportation Trip for the participant (Each) | T2003 | RI | | | 107.20 | ORG |
| Specialized Transportation Trip for the participants attendant (Each) | T2001 | RI | | | 107.20 | ORG |
| Specialized Transportation Trip for an attendant to attend a community integration event (Each) | T2001 | RI | UN | | 107.20 | ORG |
| Non-medical transportation (Daily) | T2002 | RI | | | 107.20 | ORG |
| Transportation pass for participant non-medical transportation (Each) | T2004 | RI | | | 107.20 | ORG |
| Mileage for participant specialized transport and escort (Miles) | S0215 | RI | | | 107.21 | ORG |



AIDS, EQUIPMENT, AND SUPPLIES

Service Codes

| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|---|-------|------------|------------|------------|----------|---------------|
| Home Delivered Meal Cost (Each) | S5170 | | | | 402.00 | ORG |
| Purchase of Adaptive Aids (Each) | T2028 | UN | | | 112.99 | ORG |
| Purchase of Used Adaptive Aids (Each) | T2029 | UN | | | 112.58 | ORG |
| Purchase of Specialized Medical Supplies (Each) | T2028 | | | | 112.99 | ORG |
| Purchase of Specialized Medical Equipment (Each) | T2029 | | | | 112.58 | ORG |
| Purchase of Electronic Medication Management Device (Each) | T1505 | | | | 112.55 | ORG |
| Rental of Electronic Medication Management Device (Each) | T1505 | RR | | | 112.55 | ORG |
| Installation of Electronic Medication Compliance Management through Life Assist (USA) (Each) | T2038 | U2 | | | 112.55 | ORG |
| Installation of Electronic Medication Compliance Management through Philips Lifeline (Each) | T2038 | U3 | | | 112.55 | ORG |
| Installation of Electronic Medication Compliance Management through Simple Home, LLC (Each) | T2038 | U4 | | | 112.55 | ORG |
| Installation of Electronic Medication Compliance Management for use with other medication management devices (Each) | T2038 | U5 | | | 112.55 | ORG |
| Ongoing Telephone line costs for Medication Compliance Management through Life Assist USA (Each) | T2035 | U2 | | | 112.55 | ORG |
| Ongoing Telephone line costs for Medication Compliance Management through Philips Lifeline (Each) | T2035 | U3 | | | 112.55 | ORG |
| Ongoing Telephone line costs for Medication Compliance Management through Simply Home, LLC (Each) | T2035 | U4 | | | 112.55 | ORG |
| Ongoing Telephone line costs for Medication Compliance Management for use with other medication management devices (Each) | T2035 | U5 | | | 112.55 | ORG |
| Purchase of Communication Aid (Each) | E1399 | | | | 112.47 | ORG |
| Interpreter Service Expense (Each) | T1013 | | | | 112.47 | ORG |
| Installation and Test Fee for Personal Emergency Response System (PERS) (Each) | S5160 | | | | 112.46 | ORG |
| Monthly Service Fee for Personal Emergency Response System (PERS) (Monthly) | S5161 | | | | 112.46 | ORG |
| One time Purchase of Personal Emergency Response System (Each) | S5162 | | | | 112.46 | ORG |
| Home Modification (Each) | S5165 | | | | 112.56 | ORG |
| Vehicle Modification (Each) | T2039 | | | | 112.57 | ORG |

TREATMENT RELATED

Counseling and Therapeutic Services

Service Codes

| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|---|-------|------------|------------|------------|----------|---------------|
| Attendant Support Costs for Counseling or Therapy Service (15 Minutes) | S5125 | | | | 104.10 | PHW |
| Counseling and Therapeutic Service (Hourly) | 99429 | | | | 507.03 | ORG |
| Counseling and Therapeutic Day Camp (Daily) | T2037 | U9 | | | 103.99 | ORG |
| Recreation/Community Day Camp (Daily) | T2037 | | | | 103.99 | ORG |
| Counseling and Therapeutic Service in an Overnight Camp (Each) | T2036 | | | | 103.99 | ORG |
| Attendant Support Costs for a Counseling or Therapy Service (Daily) | S5126 | | | | 104.10 | ORG |
| Behavior Treatment Therapy (15 Minutes) | H0004 | | | | 507.19 | ORG |
| Alternative Therapy Session (Each) | S8990 | | | | 507.99 | ORG |
| Massage Therapy (15 Minutes) | 97124 | | | | 507.11 | ORG |
| Occupational Therapy in the Participants Home (Daily) | S9129 | | | | 507.12 | ORG |
| Physical therapy in the home (Daily) | S9131 | | | | 507.11 | ORG |
| Nutritional Counseling Session (Each) | S9470 | | | | 507.14 | ORG |
| Speech Therapy Session (Each) | 92507 | | | | 507.13 | ORG |
| Weight Management Counseling Session (Each) | S9449 | | | | 507.99 | ORG |
| Fitness Class (Each) | S9451 | | | | 403.03 | ORG |
| Health Club Membership Fee (Annual) | S9970 | U2 | | | 403.03 | ORG |
| Initial Health Club Membership Fee (Each) | S9970 | U3 | | | 403.03 | ORG |
| Health Club Membership Fee (Monthly) | S9970 | U1 | | | 403.03 | ORG |
| Annual Health Club Membership Fee (Each) | S9970 | U2 | | | 403.03 | ORG |
| Overtime for Attendant Support Costs for Counseling or Therapy Service (15 Minutes) | S5125 | TU | | | 104.10 | PHW |
| Retro OT - Attendant Support Costs for a Counseling or Therapy Service (Each) | S5126 | TU | | | 104.10 | PHW |

Participant Education and Training

Service Codes

| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|--|-------|------------|------------|------------|----------|---------------|
| Attendant Support Costs for Participant Education and Training Sessions (15 Minutes) | S5125 | 104.10 | | | | PHW |
| Participant Education and Training Individual Session (Each) | S9445 | 113.00 | | | | ORG |
| Participant Education and Training Group Session (Each) | S9446 | 113.00 | | | | ORG |
| Attendant Support Costs for Participant Education and Training (Daily) | S5126 | 104.10 | | | | ORG |



| | | | | | | |
|---|-------|--------|----|--|--|-----|
| Overtime for Attendant Support Costs for Participant Education and Training Sessions (15 Minutes) | S5125 | 104.10 | TU | | | PHW |
| Retro OT - Attendant Support Costs for Participant Education and Training (Each) | S5126 | 104.10 | TU | | | PHW |

DAY SERVICES

Adult Day Care

Service Codes

| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|--|-------|------------|------------|------------|----------|---------------|
| Adult Day Care (15 Minutes) | S5100 | | | | 102.00 | ORG |
| Adult Day Care Service (Daily) | S5102 | | | | 102.00 | ORG |
| Adult Day Care Specialized Service (Daily) | S5105 | | | | 102.00 | ORG |
| Adult Day Care Specialized Services (15 Minutes) | S5105 | U8 | | | 102.00 | ORG |
| Community-Based Day Services (15 Minutes) | T2021 | UA | | | 706.00 | ORG |
| Facility-Based Day Services (15 Minutes) | T2021 | UB | | | 706.00 | ORG |
| Community-Based Day Service (Daily) | T2020 | UA | | | 706.00 | ORG |
| Facility-Based Day Service (Daily) | T2020 | UB | | | 706.00 | ORG |

EMPLOYMENT

Supported Employment

Service Codes

| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|---|-------|------------|------------|------------|----------|---------------|
| Supported Employment in Integrated Setting Non Live-in (1-2 Persons) (15 minutes) | T2019 | UN | U1 | | 615.00 | PHW |
| Supported Employment in Integrated Setting Live-in (1-2 Persons) (15 minutes) | T2019 | UN | | | 615.00 | PHW |
| Supported Employment in Integrated Setting (1-2 person) (15 minutes) | T2019 | UN | | | 615.00 | ORG |
| Group Supported Employment (3-8 Persons) (15 Minutes) | T2019 | UP | | | 615.00 | ORG |
| Group Supported Employment (3-8 Persons) (Each) | T2018 | U7 | UP | | 615.00 | ORG |
| Supported Employment in Integrated Setting (1-2 Persons) (Each) | T2018 | U7 | UN | | 615.00 | ORG |
| Supported Employment in Integrated Setting (1-2 Persons) (Daily) | T2018 | UN | | | 615.00 | ORG |
| Group Supported Employment (3-8 Persons) (Daily) | T2018 | UP | | | 615.00 | ORG |
| Work Incentive Benefits Counseling Session (Each) | T2018 | U6 | | | 615.00 | ORG |
| Work Incentive Benefits Counseling Group Session (3-8 Persons) (15 Minutes) | T2019 | U6 | UP | | 615.00 | ORG |



| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|---|-------|------------|------------|------------|----------|---------------|
| Work Incentive Benefits Counseling Group Session (3-8 Persons) (Each) | T2018 | U6 | U7 | UP | 615.00 | ORG |
| Vocational Futures Planning Service (15 Minutes) | T2038 | HJ | U8 | | 114.00 | ORG |
| Vocational Futures Planning Service (Each) | T2038 | HJ | U9 | | 114.00 | ORG |
| Work Incentive Benefits Counseling through Vocational Futures Planning Service (Each) | T2038 | HJ | U6 | U9 | 114.00 | ORG |
| Work Incentive Benefits Counseling through Vocational Futures Planning (15 Minutes) | T2038 | HJ | U6 | U8 | 114.00 | ORG |
| Community-Based Prevocational Service (15 Minutes) | T2015 | U8 | UA | | 108.10 | ORG |
| Facility-Based Prevocational Service (15 Minutes) | T2015 | U8 | UB | | 108.10 | ORG |
| Community-Based Prevocational Service (Daily) | T2014 | U7 | UA | | 108.10 | ORG |
| Facility-Based Prevocational Services (Each) | T2014 | U7 | UB | | 108.10 | ORG |
| Project SEARCH Program Fee (15 Minutes) | T2015 | HB | U8 | | 108.10 | ORG |
| Project SEARCH Program Fee (Hourly) | T2015 | HB | | | 108.10 | ORG |
| Project SEARCH Program Fee (Each) | T2014 | HB | U7 | | 108.10 | ORG |
| Project SEARCH Program Fee (Days) | T2014 | HB | | | 108.10 | ORG |
| Facility-Based Prevocational Service (Daily) | T2014 | U7 | UB | | 108.10 | ORG |
| Overtime for Supported Employment in Integrated Setting (1-2 persons) (15 Minutes) | T2019 | UN | TU | | 615.00 | PHW |
| Retro OT - Supported Employment in Integrated Setting (1-2 Persons) (Each) | T2018 | U7 | UN | TU | 615.00 | PHW |

OTHER

Customized Goods and Services

Service Codes

| Service/Good | Code | Modifier 1 | Modifier 2 | Modifier 3 | SPC Code | Provider Type |
|-----------------------------------|------|------------|------------|------------|----------|---------------|
| Customized Good or Service (each) | Each | T5999 | | | 109.00 | ORG |