



## WISCONSIN DEPARTMENT *of* HEALTH SERVICES

# IRIS Service Definition Manual

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The IRIS program is a Medicaid Home and Community-Based Services (HCBS) waiver program authorized under § 1915(c) of the Social Security Act and approved by the Centers for Medicare and Medicaid Services (CMS). The IRIS Service Definition Manual details the long-term care services and supports covered by the IRIS program and qualifications providers must meet to provide such services and/or supports. Service codes are also included in the appendix.

The content within this handbook is the sole responsibility of the state of Wisconsin's Department of Health Services (DHS). Questions on the information included in this manual should be directed to the IRIS Call Center at 1-888-515-4747.

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# DEFINITIONS

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**Definition and Purpose:** This section defines the goods and/or services covered under the service category including any conditions that apply to the provision of those goods/services.

**Exclusions:** This section identifies Exclusions for the service category.

**Fiscal Employer Agent (FEA):** Provides administrative and financial management services that help participants manage the financial aspects associated with self-directing their services and supports. The waiver administrative and operational functions of FEAs are governed by a contract with the Department and include the following functions:

- Process worker enrollment, verify qualifications, and manage payroll, taxes, and insurance;
- Collect and process timesheets, disburse funds, and track budget and expenditures;
- Provide monthly budget statements for the participants;
- Provide financial activity reports to the Department;
- Ensure compliance with federal wage, tax, and CMS fiscal standards;
- Conduct and manage IRIS background checks for participant-hired workers; and
- Support evolving financial management needs consistent with CMS guidance.

**IRIS Consultant Agency (ICA):** IRIS Consultant Agency (ICA) services are resources, information, and services provided to the participant by an ICA to assist the participant in identifying immediate and long-term needs and outcomes, developing options to meet those needs and outcomes, and gain access to needed waiver and other State plan services and supports. Additionally, the ICA also provides assistance with accessing other identified medical, social, rehabilitation, vocational, educational, and other services as needed, regardless of the funding source for the services to which access is gained. To ensure participants are provided with effective information and assistance related to self-direction, ICAs ensure all their staff meet competency requirements defined by the Department.

To assist the participant in self-directing and accessing services within the program, the ICA carries out the following activities:

- Providing comprehensive IRIS program orientation and skills training regarding self-direction, provider and participant-hired worker selection, and participant spending and individual budget management;
- Providing assistance and oversight to the participant as determined by the Department, including federal HCBS requirements per 42 CFR § 441.301(c);
- Providing assistance with regards to the self-directed planning process and its application;
- Creating and maintaining the participant's service plan and associated service authorizations in collaboration with the participant;
- Monitoring and effectively assuring participant health and welfare;
- Providing resources and content necessary to assist participants with maintaining long-term care and Medicaid eligibility;
- Explaining participant's rights and the appeals and grievance processes;
- Facilitating between the participant and the financial management services provider;
- Providing insights to the participant about problem solving, conflict resolution, hiring, managing, and terminating participant-hired workers; and
- Recognizing, remediating, and reporting critical events.

ICA services do not include direct coordination of services or the hiring, management, scheduling, training, or termination of service providers, as this is the participant’s role in exercising their employer authority.

Except Indian Health Care Providers (IHCP), ICA service providers cannot also provide other Wisconsin long-term care HCBS waiver services to the same participant.

ICA services may not be duplicated or bundled with any service that is provided under another waiver service category.

**Legally Responsible Person:** For the purposes of the IRIS waiver, legally responsible person refers to the spouse of a participant. A legally responsible person is never granted decision-making authority over the selection of waiver service providers on behalf of the participant.

**Limits on the Amount, Frequency, or Duration:** This section identifies any limitations on the amount, frequency, or duration of the services and goods covered under the service category. A limit on the amount of a service may take the form of a maximum allowable expenditure for the service or the maximum number of units of the service that will be furnished during the period of the service plan. A limit on frequency is a limit that restricts the number of units of service that will be furnished during a shorter period of time (for example, per week or per month). A limit on duration is the maximum period of time over which a service will be provided or authorized unless the necessity of the service is re-established.

**Participant Employer Authority:** This section details if a participant is able to exercise employer authority. This means that the participant is either a common law employer or a co-employer. As a common law employer, a participant is supported to recruit, hire, supervise and direct individual worker(s) who furnishes services or supports, also known as participant-hired workers. As a co-employer, the participant is supported by an agency that functions as the common law employer of workers recruited by the participant. The participant directs the workers and is considered their co-employer (a.k.a., “managing employer”). This approach is sometimes termed the “Agency with Choice FMS model.” For more information on the two participant employer authority models, please refer to the IRIS Policy Manual.

**Provider Managed:** Provider managed service delivery means that the service provider is responsible for delivering and managing all aspects of the service in accordance with the participant’s IRIS service plan (ISP), including following directions in the ISP about how, when, and in what manner services are provided, and honoring the participant’s preferences.

**Relative:** For the purposes of the IRIS waiver, a relative is defined as a person related by blood, adoption or marriage, to the participant.

**Provider Types and Qualifications:** This section details the following:

Provider Type	Provider Title	Qualifications
<p>This column indicates whether the service is provided by an organization, individual, or participant-hired worker. Organization captures agency providers that are entities whose</p>	<p>This column indicates groupings of providers that provide services or supports. Provider titles vary for each service category.</p>	<p>This column details the criteria that a provider must meet in order to provide the service or support. Criteria may include the following:</p> <ul style="list-style-type: none"> <li>• A license issued under the authority of state or federal law.</li> </ul>



<p>employees furnish the service or from which goods are purchased. An individual provider is defined as a person who is in independent practice and not employed by a provider agency.</p>		<ul style="list-style-type: none"> <li>• A certificate or registration issued by a state agency or other recognized body, or</li> <li>• Other standard, such as industry-set standards, as specified.</li> </ul>
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**Service Codes:** This section details applicable service code information:

Service/Good	Code	Modifier	Provider Type
<p>This is a detailed description of the service that includes the type of service and how the service unit is coded for billing (for example, daily, each, 15 minutes, hourly.)</p>	<p>The code is the claim billing code that the service must be billed under and must be submitted on the claim.</p>	<p>The modifier is additional claim billing code information that must be attached.</p>	<p>This refers to what type of provider the code and long service description is applicable.</p> <ul style="list-style-type: none"> <li>• ORG = Provider-organization or vendor.</li> <li>• PHW = Participant-Hired Worker</li> </ul>

## LIVING SITUATION

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### Residential Services (1-2 Bed Adult Family Home)

**Definition and Purpose:**

Residential services are a combination of individually tailored supports, services, treatment, and care provided within a community-integrated residential setting above the level of room and board. These services are designed to support a participant in the most integrated residential setting appropriate to meet their needs. Residential services include supervision, social development, behavioral supports, medication administration, and ongoing daily support. The scope of residential services also includes other waiver services such as personal care, supportive home care, and daily living skills; however, such activities may not comprise the entirety of the service. Residential services also include collaboration with health care, vocational, or day service providers.

The residential service provider and participant must maintain an agreement which specifies the nature and scope of the services provided. All services performed by the provider are included in the residential provider’s rate.

Participants may purchase individual services from separate providers. In these cases, residential service providers must also coordinate with those external service providers. Supportive home care may only be provided by an external party when the care takes place outside of the residential setting.

Provider-controlled settings must be certified or licensed according to their setting and service provision. Provider-controlled settings that act as providers of residential services are excluded from providing separate support services; all support-related services must be included in the provider’s rate under the correct residential service category.

A provider-controlled setting is a setting in which participants who are not related to the provider or operator reside and receive support and services above the level of room and board, and:



- a. The provider has a direct or indirect financial relationship with the property owner but does not lease or own the property, or
- b. The property owner or provider has influence over which service providers the participant uses, or
- c. The provider has influence over whether a participant is accepted for residency, or
- d. The provider holds the lease or title to the home in which the participant resides.

Residential service providers may also be eligible to receive retainer payments, in accordance with the SMA retainer payment policy. Please see the Supportive Home Care service definition in this document for additional details regarding allowable retainer payments and applicable requirements.

The residential provider must immediately report to the local Adult Protective Services unit and/or local law enforcement regarding any incident, situation, or condition that endangers the health or safety of the participant living in the residential setting. All providers of residential services must also communicate with the certifying or licensing agency, the participant's ICA, and applicable providers, within confidentiality laws, about any critical incidents that occur in the residential setting, as soon as practicable.

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category; and
- This service category excludes the cost of room and board, items of comfort or convenience, or costs related to building maintenance, upkeep, or improvement.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**This service cannot be provided remotely.**

**Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers.

Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.



Provider Type	Provider Title	Qualifications
Individual	Certified 1-2 Bed Adult Family Home (AFH)	<ul style="list-style-type: none"> <li>• Wisconsin Medicaid Waiver Standards for Certified 1-2 Bed Adult Family Homes (AFH)</li> <li>• HCBS compliant per 42 CFR § 441.301(c)(4)</li> </ul>
Organization	Certified 1-2 Bed Adult Family Home (AFH)	<ul style="list-style-type: none"> <li>• Wisconsin Medicaid Waiver Standards for Certified 1-2 Bed Adult Family Homes (AFH)</li> <li>• HCBS compliant per 42 CFR § 441.301(c)(4)</li> </ul>

## Residential Services (Other)

### Definition and Purpose:

Residential services are a combination of individually tailored supports, services, treatment, and care provided within a community-integrated residential setting above the level of room and board. These services are designed to support a participant in the most integrated residential setting appropriate to meet their needs. Residential services include supervision, social development, behavioral supports, medication administration, and ongoing daily support. The scope of residential services also includes other waiver services such as personal care, supportive home care, and daily living skills; however, such activities may not comprise the entirety of the service. Residential services also include collaboration with health care, vocational, or day service providers.

The residential service provider and participant must maintain an agreement which specifies the nature and scope of the services provided. All services performed by the provider are included in the residential provider's rate.

Unless the residential setting is required to provide a service, the participants may purchase individual services from separate providers. In these cases, residential service providers must also coordinate with those external service providers. Supportive home care may only be provided by an external party when the care takes place outside of the residential setting.

All providers of this service category are considered to be provider-controlled settings. Provider-controlled settings must be certified or licensed according to their setting and service provision. Provider-controlled settings that act as providers of residential services are excluded from providing separate support services; all support-related services must be included in the provider's rate under the correct residential service category.

A provider-controlled setting is a setting in which participants who are not related to the provider or operator reside and receive support and services above the level of room and board, and:

- The provider has a direct or indirect financial relationship with the property owner but does not lease or own the property, or
- The property owner or provider has influence over which service providers the participant uses, or
- The provider has influence over whether a participant is accepted for residency, or
- The provider holds the lease or title to the home in which the participant resides.

Residential service providers may also be eligible to receive retainer payments, in accordance with the SMA retainer payment policy. See the supportive home care waiver service for additional details regarding allowable retainer payments and applicable requirements.

The residential provider must immediately report to the local Adult Protective Services unit and/or local law enforcement regarding any incident, situation, or condition that endangers the health or safety of the participant living in the residential setting. All providers of residential services must also communicate with the certifying or licensing agency, the participant’s ICA, and applicable providers, within confidentiality laws, about any critical incidents that occur in the residential setting, as soon as practicable.

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category.
- This service category excludes the cost of room and board, items of comfort or convenience, or costs related to building maintenance, upkeep, or improvement.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**This service cannot be provided remotely.**

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

**Participant Employer Authority:**

The participant may not exercise employer authority for this service category.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Licensed Adult Family Home (AFH)	<ul style="list-style-type: none"> <li>• Licensed per Wis. Admin. Code § DHS 88</li> <li>• HCBS compliant per 42 CFR § 441.301(c)(4)</li> </ul>
Organization	Certified Residential Care Apartment Complex (RCAC)	<ul style="list-style-type: none"> <li>• Certified per Wis. Admin. Code § DHS 89</li> <li>• HCBS compliant per 42 CFR § 441.301(c)(4)</li> </ul>

**Housing Counseling**

**Definition and Purpose:**

Housing counseling is the provision of information and assistance for participants who are looking to acquire and maintain safe, affordable, and accessible housing in the community. Housing counseling includes exploring home ownership and rental options and individual and shared housing options, including options where the participant lives with his or her family. This service provides supports to preserve the most independent living arrangement and/or assist the



participant in locating the most integrated option appropriate to the participant. The purpose of housing counseling is to elevate participant choice and control, increase access to affordable housing, and promote community integration.

Housing counseling services include:

- Conducting a community integration assessment to identify the participant's preferences related to housing and needs for support to maintain community integration, including:
  - Type and location of housing desired;
  - Preference for living alone or with others;
  - Identification of a roommate, if applicable;
  - Accommodations and modifications needed;
  - Identification of the type of setting that works best for the individual;
  - Assistance in obtaining or accessing sources of income necessary for community living;
  - Assistance in establishing credit and meeting obligations of tenancy; and
  - Other important needs and preferences.
- Identifying financial resources, determining affordability, and assisting in access to financing, including:
  - Securing supporting documents/records;
  - Completing/submitting applications;
  - Securing deposits; and
  - Locating funding for furnishings.
- Locating and securing available housing;
- Explaining the rights and responsibilities of a tenant with disabilities, including how to ask for reasonable accommodations and modifications and how to file a complaint;
- Supports to assist the participant in communicating with the landlord and/or property manager regarding the participant's disability (if authorized and appropriate), detailing accommodations needed, and addressing components of emergency procedures involving the landlord and/or property manager; and
- Planning for ongoing management and maintenance of housing.

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category; and
- May not be provided by an agency that also provides residential support services, service coordination, or information and assistance as a function of the waiver to the participant.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

**Participant Employer Authority:**

The participant may not exercise employer authority for this service category.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service



authorization. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service authorization and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Agency that Meets Qualifications	<ul style="list-style-type: none"> <li>• Must have expertise in housing issues;</li> <li>• Must have housing counseling or assistance as a part of its mission or regular activities; and</li> <li>• Must not have a direct or indirect financial interest in the property or housing the participant selects.</li> </ul>

### Relocation - Community Transition Services

#### Definition and Purpose:

Relocation - Community Transition Services are non-recurring set-up expenses for participants who are transitioning from an institution or a provider-operated living setting to a community living setting in a private residence where the person is directly responsible for their own living expenses. Allowable expenses are those that are necessary to enable the participant to establish a basic household, excluding room and board. Only initial costs to prepare the living arrangement are covered by this service. Relocation expenses may be covered up to 180 days prior to leaving the institutional setting and enrolling in the waiver but cannot be paid for until the participant is enrolled in the waiver.

These services include:

- Activities to assess need, as well as arrange for and procure the other services in this list;
- Security deposits that are required to obtain a lease on an apartment or home;
- Essential household furnishings, supplies, and appliances not included in the community living arrangement, such as furniture, window coverings, food preparation items, and bed/bath linens;
- Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;
- One-time general cleaning and household organization needed to prepare the selected community living arrangement for occupancy; and
- Moving expenses.

#### Exclusions:

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category;
- Participants aged 18-21 must receive this service through the State Plan per EPSDT;
- Housekeeping services provided after occupancy, which should be covered under the supportive home care service category;

- Regular rental or mortgage expenses;
- Expenses for ongoing room and board (food, rent, etc.);
- Regular utility charges;
- Household appliances or items that are intended for diversional/recreational purposes;
- Service agreements or extended warranties for appliances or home furnishings;
- Furnishing of living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing; and
- Home modifications necessary to address safety and accessibility in the member’s living arrangement (which may be provided under the waiver’s home modification service).

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

**Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers.

Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Real Estate Agency	Reputable agency that meets industry standards.
Organization	Home Furnishing Vendor	Reputable agency that meets industry standards.
Organization	Moving Company	Reputable agency that meets industry standards.
Organization	Public Utilities	Reputable agency that meets industry standards.
Individual	Individual Mover	Reputable agency that meets industry standards.
Individual	Individual Landlord	Reputable agency that meets industry standards.

# SUPPORT

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## Supportive Home Care

### Definition and Purpose:

Supportive home care (SHC) is the direct and indirect assistance with daily functions and individualized needs, to assure adequate functioning and safety in a participant's home and community. SHC services are comprised of supports or tasks, such as:

- Companion or attendant supports necessary for participant safety at home and in the community. This may include observation or indirect assistance with the following: verification of appropriate self-administration of medications, meal preparation, bill payment, communication, schedule and/or appointments attendance; completion of activities detailed in occupational or physical therapy treatment plans; arrangement and/or usage of transportation; and personal assistance in non-employment related community activities.
- Chore services that assist the participant to maintain their home environment in a clean, sanitary, and safe manner. Intermittent major household tasks that must be performed seasonally or in response to some natural or other periodic event are also covered.
- Routine care services that perform direct care services, such as physical assistance or personal care. However, personal care activities may not comprise the entirety of this service category. When personal care is available to the participant through the Medicaid State Plan, it must be utilized prior to the authorization of any personal care under this service category.

This service also covers the cost of community involvement supports. Community involvement supports assist the participant with engagement in community-integrated events and activities, through the coverage of expenses for support staff to accompany a participant, specifically when a participant's attendance is dependent on staff accompaniment. Coverable expenses include the cost of transportation, attendance or admittance expenses, and meal expenses. This is limited to participant-hired worker's expense only; the participant portion of the expense is the responsibility of the participant. Community involvement support is not available for agency providers.

In accordance with employer authority responsibilities detailed in the IRIS waiver, it is the participant's responsibility to hire and train their staff. When a participant requires additional assistance to train newly hired support staff on distinct tasks, additional staff coverage may be authorized to permit existing staff to provide onboarding training to new support staff. Onboarding training coverage is not available for agency providers or for the utilization of chore services.

Onboarding training must occur within 14 days of the new staff person providing care for the participant. Based on their existing authorized supportive home care hours, the participant may add a total number of onboarding training hours for their plan year. This is the total number of training hours available to split between all newly hired staff within the participant's plan year. The total number of onboarding training hours may not exceed 2% of the participant's total number of supportive home care hours during their plan year. A unique authorization must be created for and associated with each new staff person, indicating their authorized training hours.

Below are examples for calculating the maximum number of training hours for the participant's plan year.

**Example one:** *A participant receives 40 hours of supportive home care weekly for 52 weeks, which totals 2,080 hours per plan year.*

*40 hours per week x 52 weeks = 2,080 hours per plan year*

*The 2,080 hours are then multiplied by the 2% limit, which equals 41.6 hours of training time.*

$$2,080 \text{ hours} \times 2\% = 41.6 \text{ hours of training time}$$

*This means the participant may consider adding up to 41.6 hours of supportive home care training for all new staff persons hired during their plan year.*

**Example two:** *A participant receives 10 hours of supportive home care weekly for 52 weeks, which totals 520 hours per plan year.*

$$10 \text{ hours per week} \times 52 \text{ weeks} = 520 \text{ hours per plan year}$$

*The 520 hours are then multiplied by the 2% limit, which equals 10.4 hours of training time.*

$$520 \text{ hours} \times 2\% = 10.4 \text{ hours of training time}$$

*This means the participant may consider adding up to 10.4 hours of supportive home care training for all new staff persons hired during their plan year.*

If additional funds are required to address this training need, a separate request must be created for and associated with each new staff person. When requesting, the consultant must include documentation specifying the types of tasks for which training is being provided, the anticipated time associated with each task, and any necessary justification for this request.

#### **Retainer payments:**

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 billable days where there is a reasonable probability that in their absence the participant would not be able to retain a preferred 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 participant.

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

#### Medically Related:

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

#### 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, habitative or self-advocacy training unaccompanied by the worker and entailing at least an overnight absence; or
- Recreational activities unaccompanied by the worker entailing at least an overnight absence.

A provider-controlled setting is a setting in which participants who are not related to the provider or operator reside and receive support and services above the level of room and board, and:

- The provider has a direct or indirect financial relationship with the property owner but does not lease or own the property, or
- The property owner or provider has influence over which service providers the participant uses, or
- The provider has influence over whether a participant is accepted for residency, or
- The provider holds the lease or title to the home in which the participant resides.

Provider-controlled settings must be certified or licensed according to their setting and service provision. Provider-controlled settings that act as providers of residential services are excluded from providing separate support services; all support-related services should be included in the provider’s rate under the correct residential service category.

**Exclusions:**

May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers. Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
PHW	Participant-hired Worker	IRIS Support Services Provider Training Standards <a href="https://www.dhs.wisconsin.gov/publications/p03071.pdf">https://www.dhs.wisconsin.gov/publications/p03071.pdf</a>
Organization	Supportive Home Care Agency	IRIS Support Services Provider Training Standards <a href="https://www.dhs.wisconsin.gov/publications/p03071.pdf">https://www.dhs.wisconsin.gov/publications/p03071.pdf</a>

**Life Skills Training and Education**



**Definition and Purpose:**

Life Skills Training and Education services provides training and education designed to assist a participant in developing, practicing, and acquiring life skills necessary for independence, self-determination, and self-advocacy. This service supports the development of knowledge and skills to independently perform routine daily activities, including skills to increase the participant's independence and participation in community life. All training and education being provided under this category are required to be unique to the participant's support needs and service plan goals.

Training and skill development services provided under this category include:

- An inventory to establish baseline levels of skills and independence;
- Task analysis and systematic instruction in:
  - Money management, organizational skills, safety and situational awareness, and routine daily activities;
  - Health and self-care skills;
  - Home care maintenance, shopping, nutrition, and food preparation;
  - Mobility and travel training;
  - Driving lessons (for participants who have already acquired their instruction permit);
  - General information technology skills (unrelated to assistive technology); and
  - The skills necessary for accessing and using community resources.

Training services are designed to allow a participant to meet assessed long-term care related outcomes in a time frame necessary to learn the identified skill and is not intended to provide substitute task performance. Additionally, the participant must demonstrate that they can acquire distinct parts of or the whole skill(s) identified on their plan within 365 days. If it may reasonably take more than a year, the participant needs to demonstrate plans to obtain the skill(s) through task-based analysis and incremental skill development which will lead to the acquisition of the goal skill.

Education services provided under this category include:

- Enrollment or registration fees for education and training courses, workshops, or conferences regarding:
  - Self-advocacy and self-determination skills;
  - Sexual wellness education and training;
  - Exercising civil rights; and
  - Skills or knowledge needed to exercise responsibility over services and supports.
- Books and other educational materials;
- Transportation expenses incurred by the participant to attend the courses, workshops, or conferences being accessed; and
- Education and training for a participant's paid or unpaid caregivers and/or legal decision makers that are directly related to the services being provided.

While the participant works towards the skill or knowledge identified on their service plan, it is anticipated that there will be a gradual decrease of service hours to allow the participant more opportunities for community participation and generalized skill development. The participant's progress towards obtaining the skill(s) and outcome(s) identified on the participant's service plan may be monitored by both the SMA and the participant's IRIS Consultant Agency. Monitoring ensures the efficacy of the training or education services.

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a



responsible private or public entity. Waiver funds may not be used to purchase this service, if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category;

- Excludes all forms of tuition, payment for lodging and meals, and educationally related services available under Individuals with Disabilities Education Act (IDEA) (20 U.S.C. §1401 et seq);
- Excludes training the participant to use assistive technology or communication devices, which is covered under the assistive technology service category;
- Can only be provided in the participant’s residence or in integrated community settings; and
- Cannot be provided in a non-residential, facility-based setting.

**Limits on the Amount, Frequency, or Duration:**

Training services may not exceed 40 hours per participant weekly (and no more than 8 hours in a calendar day). Education expenses cannot exceed \$3000 per participant annually. Generally, participants must operate within the limit of this service category. If needs are unable to be addressed according to the limit, participants should work with their ICA to explore alternative options within the program (e.g., select another service to meet the same need). If this does not work, the participant may need to consider alternative options outside of the program (e.g., other waiver programs where desired resources may be available).

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

**Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers. Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
PHW	Daily Living Skills Trainer	Services Provider Training Standards <a href="https://www.dhs.wisconsin.gov/publications/p03071.pdf">https://www.dhs.wisconsin.gov/publications/p03071.pdf</a>
Organization	Daily Living Skills Training Agency	Accreditation by a nationally recognized accreditation agency, or IRIS Support Services Provider Training Standards <a href="https://www.dhs.wisconsin.gov/publications/p03071.pdf">https://www.dhs.wisconsin.gov/publications/p03071.pdf</a>
Organization	Education and Training Agency	Competent and qualified providers of education and training with expertise in problem solving, self-advocacy skills development, self-determination, community integration, financial management, and decision-making.



Individual	Sexual Wellness Educator or Trainer	<ul style="list-style-type: none"> <li>• Sexual Wellness Educator, Counselor, or Sex Therapist certified by the American Association of Sexuality Educators, Counselors, and Therapists (AASECT), or</li> <li>• Any of the following professionals with specialized training in sexual education: <ul style="list-style-type: none"> <li>○ Psychologist;</li> <li>○ Licensed Clinical Social Worker;</li> <li>○ Licensed Professional Counselor;</li> <li>○ Applied Behavior Analyst;</li> <li>○ Other licensed or certified professionals approved by the SMA to provide the service.</li> </ul> </li> </ul>
Organization	Sexual Wellness Education or Training Provider	<p>Agency staff providing the training and education must meet at least one of the following qualifications:</p> <ul style="list-style-type: none"> <li>• Sexual Wellness Educator, Counselor, or Sex Therapist certified by the American Association of Sexuality Educators, Counselors, and Therapists (AASECT), or</li> <li>• Any of the following professionals with specialized training in sexual education: <ul style="list-style-type: none"> <li>○ Psychologist;</li> <li>○ Licensed Clinical Social Worker;</li> <li>○ Licensed Professional Counselor;</li> <li>○ Applied Behavior Analyst;</li> <li>○ Other licensed or certified professionals approved by the SMA to provide the service.</li> </ul> </li> </ul>

## Respite

### Definition and Purpose:

Respite services are provided for a participant on a temporary, short-term basis to ease the participant’s primary caregiver(s) from daily stress and care demands. These services provide compensation for substitute care and supervision appropriate to the participant’s needs while the primary caregiver(s) are temporarily relieved from providing care. In this service category, a “primary caregiver” is defined as a paid or unpaid caregiver that provides more than fifty percent of the care and support on the participant’s service plan.

Respite services may be provided in an institution such as a certified Medicaid setting or other licensed facility. Respite services may also be provided in a residential facility such as a certified or licensed adult family home, licensed community-based residential facility, certified residential care apartment complex, in the participant’s own home, or the home of a respite service provider.

In accordance with employer authority responsibilities detailed in the IRIS waiver, it is the participant’s responsibility to hire and train their staff. When a participant requires additional assistance to train newly hired support staff on distinct

tasks, additional staff coverage may be authorized to permit existing staff to provide onboarding training to new support staff. Onboarding training coverage is not available for agency providers.

Onboarding training must occur within 14 days of the new staff person providing care for the participant. Based on their existing authorized respite care hours, the participant may add a total number of onboarding training hours for their plan year. This is the total number of training hours available to split between all newly hired staff within the participant's plan year. The total number of onboarding training hours may not exceed 2% of the participant's total number of respite care hours during their plan year. A unique authorization must be created for and associated with each new staff person, indicating their authorized training hours.

Below are examples for calculating the maximum number of training hours for the participant's plan year.

**Example one:** *A participant receives 12 hours of respite care weekly for 52 weeks, which totals 624 hours per plan year.*

$$12 \text{ hours per week} \times 52 \text{ weeks} = 624 \text{ hours per plan year}$$

*The 624 hours are then multiplied by the 2% limit, which equals 12.48 hours of training time.*

$$624 \text{ hours} \times 2\% = 12.48 \text{ hours of training time}$$

*This means the participant may consider adding up to 12.48 hours of respite care training for all new staff persons hired during their plan year.*

**Example two:** *A participant receives 5 hours of respite care weekly for 52 weeks, which totals 260 hours per plan year.*

$$5 \text{ hours per week} \times 52 \text{ weeks} = 260 \text{ hours per plan year}$$

*The 260 hours are then multiplied by the 2% limit, which equals 5.2 hours of training time.*

$$260 \text{ hours} \times 2\% = 5.2 \text{ hours of training time}$$

*This means the participant may consider adding up to 5.2 hours of respite care training for all new staff persons hired during their plan year.*

If additional funds are required to address this training need, a separate request must be created for and associated with each new staff person. When requesting, the consultant must include documentation specifying the types of tasks for which training is being provided, the anticipated time associated with each task, and any necessary justification for this request.

#### **Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category;
- Participants aged 18-21 must receive this service through the State Plan per EPSDT;
- The receipt of respite services 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 services, 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 is excluded for this waiver service, regardless of service setting or location;

- This service may not be utilized instead of other, more applicable support or care services, such as supportive home care;
- The respite provider may not also be the primary caregiver of the participant’s supportive home care, and they may not also share a residence with the participant; and
- Respite care may not be furnished for the purpose of compensating relief or substitute staff for residential service providers or supportive home care provider agencies who provide greater than eight (8) consecutive hours of service in a day. The costs of such staff must be addressed through the provider’s rate covered under the applicable waiver service.

**Limits on the Amount, Frequency, or Duration:**

Respite service limits are only applied to specific service providers, as detailed in the applicable service provider’s credentialing authorities (see provider specifications below for credentialing authorities).

**Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers.

Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Supportive Home Care Agency	IRIS Support Services Provider Training Standards <a href="https://www.dhs.wisconsin.gov/publications/p03071.pdf">https://www.dhs.wisconsin.gov/publications/p03071.pdf</a>
Organization	1-2 Bed Adult Family Home (AFH)	Certified as 1-2 Bed AFH under Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes (AFH)
Organization	Residential Care Apartment Complex (RCAC)	Wis. Admin. Code § DHS 89
Organization	Personal Care Agency	Wis. Admin. Code § DHS 105.17
Organization	Hospital	Wis. Admin. Code § DHS 124
Organization	Nursing Home	Wis. Admin. Code § DHS 132 and Wis. Admin. Code § DHS 134
Organization	Community-Based Residential Facility	Wis. Admin. Code § DHS 83
Organization	3-4 Bed Adult Family Home	Wis. Admin. Code § DHS 88
PHW	Individual Worker	IRIS Support Services Provider Training Standards <a href="https://www.dhs.wisconsin.gov/publications/p03071.pdf">https://www.dhs.wisconsin.gov/publications/p03071.pdf</a>



## IRIS Self-Directed Personal Care

### **Definition and Purpose:**

IRIS self-directed personal care (SDPC) allows the IRIS participant to self-direct their personal care instead of obtaining services from a certified Medicaid personal care agency (MAPC). SDPC allows the participant to self-direct their personal care by exercising employer and budget authority over their SDPC services and designated weekly personal care hours, which is separate from their base budget for their IRIS waiver services. The participant selects individual providers, participant-hired workers, who provide their direct care. DHS contracts with a single vendor to operate the SDPC services.

The 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 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.

### **Exclusions:**

Legal representatives and non-limited guardians may not provide this service to a participant that they represent.

### **Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers. Similarly to agency providers, participant-hired workers must meet the qualifications outlined below.

For details on participant employer authority and SDPC, see the SDPC policy, <https://www.dhs.wisconsin.gov/publications/p00708f.pdf>.

### **Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.



Provider Type	Provider Title	Qualifications
PHW	Participant-hired Worker	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.

## Nursing Services

### Definition and Purpose:

Nursing Services is also known as “professional nursing” as defined in Wisconsin’s Nurse Practice Act, Wis. Stat. Ch. 441. Nursing services are medically necessary, skilled nursing services that may only be provided safely and effectively by an advanced practice nurse, a registered nurse, or a licensed practical nurse who is working under the supervision of a registered nurse.

The nursing services provided must be within the scope of the Wisconsin Nurse Practice Act (NPA). This includes the specific roles and prescribed tasks of a skilled nurse, according to the NPA. All nursing services being provided must also be consistent with the participant's identified needs and documented on their service plan.

Delegation of nursing tasks to less skilled personnel shall be in accordance with Wis. Stat. § 441, Wis. Admin. Code § N 6, and the Wisconsin Nurses Association’s Guidelines for Registered Nurse Delegation to Unlicensed Assistive Personnel.

These services are provided when nursing services identified as needed in a participant’s plan of care and furnished under the approved Medicaid State Plan or through Medicare and plan limits are exhausted or when nursing services are not covered under the Medicaid State Plan or through Medicare.

**Prior authorization is required:** The statewide IRIS Self-Directed Personal Care (IRIS SDPC) oversight agency reviews the need for nursing services to ensure the participant’s needs exceed the Medicaid State Plan benefit limitations. Results of the analysis serve as the prior authorization for this service.

### Exclusions:

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category.
- Participants aged 18-21 must receive this service through the State Plan per EPSDT.

### Limits on the Amount, Frequency, or Duration:

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**This service cannot be provided remotely.**



**Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers. Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Agency-directed Registered Nurse/LPN	License: Wis. Stat. § 441  Certificate: Agency is certified by Medicare per Wis. Admin. § DHS 105.16
Individual	Individual RN or LPN	Wis. Stat. § 441

**Training Services for Unpaid Caregivers****Definition and Purpose:**

Training services for unpaid caregivers is the provision of training services for individuals who provide uncompensated care, training, companionship, supervision, or other supports to participants.

Training services includes instruction about treatment regimens and other services that are included in the participant's service plan, use of equipment specified in the service plan, and supports required to safely maintain the participant within the community. This service includes online or in-person training, conferences, and educational resources on the specific disabilities, illnesses, or conditions that affect the participant. Training services must provide the caregiver with more information about the participant's condition, what to expect, and how to provide the best care and support for someone with that specific condition.

Training services must assist 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 service plan and must directly relate to the individual's role in supporting the participant to meet their identified long term care needs.

Training services includes registration costs and fees associated with formal instruction in areas that are relevant to the needs identified in the participant's service plan.

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category.
- Training services provided to paid caregivers/providers;
- Services provided to or expenses incurred by a participant; and
- Payment for lodging and meal expenses.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

**Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers. Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Training/Service Agency	<p>License: 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.</p> <p>Certificate: 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.</p> <p>Other:</p>

		This training must be provided by accredited professionals who maintain current credentials in their field of practice.
Individual	Individual Trainer	<p>License: 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.</p> <p>Certificate: 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.</p> <p>Other: This training must be provided by accredited professionals who maintain current credentials in their field of practice.</p>

## Consultative Clinical and Therapeutic Services for Caregivers

### Definition and Purpose:

Consultative clinical and therapeutic services assist unpaid caregivers and/or paid support staff 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 purpose of these services is to improve the ability of unpaid caregivers and paid providers to carry out therapeutic interventions.

The service includes assessments, development of home treatment/support plans, intervention plans, training and technical assistance to carry out the plans, consultation with providers and potential providers, and monitoring of the participant and the provider in the implementation of the plans. This may be provided in the individual's home or in the community, as described in the participant's service plan. This service may also include consultation with service providers and potential providers to assess whether they can meet the unique needs of the participant, as well as to identify all supports necessary for caregivers to perform therapeutic interventions.

Services are provided by state licensed or certified professionals that deliver services limited to their areas of formal education and training, and as directed by their professional code of ethics.

Consultative clinical and therapeutic services for caregivers is a short-term service, only authorized so long as it is necessary to educate, train, or provide initial support to the caregiver(s).

### Exclusions:

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise

provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category.

- Must be directly related to a therapeutic need assessed and documented on the participant’s service plan.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

**Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers. Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Counseling or Therapy Organization	Employing or contracting with professionals with current state licensure or certification in their field of practice. Providers may also employ staff who work under the direction of professionals with current state licensure or certification in their field of practice.
Individual	Individual Counselor or Therapist	License: Professionals with current state licensure in their field of practice.  Certificate: Professionals with current state certification in their field of practice.

**Community Transportation**

**Definition and Purpose:**

Community Transportation is the transport of a participant to and from a waiver service, place of employment, or community service, activity, or resource as specified in the participant’s service plan. The cost of community transportation is reimbursed in accordance with the Internal Revenue Service federal mileage reimbursement rate and is outlined in the participant’s service plan. This service may consist of items such as public transit tickets, fare cards, or other fare media or services where the provider directly transports a participant (and the participant’s attendant, if any) to



destinations.

Community Transportation is offered in addition to medical transportation required under 42 CFR § 431.53 and transportation services under the State Plan, defined in 42 CFR § 440.170(a) (if applicable) and does not replace them.

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category.
- Participants aged 18-21 must receive this service through the State Plan per EPSDT.
- Excludes emergency (ambulance) medical transportation covered under the Medicaid State plan service.
- Transportation services may only be funded through the waiver when the services are not provided by a legally responsible third-party, such as school, private insurance, or a public entity. Whenever possible, family, neighbors, friends, community agencies, or local government programs that can provide this service without charge should be prioritized and utilized.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**This service cannot be provided remotely.**

**Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers.

Similarly to agency providers, participant-hired workers must meet the qualifications outlined below.

For more information on participant employer authority, refer to the IRIS Policy Manual.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Mass Transit Provider	Must be considered a mass transit as defined under Wis. Stat. § 85.20(1)(e)
Organization	Taxi or Common Motor Carrier	Must be considered a taxi or common motor carrier as defined under Wis. Stat. § 194.04
Organization	Specialized Transportation Provider	Wis. Admin. Code Ch. Trans 301, and must be considered specialized transportation as defined under: <ul style="list-style-type: none"><li>• Wis. Stat. § 85.21; or</li></ul>



		<ul style="list-style-type: none"> <li>• Wis. Stat. § 85.22; or</li> <li>• Wis. Stat. § 85.215.</li> </ul>
Organization	Transportation Network Company	Must be considered a Transportation Network Company as defined under: Wis. Stat. §§ 440.41 and 440.415
PHW	Individual Participant-hired Worker	Must have the following: <ul style="list-style-type: none"> <li>• Valid operator's license from the WI Department of Transportation, and</li> <li>• Auto liability insurance, with a vehicle in good repair including all operating and safety systems functioning.</li> </ul>

## Home Delivered Meals

### Definition and Purpose:

Home delivered meals are complete meals provided to participants who are unable to prepare or obtain nourishing meals without assistance, including those who may be unable to manage a special diet recommended by their physician. Home delivered meal costs may include the costs associated with the meal planning, nutrition services, supplies, equipment, labor, and transportation to deliver one to two meals a day.

Meals must align with USDA Dietary Guidelines for Americans standards, be medically appropriate for the participant, and must provide a minimum of one-third of the estimated daily calorie needs for the participant's age group.

### Exclusions:

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category.
- Does not include payment for congregate meals at federally subsidized nutrition sites.

### Limits on the Amount, Frequency, or Duration:

Home delivered meals may not constitute a full nutritional regimen (i.e., up to 2 meals per day and which do not constitute a full nutritional regimen is permitted).

**This service cannot be provided remotely.**

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

### Participant Employer Authority:

The participant may not exercise employer authority for this service category.

### Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless



otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Restaurants	Wis. Admin. Code Ch. ATCP 75
Organization	Aging Network Agency	Wis. Stat. § 46.82(1)(a)
Organization	Hospitals	Wis. Admin. Code § DHS 124
Organization	Nursing Homes	Wis. Admin. Code § DHS 132 Wis. Admin. Code § DHS 134
Organization	Home Health Agency	Wis. Admin. Code § DHS 105.16
Organization	Indian Health Care Provider (IHCP)	Indian Health Care Provider (IHCP) as defined by the American Recovery and Reinvestment Act of 2009

## AIDS, EQUIPMENT, AND SUPPLIES

### Assistive Technology (including Interpreter Services, Adaptive and Communication Aids)

#### Definition and Purpose:

Assistive technology is an item, piece of equipment, software, application, service dog, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants in their communities. This service category includes assistive technology typically referred to as adaptive or communication aids. Assistive technology services directly assist a participant in the selection, acquisition, or use of an assistive technology device. This service category also includes warranties, cost of maintenance, ancillary supplies, software, and equipment necessary for the proper functioning of assistive technology.

Assistive technology also includes services that directly assist a participant in the acquisition or use of assistive technology, such as:

- The evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant;
- Services consisting of purchasing, leasing/renting, or otherwise providing for the acquisition of assistive technology for participants;
- Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology;
- Coordination and use of necessary therapies, interventions, or services with assistive technology, including therapies, interventions, or services associated with other services in the service plan;
- Training or technical assistance for the participant, or, where appropriate, the family members, legal decision makers, advocates, or authorized representatives of the participant; and
- Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of the participant.

#### Service Dogs:

Assistive technology includes the purchase of a fully trained service dog. A service dog is defined as a dog that is

individually trained by a reputable provider experienced in providing structured training for service dogs to do work or perform tasks for the participant that are directly related to the participant's disability. Costs are limited to the following:

- Purchase of a fully trained service dog from a reputable provider with experience providing structured training for service dogs;
- Post-purchase training with a reputable provider experienced in providing structured training for service dogs to partner a service dog with the participant owner; and
- Ongoing maintenance costs of a fully trained service dog that include preventative, acute, and primary veterinary care and items necessary for the service dog to perform its task or work.

Service dog costs must be consistent with program policy. This includes the requirement that service dog expenses can only be for a dog that has been individually trained by a reputable provider experienced in providing structured training for service dogs to do work or perform tasks for an individual with a disability. The task(s) performed by the dog must be directly related to the participant's disability.

### **Interpreter Services:**

Assistive technology also includes interpreter services, which are provided to participants who have hearing, speech, or vision impairments and require interpretation to communicate with people in the community, employees, or others.

This service does not supplant the responsibility of SMA-contracted entities, service providers, or other health care professionals to take reasonable steps to provide meaningful access to their services by persons with limited English proficiency (LEP). Providers must provide language assistance services in order to comply with Title VI of the Civil Rights Act and Section 504 of the Rehabilitation Act of 1973.

### **Devices and Equipment for Remote Service Delivery:**

Assistive Technology also covers devices and equipment for remote service delivery. This is the purchase of devices and equipment required to facilitate access to waiver services being delivered remotely to increase, maintain, or improve the participant's functional capabilities at home, work, and in the community. All devices and equipment covered for the purpose of remote service delivery require the participant to have an authorization for a remote-eligible service on their plan. Additionally, prior to remote service delivery, the participant and remote service provider must have a service provider agreement in place indicating that remote services will be provided following the installation and setup of the devices and equipment. When devices or equipment are being issued and billed by the remote service provider as a part of their remote service rate, they may not be billed separately under this service category.

Devices, equipment, software, or communication and monitoring technology covered by this service may only be used in the context of remote monitoring and support services. Devices and equipment covered under this service category are:

- Radio frequency identification devices;
- Live audio or video feed equipment;
- Web-based monitoring systems; and
- Devices or equipment that facilitate live two-way communication.

All devices and equipment must be purchased for the participant by a qualified vendor. This service also includes installation, upkeep, and maintenance of devices or equipment, as appropriate. Devices or equipment not working properly and requiring repair must be repaired by a qualified vendor. If a participant has multiple services being remotely delivered on their service plan, the participant and their consultant must work to ensure devices or equipment may be utilized to address as many of the remote services as possible, with no duplicative purchases of devices or equipment.

Acquisition of all assistive technology, including the use of assessments, is subject to program policy consistent with this service definition. Services under this category which are in addition to assistive technology services available through the State Plan require a documented decision from State Plan Medicaid prior to acquisition. All assistive technology services require a qualified health care professional's order demonstrating medical or behavioral necessity (except interpreter services and devices and equipment for remote service delivery).

Assistive technology may be purchased, new or used, or leased to the participant. All assistive technology must meet all the applicable standards of manufacture, safety, design and installation such as Underwriters Laboratory (UL) and Federal Communication Commission (FCC).

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category;
- Participants aged 18-21 must receive this service through the State Plan per EPSDT;
- This service excludes costs related to a dog that does not meet the definition of a service dog (i.e. emotional support dog, therapy dog, dog training to become a service dog, household pet);
- This service excludes interpreter services that are otherwise available or are the responsibility of another entity, including for communication with the SMA-contracted entities, service providers, or other health care professionals that are required to provide interpreter services as part of their rate;
- Devices and equipment for remote service delivery excludes the purchase of any device or equipment for recreational or diversional purposes. Payment of recurring costs for the same or similar equipment is not allowable unless it is determined that the item or device has exhausted its useful life or has been rendered unsafe or unusable due to damage or defect; and
- This service category excludes the coverage of internet services. The participant must have access to internet services before devices requiring internet connection can be authorized or acquired.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

**Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers. Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless



otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

<b>Provider Type</b>	<b>Provider Title</b>	<b>Qualifications</b>
Individual	Independent Practice Veterinarian	Must meet licensure requirements defined under: Wis. Stat. § 89.06
Organization	Veterinary Clinic	Employing or contracting with licensed veterinarians who meet licensure requirements defined under Wis. Stat. § 89.06.
Individual	Qualified Health Professional	Professional with current state licensure or certification in their field of practice.
Organization	Qualified Health Professional Agency	Employing or contracting with professionals with current state licensure or certification in their field of practice.
Individual	Service Dog Trainer or Provider	Must be a reputable provider with experience providing structured training for service dogs.
Organization	Service Dog Training or Provider Agency	Must be a reputable provider with experience providing structured training for service dogs.
Organization	Durable Medical Equipment and Medical Supply Vendor	Must meet criteria defined under: <ul style="list-style-type: none"> <li>• Wis. Admin. Code § DHS 105.40, and</li> <li>• UL or FCC standards for electronic devices.</li> </ul>
Organization	Assistive Technology Vendor or Assessor	Must meet the following criteria: <ul style="list-style-type: none"> <li>• Must meet and be installed according to all the applicable standards of manufacture, safety, design and installation such as Underwriters Laboratory and Federal Communication Commission</li> </ul>
Individual	Interpreter, Facilitator, or Translator	License: <ul style="list-style-type: none"> <li>• If providing translation for the deaf or hard of hearing, provider must be licensed under Wis. Stat. § 440.032</li> </ul> Other Standard: <ul style="list-style-type: none"> <li>• Ability to interpret effectively, accurately, and impartially both receptively and expressively,</li> </ul>

		<p>using necessary specialized vocabulary.</p> <ul style="list-style-type: none"> <li>• Participants may further specify qualifications and requirements for Interpreter Service providers.</li> </ul>
Organization	Interpretation, Facilitation, or Translation Agency	<p>License:</p> <ul style="list-style-type: none"> <li>• If providing translation for the deaf or hard of hearing, provider must employ or contract with interpreters licensed under Wis. Stat. § 440.032</li> </ul> <p>Other Standard:</p> <ul style="list-style-type: none"> <li>• Ability to interpret effectively, accurately, and impartially both receptively and expressively, using necessary specialized vocabulary.</li> <li>• Participants may further specify qualifications and requirements for Interpreter Service providers.</li> </ul>
Organization	Technology Vendor	<p>Must meet the following criteria: Must meet and be installed according to all the applicable standards of manufacture, safety, design and installation such as Underwriters Laboratory and Federal Communication Commission</p>

## Specialized Medical Equipment and Supplies

### Definition and Purpose:

Specialized medical equipment and supplies include items, devices, equipment, or supplies necessary to maintain the participant’s health, manage a medical or physical condition, improve or maintain functioning, or enhance independence. The costs of routine maintenance and applicable warranties for such medical equipment and supplies are also included. Any item, device, equipment, or supply provided must be of direct medical or remedial benefit to the participant and must not be otherwise available to the participant through the Medicaid State Plan.

Items, devices, equipment, and supplies covered under this service category include:

- Over the counter medications with a National Drug Code (NDC) if not covered under the State Plan drug benefit and when prescribed by any licensed and authorized prescriber;
- Medically necessary prescribed skin conditioning lotions and lubricants;
- Prescribed Vitamin D, a prescribed multivitamin, and prescribed calcium supplements;

- Electronic medication management devices;
- Books and other therapy aids that are designed to augment a professional therapy or treatment plan; and
- Room air conditioners, humidifiers, and water treatment systems, when needed to support a participant’s health and safety outcomes.

Acquisition of all specialized medical equipment and supplies is subject to program policy consistent with this service definition and must be cost-effective. Items, devices, equipment, and supplies under this service category are in addition to medical supplies and equipment available under the State Plan and therefore require a documented decision from State Plan Medicaid prior to acquisition. All specialized medical equipment and supplies require a qualified health care professional’s order demonstrating medical or behavioral necessity.

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated and bundled with any service that is provided under another waiver service category.
- Items not regulated by the federal Food and Drug Administration (FDA) as nutritional or dietary supplements are excluded unless specifically covered under the Medicaid state plan.
- Participants aged 18-21 must receive this service through the State Plan per EPSDT.
- All specialized medical equipment and supplies must meet all the applicable standards of manufacture, safety, design and installation such as Underwriters Laboratory (UL) and Federal Communication Commission (FCC).

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**This service cannot be provided remotely.**

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

**Participant Employer Authority:**

The participant may not exercise employer authority for this service category.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Durable Medical Equipment and Medical Supply Vendor	Must meet criteria defined under: Wis. Admin. Code § DHS 105.40
Organization	Licensed Pharmacy	Must meet licensure requirements defined under Wis. Stat. § 450



Organization	Other Vendor	Reputable vendor that meets industry standards
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## Virtual Monitoring and Emergency Response Systems

### Definition and Purpose:

Virtual monitoring and emergency response systems is the provision of real-time monitoring services by trained professionals providing support from a secondary location and the provision of systems that allow participants to access emergency response services. This service ensures a participant’s ability to safely remain in their home and community with the least invasive level of support necessary, while decreasing reliance on paid on-site staff and avoiding placement in a more restrictive environment.

### Virtual Monitoring:

This service provides virtual monitoring and support provided through non-invasive monitoring technology, such as devices, sensors, and communication systems that allow staff operating from a secondary location to monitor and communicate with participants who do not require physical assistance or support. This service also includes communication with back-up supports when needed in the event of an equipment malfunction or when the participant needs unplanned in-person assistance, or with EMS in the event of an emergency. All equipment necessary for the provision of virtual monitoring must be supplied by the provider, including installation, upkeep, and maintenance of equipment.

The participant and any individuals living with the participant must be fully informed of what virtual monitoring is being provided and must consent in writing to the use of virtual monitoring systems, including for the types, locations, and schedule of use of remote monitoring systems, prior to use. The participant and/or individuals living with the participant may retract their consent at any time. If consent is retracted, the systems/equipment must be turned off and removed and back-up or necessary in-person supports authorized as soon as possible. Additionally, the participant has a right to turn off monitoring equipment at any time and must be provided with instructions on how to turn off the equipment.

### Personal Emergency Response Systems (PERS):

This service also includes PERS which are electronic devices or systems that provide a direct telephonic or other electronic communications link between someone living in the community and health professionals to secure immediate response and assistance in the event of a physical, emotional, or environmental emergency. This service includes devices and services necessary for operation of PERS when those devices and services are otherwise not available. This service also includes installation, upkeep, and maintenance of devices or systems as appropriate.

This service category includes initial training and technical assistance specific to all virtual monitoring and emergency response systems. This training and technical assistance will be provided to the participant, family members, and any individuals living with the participant, as applicable. This includes:

- Informing the participant of the control they will have over the equipment, including how the participant can turn off any monitoring systems or equipment present.
- A description or tour of where devices or monitors will be placed, including the locations of monitors and scheduled times of use.

Before authorizing virtual monitoring and emergency response systems, the participant, service provider, and ICA must develop and document a back-up support plan in the event of an emergency, equipment malfunction, or if the participant

otherwise requires unplanned in-person assistance.

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category;
- Funding for the installation and/or monthly cost of landline service;
- Funding for the installation and/or monthly cost of internet services (this service may only be authorized for participants who already have access to necessary internet services);
- Any monitoring systems or equipment with audio or video feed that is being placed in bedrooms or bathrooms; and
- Monitoring services that are evaluated or assessed to be functionally inequivalent to the service’s in-person modality for the requesting participant, as further defined in SMA policy.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

**Participant Employer Authority:**

The participant may not exercise employer authority for this service category.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	PERS Vendor	UL Standards for electronic devices or FCC regulations for telephonic devices.
Organization	Virtual Support Provider	Other Standard: <ul style="list-style-type: none"><li>• Provider follows UL or FCC standards for electronic devices, if applicable.</li><li>• Provider maintains a secure network system compliant with 45 C.F.R. Part 164.</li><li>• Provider has written policies and procedures that define emergency situations and detail how virtual support staff will respond.</li><li>• Provider has safeguards or emergency back-up systems, such as batteries or generators, at the</li></ul>



		<p>virtual support center and for use in the participant's home.</p> <ul style="list-style-type: none"> <li>• Provider trains staff on the ability to recognize and respond to emergencies, first-aid, participant health, safety, and welfare, privacy and confidentiality, participant rights, and participant-specific information and individual needs.</li> </ul>
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## TREATMENT RELATED

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### Counseling, Therapeutic, and Wellness Services

**Definition and Purpose:**

Counseling, therapeutic, and wellness services is the provision of professional, treatment-oriented services, resources, or interventions to address a participant's identified long-term care need, specifically related to their personal, social, physical, medical, behavioral, emotional, cognitive, mental, or substance abuse treatment needs. The outcome of these services is the maintenance or improvement of the participant's health, welfare, or general functioning in the community. Counseling, therapeutic, and wellness services must meet clearly defined outcomes, be effective for the participant's condition or desired outcome, and be cost effective, as demonstrated on the participant's service plan.

Counseling, therapeutic, and wellness services include:

- Aging or disability adjustment and adaptation counseling;
- Interpersonal counseling;
- Recreational therapy, music therapy, art therapy, and aquatic therapy;
- Culturally appropriate complementary medicine and wellness services;
- Massage therapy,
- Behavioral counseling;
- Grief counseling;
- Health club memberships and fitness classes; and
- Camps.

Costs directly associated with counseling, therapies, or wellness services received are also included in this service category. Services and expenses covered under this category may not be only recreational or diversional in nature. It must be demonstrated on the participant's service plan that the authorized service or expense serves an applicable counseling, therapeutic, or wellness purpose.

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise

provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category;

- Participants aged 18-21 must receive this service through the State Plan per EPSDT;
- Experimental or prohibited treatments, goods, and services;
- Inpatient services;
- Services provided by a physician;
- Attendant costs, to assist participants in attending counseling and therapeutic sessions (which is covered under Supportive Home Care services);
- Services provided must be recommended by a qualified health care or mental health professional;
- This service may only be authorized when there is an unmet need identified and documented, and when State Plan services have been exhausted; and
- When this service is being requested through the SMA additional funding request process, a participant may not already have more than one of these services authorized on their plan to meet the same need.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

**Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers. Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Counseling or Therapy Organization	Employing or contracting with professionals with current state licensure or certification in their field of practice. Providers may also employ staff who work under the direction of professionals with current state licensure or certification in their field of practice.
Individual	Individual Counselor or Therapist	Professionals with current state licensure or certification in their field of practice.
Organization	Camp	Licensure as provided under Wis. Admin. Code Ch. ATCP 78
Organization	Fitness Center	Meets standards per Wis. Stat. § 100.178 and Wis. Stat. § 100.177(1)(c)
Individual	Personal Trainer	<ul style="list-style-type: none"> <li>• Cardiopulmonary resuscitation (CPR) and automated external defibrillation (AED) certification; and</li> </ul>



		<ul style="list-style-type: none"> <li>National certification from an accredited agency.</li> </ul>
Individual	Wellness Provider	Provider must have licensure, certification, registration, accreditation, experience, or training appropriate to the service being provided.
Organization	Wellness Provider Agency	Provider must employ staff who have licensure, certification, registration, accreditation, experience, or training appropriate to the service being provided.

## DAY SERVICES

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### Adult Day Care

#### Definition and Purpose:

Adult Day Care services are the provision of services for part of a day in a non-residential group setting to participants who need an enriched social or health-supportive experience or need assistance with activities of daily living, supervision, and/or protection. The number of hours being utilized must be specified in the participant's service plan.

Adult day care services may include personal care, supervision, light meals, and medical care. Meals provided as part of adult day care may not constitute a full nutritional regimen (i.e., up to 2 meals per day and which do not constitute a full nutritional regimen is permitted).

Personal care services and transportation between the participant's place of residence and the adult day care setting may be provided as a component of this service (transportation between the service setting and any community site is always included in this service and provider's rate). The cost of these services is included in the rate paid to providers of these services.

#### Exclusions:

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category; and
- Adult day care services must be provided in a non-institutional, community-based setting.

#### Limits on the Amount, Frequency, or Duration:

Adult day care is limited to a maximum of 8 hours per day.

**This service cannot be provided remotely.**

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

#### Participant Employer Authority:

The participant may not exercise employer authority for this service category.

#### Provider Types and Qualifications:



To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Adult Day Care Provider	<ul style="list-style-type: none"> <li>• Certification as provided under Wis. Admin. Code § DHS 105.14</li> <li>• HCBS Compliant per 42 CFR § 441.301(c)(4)</li> </ul>

## Day Habilitation

### Definition and Purpose:

Day habilitation provides activities and supports to foster the acquisition of generalized skills and opportunities for the participant to actively participate in integrated community-based activities that build on the participant’s interests, preferences, gifts, and strengths. Day habilitation reflects the participant’s person-centered goals regarding community connections and involvement. This service promotes maximum participation in integrated community life while facilitating meaningful relationships, friendships, and social networks with participants of the broader community who share similar interests and goals for community participation. Services are aimed at supporting participants to reach the highest level of independence and, where possible, reducing or eliminating the need for paid supports to engage in personally meaningful community activities. Services provided must be consistent with the participant’s service plan.

Day Habilitation includes:

- Development of an inventory to establish baseline levels of skills and independence;
- Activities focused on the development, retention, and improvement of self-help, socialization, and adaptive skills;
- Daily opportunities to engage in community life and interact with participants of the broader community who do not receive waiver services;
- Community mapping;
- Supports and opportunities designed to foster, through experiential and adult learning, the acquisition of positive social skills, interpersonal competence, greater independence, and the ability to exercise and communicate personal choices and preferences;
- Coordination with needed therapies in the participant’s service plan, such as physical, occupational, or speech therapy;
- For participants with degenerative medical conditions, supports and community involvement opportunities that are designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills;
- Retirement activities;
- Supports to participate in volunteer opportunities not related to vocational goals;
- Skills in arranging and using transportation; and
- Completion of the six-month day habilitation report.

Day habilitation may be provided in a variety of settings in the community and must be provided separately from the participant's private residence or other residential living arrangement. When this service is provided in community settings, the service is expected to be provided in small groups no larger than three (3).

Meals may be provided as a part of day habilitation but shall not constitute a full nutritional regimen (i.e., up to 2 meals per day and which do not constitute a full nutritional regimen is permitted).

Personal care services and transportation between the participant's place of residence and the day habilitation setting may be provided as a component of this service (transportation between the facility and one or more community site is always included in this service and provider's rate). The cost of these services is included in the rate paid to providers of these services.

This service may be provided in a disability-specific, provider owned and controlled (facility-based) setting or a non-disability-specific (community-based) setting. When this service is provided in a provider owned or controlled setting for any portion of the service delivery, the setting is considered facility-based. However, a portion of facility-based setting services must involve community-based service opportunities for participants. When this service is provided in a community setting 100% of the time, the setting is considered community-based. Community-based service delivery may use a provider owned or controlled setting as a primary address but cannot provide services in that setting.

Participants who receive day habilitation may also receive educational, supported employment, and prevocational services separately. However, different types of non-residential services may not be billed for the same period of the day.

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category;
- May not include the payment of services that are vocational in nature (i.e., for the primary purpose of producing goods or performing services); and
- May not include volunteering for the day habilitation provider.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**This service cannot be provided remotely.**

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

**Participant Employer Authority:**

The participant may not exercise employer authority for this service category.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless



otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Facility-Based Day Habilitation Agency	<p>Facility is HCBS compliant per 42 CFR § 441.301(c)(4), and</p> <p>At least one of the following:</p> <ul style="list-style-type: none"> <li>• Accreditation by a nationally recognized accreditation agency, or</li> <li>• A minimum of two years of experience working with the target population in providing this service, daily living skills training, supportive home care, personal care, home health care, skilled nursing, supported employment or similar services.</li> </ul> <p>If transportation services are provided, the provider must meet the qualifications for Community Transportation.</p>
Organization	Community-Based Day Habilitation Agency	<p>Service delivery is 100% community-based, and</p> <p>At least one of the following:</p> <ul style="list-style-type: none"> <li>• Accreditation by a nationally recognized accreditation agency, or</li> <li>• A minimum of two years of experience working with the target population in providing this service, daily living skills training, supportive home care, personal care, home health care, skilled nursing, supported employment or similar services.</li> </ul> <p>If transportation services are provided, the provider must meet the qualifications for Community Transportation.</p>

# EMPLOYMENT

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## Individual Supported Employment

### **Definition and Purpose:**

Individual Supported Employment services that consist of six separate service components which assist participants with obtaining and maintaining competitive integrated employment (CIE). CIE is defined in the SMA program resources. For each service covered under this category, the completion of all applicable documentation is a requirement of service provision as detailed in SMA policy.

### **1. CIE Discovery**

CIE discovery is a time-limited practice for participants who have decided to pursue CIE. This service is appropriate when a participant requires further assessment to guide successful job development efforts after they have determined they would like to pursue CIE. The decision to pursue CIE must be documented in the plan prior to utilizing this service category.

CIE Discovery includes:

- a. Person-centered discovery assessment process as part of CIE planning;
- b. An application to the Division of Vocational Rehabilitation (DVR) for assistance with obtaining CIE, including sharing the participant's completed assessment profile with their DVR counselor;
- c. Clarifying specific conditions necessary for the participant to achieve a successful CIE outcome by:
  - i. Observing the participant in familiar and novel situations with an emphasis on familiar situations and activities where participant's specific interests, skills, and competencies will be most apparent;
  - ii. Interviews with family, friends, and others with close relationships to the participant to gain additional understanding of the participant's specific interests, skills, strengths, abilities, and conditions for success in CIE;
  - iii. Translating interests, skills, and strengths exhibited in the participant's daily life into possibilities for CIE;
  - iv. Completion of an individualized summary of the CIE discovery process and outcomes; and
  - v. Documentation of each date of service, the activities performed, and the duration of each activity in the CIE discovery service.
- d. Determining participant interest toward aspects of the labor market;
- e. Recognizing skills, strengths, and other contributions valuable to employers or to the community; and
- f. Identify and effectively match participant's interests, skills, strengths, personality, and conditions for success to a prospective employer and job.

### **2. CIE Job Development**

CIE Job Development is designed to support a participant through job development with the goal to obtain CIE. CIE resulting from job development must be consistent with the participant's person-centered employment outcomes, including type of work, preferred hours, and income desired. Job development includes:

- a. Written goals, preferences, and conditions for success prior to the start of the service;
- b. Obtaining sufficient knowledge from the participant's CIE Discovery process to effectively match their interests, skills, strengths, personality, and conditions for success to a prospective employer and job;
- c. Direct and indirect time networking with businesses on behalf of the participant to find and create CIE opportunities;



- d. Job duty negotiation and representation on behalf of the participant with prospective employers; and
- e. Assessing and negotiating the types of assistance and accommodations a participant may need to fully perform and maintain their job.

CIE Job Development may not be authorized for a participant already engaged in CIE, except when specific criteria is met, as detailed in policy.

### **3. CIE Job Coaching**

CIE job coaching consists of job training and performance-related supports for a participant. CIE job coaching includes:

- a. Task analysis of the job;
- b. Structured intervention techniques, including job site training via systematic instruction, to assist the participant in learning to perform job tasks;
- c. Teaching and modeling appropriate work ethics, interpersonal skills, and other soft skills necessary to ensure success in CIE, including travel and mobility skills;
- d. Engagement with the participant's supervisor and co-workers;
- e. Evaluation and facilitation of necessary job accommodations;
- f. Performance assessments to measure progress in learning tasks and skills required to successfully sustain CIE;
- g. Assisting the participant to develop self-advocacy skills at work; and
- h. A job coach fading plan.

### **4. Workplace Personal Assistance (WPA)**

Workplace personal assistance provides on-going employment supports and personal assistance at the workplace for the participant to sustain CIE when job coaching for independence is no longer needed. This service is used to assist a participant in tasks where independent mastery has been determined not possible due to physical, behavioral health, and/or emotional challenges. CIE Workplace Personal Assistance includes:

- a. Assistance with personal care while at work;
- b. Assistance during paid and unpaid breaks;
- c. Motivational and behavioral supports;
- d. Physical supports using the concept of partial participation;
- e. Supervision supports to maintain safety in the workplace;
- f. Assisting the participant to maintain employment by working with the employer and co-workers on scheduling, performance expectations, transportation, communication, and promoting skill acquisition; and
- g. Check-ins with the employer regarding work performance and expectations.

Workplace personal assistance can be provided in addition to CIE job coaching only when a participant has a portion of their job where they are expected to become independent through assistance from a job coach and has another portion of the job where they are not expected to be able to become independent. Job coaching and WPA services may not be provided for the same unit of time.

### **5. Partners with Business (PwB)**

PwB enables a participant to maintain CIE with a combination of informal and paid employment supports provided directly by their employer. The supported employment provider reimburses the employer for the co-worker(s) support that is beyond what is typically available to workers without disabilities filling the same or similar positions. PwB includes:

- a. Facilitating and establishing the PwB arrangement, including:



- i. Utilization of the PwB support analysis;
  - ii. Negotiation of PwB supports with the employer;
  - iii. Implementation of co-worker background checks;
  - iv. Implementation of a PwB agreement; and
  - v. Development of a co-worker support plan, that outlines the direct support provided by a co-worker that a job coach/WPA would otherwise provide.
- b. Training for the co-worker(s) providing PwB support, including:
- i. Training specific to the participant, including the support plan, communication style, learning style, and specific needs related to performing and maintaining their job; and
  - ii. Ensuring the co-worker completes the DHS WPA web-based training if providing assistance with personal care.
- c. Supporting the employer, supervisor, and co-workers supporting the participant, including:
- i. On and off-site follow-along back-up supports;
  - ii. Providing assistance with supports typically provided by the co-worker when temporarily unavailable; and
  - iii. Monthly check-ins with the employer and participant, at minimum.
- d. Fading expectations should be in place to maximize the independence of the employed participant while also ensuring that the participant can successfully maintain CIE.

The employer may only be reimbursed for supports identified through the PwB support analysis that would otherwise be provided by a job coach or WPA. Reimbursement is based on units of service that would otherwise need to be provided by a Supported Employment provider, as determined through the PwB support analysis. Informal supports for the participant, already negotiated with, and provided by, the employer prior to the implementation of PwB are not reimbursable under PwB.

**6. Work Incentive Benefits Counseling (WIBC)**

WIBC provides the participant individualized information about their benefits and how earnings could affect them. The information offers the participant guidance to make informed choices about employment. WIBC services includes:

- a. Verifying the participant’s current benefits;
- b. Identifying benefits that may change as a result of increased work earnings;
- c. Identifying options and costs for health and long-term care benefits;
- d. Predicting foreseeable points of benefit changes;
- e. Providing contact information for agencies to which the participant will need to report earnings;
- f. Providing accurate and applicable information regarding Social Security work incentives;
- g. Developing a written summary of an individualized person-centered work incentive benefits analysis;
- h. Holding an in-person meeting with the participant to explain the individualized written work incentive benefits analysis; and
- i. Providing follow-along services for up to one year for questions and clarifications about benefits.

Participants working, regardless of what individual supported employment services are selected or provided, shall be compensated in accordance with applicable Federal and State laws and regulations and shall earn no less than the federal minimum wage or a higher minimum wage if established in the locality where the participant works.



Personal care services and transportation between the participant's place of residence and the setting may be provided as a component of this service (transportation between the service setting and any community site is always included in this service and provider's rate). The cost of these services is included in the rate paid to providers of these services.

These services may be provided to supplement, but not duplicate services that are available and provided to a participant as part of an approved Individualized Plan for Employment (IPE), funded under the Rehabilitation Act of 1973, as amended, or under an approved Individualized Education Plan (IEP), under the Individuals with Disabilities Education Act (IDEA). Prior to authorizing this service, the participant's record documents that this service is not otherwise available to the participant through a program funded by Vocational Rehabilitation under section 110 of the Rehabilitation Act of 1973, as amended, and, for participants ages 18-22, not available through a program funded under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C.1401 et seq).

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category;
- May only be provided in non-disability-specific settings in the community, which are not leased, owned, operated, or controlled by a service provider. The only exceptions are during the observation element of the CIE discovery component, where a disability-specific setting is a familiar place for the participant;
- May not be provided in a small-group format. The ratio is always 1:1 for this service;
- May not include volunteer work, regardless of the setting;
- Must not include payment for supervision, training, support, and adaptations typically available to other non-disabled workers in similar positions at their place of employment; and
- Does not include 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
  - Wages or other payments that are passed through to users of supported employment services.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers.

Similarly to agency providers, participant-hired workers must meet the qualifications outlined below.

For more information on participant employer authority, refer to the IRIS Policy Manual.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless



otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Individual or PHW	On-the-Job Support Person or Job Developer	<p>At least one of the following:</p> <ul style="list-style-type: none"> <li>• A Division of Vocational Rehabilitation (DVR) contracted provider of Supported Employment or Customized Employment services; or</li> <li>• CESP certification from National APSE; or</li> <li>• ACRE Basic Employment Certificate in Supported Employment, Community Employment or Customized Employment; or</li> <li>• At least 2 years of experience working with the target population providing employment-related services.</li> </ul> <p>If transportation services are provided, the provider must meet the qualifications for Community Transportation.</p>
Organization	Supported Employment Agency	<p>At least one of the following:</p> <ul style="list-style-type: none"> <li>• A Division of Vocational Rehabilitation (DVR) contracted provider of Supported Employment or Customized Employment services; or</li> <li>• Accreditation by a nationally recognized accreditation agency; or</li> <li>• At least 2 years of experience working with the target population providing employment-related services in the community.</li> </ul> <p>If transportation services are provided, the provider must meet the qualifications for Community Transportation.</p>
Individual	Work Incentive Benefit Specialist	<p>At least one of the following:</p> <ul style="list-style-type: none"> <li>• A Division of Vocational Rehabilitation (DVR) contracted provider of Work Incentive Benefits services; or</li> <li>• Community Work Incentive Coordinator (CWIC) certification or completion of a similar comprehensive training program.</li> </ul>

Organization	Work Incentive Benefits Counseling Agency	A Division of Vocational Rehabilitation (DVR) contracted provider of Work Incentive Benefits services.
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## Small Group Supported Employment

### Definition and Purpose:

Small group supported employment services provide a combination of person-centered career exploration, career planning, and employment training activities in integrated community settings. This service is provided alongside the general workforce in regular business or industry for groups of two (2) to six (6) workers. Small group supported employment must be provided in a manner that promotes integration into the workplace and integration between participants and people without disabilities in those workplaces. Examples include mobile crews, enclaves, and other business-based workgroups who employ small groups of workers with disabilities in a community setting. Small group supported employment does not include services provided in facility-based work settings.

Participants must have a goal or outcome of at least part-time competitive integrated employment (CIE) in their service plan to receive this service. The expected outcome of this service includes gains in knowledge, skills, personal strengths, and experiences, which contribute to the participant pursuing, achieving, or sustaining CIE. CIE is defined in the SMA program resources.

Small group supported employment services include:

- Career exploration and development leading to at least part-time participation in CIE. Career exploration activities must be provided in integrated community settings where such activities typically take place for individuals not receiving waiver services. Activities include:
  - Business tours and informational interviews;
  - Small group discovery;
  - Meeting with prospective employers;
  - Small group educational opportunities focused on key aspects of CIE;
  - Division of Vocational Rehabilitation (DVR) orientation;
  - Soft skill education and training opportunities;
  - Developing transportation and mobility skills; and
  - Identification of need and referral for work incentive benefits analysis.
- Work experiences matched to a participant’s interest, strengths, skills, abilities, and conditions for success while being transferable to CIE;
- Supports expected to maximize participant independence and skill acquisition, utilizing systematic instruction based on job analysis, along with individualized assistive or adaptive devices and support; and
- Other workplace support services that are not specifically related to job skill training that enable the participant to be successful in work and other community settings where this service is provided.

Participants receiving small group supported employment may also receive educational, pre-vocational, career planning, and day services. However, different types of non-residential services may not be billed for the same period of time.

Participants engaged in elements of this service that involve work shall be compensated in accordance with applicable

Federal and State laws and regulations.

Personal care services and transportation between the participant's place of residence and the setting may be provided as a component of this service (transportation between the service setting and any community site is always included in this service and provider's rate). The cost of these services is included in the rate paid to providers of these services.

May be provided to supplement, but not duplicate services that are available and provided to a participant as part of an approved Individualized Plan for Employment (IPE), funded under the Rehabilitation Act of 1973, as amended, or under an approved Individualized Education Plan (IEP), under the Individuals with Disabilities Education Act (IDEA). Prior to authorizing this service, the participant's record documents that this service is not otherwise available to the participant through a program funded by Vocational Rehabilitation under section 110 of the Rehabilitation Act of 1973, as amended, and, for participants ages 18-22, not available through a program funded under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C.1401 et seq).

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category;
- May only be provided in non-disability-specific settings in the community, which are not leased, owned, operated, or controlled by a service provider;
- May not include volunteer work, regardless of the setting;
- Must not include payment for supervision, training, support, and adaptations typically available to workers without disabilities who fill similar positions in the business; and
- Does not include incentive payments, subsidies, or unrelated vocational training expenses, including the following:
  - Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment, or
  - Wages or other payments that are passed through to users of supported employment services.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

**Participant Employer Authority:**

The participant may not exercise employer authority for this service category.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.



Provider Type	Provider Title	Qualifications
Organization	Supported Employment Agency	<p>Setting is HCBS compliant per 42 CFR § 441.301(c)(4), and</p> <p>At least one of the following:</p> <ul style="list-style-type: none"> <li>• A Division of Vocational Rehabilitation (DVR) contracted provider of Supported Employment or Customized Employment services; or</li> <li>• Accreditation by a nationally recognized accreditation agency; or</li> <li>• A minimum of two (2) years of experience working with the target population providing employment-related services in the community.</li> </ul> <p>If transportation services are provided, the provider must meet the qualifications for Community Transportation.</p>

## Competitive Integrated Employment (CIE) Exploration

### Definition and Purpose:

Competitive integrated employment (CIE) Exploration is intended to help participants make an informed choice about whether they would like to pursue CIE, including self-employment. CIE is defined in the SMA program resources. CIE Exploration is appropriate for a participant who is not currently employed in CIE and needs more information to make informed choice about whether they want to pursue CIE, including self-employment.

CIE Exploration includes:

- Career exploration and development leading to at least part-time participation in CIE. Career exploration activities must be provided in integrated community settings where such activities typically take place for individuals not receiving waiver services. Activities include:
- Arrangement of career exploration opportunities and assistance in participation of at least 3 business tours, informational interviews, and/or job shadows;
- Debriefing with the participant after career exploration experiences;
- Introductory education on supported employment services;
- An initial conversation about work incentives available to minimize the impact of CIE on public benefits and identification of need for personalized, in-depth Work Incentives Benefits Analysis;
- Documentation in the participant’s plan regarding their choice about pursuing CIE following the completion of the service;
- Person-centered exploration planning; and
- Completion of the required reporting documentation related to this service, as detailed in SMA policy.

Participants who are receiving CIE exploration services may not receive individual supported employment services or vocational futures planning and support services. This service does not include Work Incentives Benefits Analysis, which is covered under individual supported employment.

CIE Exploration services may be provided to supplement, but not duplicate, services that are available and provided to a participant as part of an approved Individualized Plan for Employment (IPE), funded under the Rehabilitation Act of 1973, as amended, or under an approved Individualized Education Plan (IEP), under the Individuals with Disabilities Education Act (IDEA). Prior to authorizing this service, the participant's record documents that this service is not otherwise available to the participant through a program funded by Vocational Rehabilitation under section 110 of the Rehabilitation Act of 1973, as amended, and, for participants ages 18-22, not available through a program funded under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C.1401 et seq).

Transportation between the participant's place of residence and the service setting may be provided as a component of this service (transportation between the service setting and any community site is always included in this service and provider's rate). The cost of these services is included in the rate paid to providers of these services.

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category;
- May only be provided in non-disability specific settings typically found in the community or the participant's residence, which is not a provider-controlled setting. The only exception is if the participant lives in a residential setting that is leased, owned, operated, or controlled by a provider and this setting is the most appropriate setting for this service; and
- May not be provided in a small-group format. The ratio is always 1:1 for this service.

**Limits on the Amount, Frequency, or Duration:**

CIE Exploration may not be authorized on a participant's service plan for longer than a 365-day period and only when the participant is not actively receiving service(s) to obtain CIE or already engaged in CIE.

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

**Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers.

Similarly to agency providers, participant-hired workers must meet the qualifications outlined below.

For more information on participant employer authority, refer to the IRIS Policy Manual.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.



Provider Type	Provider Title	Qualifications
Individual or PHW	CIE Exploration Provider	<p>At least one of the following:</p> <ul style="list-style-type: none"> <li>• A Division of Vocational Rehabilitation (DVR) contracted provider of Supported Employment or Customized Employment services; or</li> <li>• CESP certification from National APSE; or</li> <li>• ACRE Basic Employment Certificate in Supported Employment, Community Employment or Customized Employment; or</li> <li>• At least 2 years of experience working with the target population providing employment-related services.</li> </ul> <p>If transportation services are provided, the provider must meet the qualifications for Community Transportation.</p>
Organization	Supported Employment Agency	<p>At least one of the following:</p> <ul style="list-style-type: none"> <li>• A Division of Vocational Rehabilitation (DVR) contracted provider of Supported Employment or Customized Employment services; or</li> <li>• Accreditation by a nationally recognized accreditation agency; or</li> <li>• At least 2 years of experience working with the target population providing employment-related services.</li> </ul> <p>If transportation services are provided, the provider must meet the qualifications for Community Transportation.</p>

## Vocational Futures Planning and Support

### Definition and Purpose:

Vocational Futures Planning and Support (VFPS) is a person-centered, team-based comprehensive employment planning and support service that assists the participants to obtain, maintain, or advance in competitive integrated employment (CIE), including self-employment and microenterprise. CIE is defined in the SMA program resources. This service assists a participant in identifying a pathway to CIE and addresses barriers to employment due to the participant's disability, benefits, or life circumstances. The expected outcome of this service includes measurable gains in knowledge, skills, personal strengths, and experiences that contribute to the participant obtaining and sustaining CIE with the highest

possible wage. This service may not be authorized for a participant who has already obtained CIE outside the VFPS process or does not have a goal to advance in CIE.

Vocational Futures Planning and Support includes the development of an employment plan based on these seven elements:

- Coordination of the VFPS process;
- Development of a written employment plan based on an individualized person-centered determination of the participant's strengths, assets, needs, interests, conditions for success, and barriers to CIE;
- An employment-focused assistive technology pre-screen or in-depth assessment;
- Work incentive benefits analysis;
- Career exploration and goal validation;
- Job seeking support, including customized job negotiation or business plan development and launch; and,
- Job coaching, including systematic instruction to stabilize the participant in CIE or workplace personal assistance (WPA) support to maintain CIE.

Vocational Futures Planning and Support must be provided by qualified professionals applicable to the service element they are providing that include, for example, an employment specialist, a benefit 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 thirty (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.

Personal care services and transportation between the participant's place of residence and the setting may be provided as a component of this service (transportation between the service setting and any community site is always included in this service and provider's rate). The cost of these services is included in the rate paid to providers of these services.

Vocational Futures Planning and Support may be provided to supplement, but not duplicate services that are available and provided to a participant as part of an approved Individualized Plan for Employment (IPE), funded under the Rehabilitation Act of 1973, as amended, or under an approved Individualized Education Plan (IEP), under the Individuals with Disabilities Education Act (IDEA). Prior to authorizing this service, the participant's record documents that this service is not otherwise available to the participant through a program funded by Vocational Rehabilitation under section 110 of the Rehabilitation Act of 1973, as amended, and, for participants ages 18-22, not available through a program funded under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C.1401 et seq).

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category, such as prevocational or supported employment services;
- May not be provided in small group format. The ratio is always 1:1 for this service; and
- May not be used to support volunteer work, regardless of the setting.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.



**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

**Participant Employer Authority:**

The participant may not exercise employer authority for this service category.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Vocational Futures Planning and Support Agency	<p>The Vocational Futures Planning and Support agency must offer all seven elements of the service, and</p> <p>At least one of the following:</p> <ul style="list-style-type: none"><li>• A Division of Vocational Rehabilitation (DVR) contracted provider of Supported Employment and/or Customized Employment services; or</li><li>• Accreditation by a nationally recognized accreditation agency; or</li><li>• A minimum of two (2) years of experience working with the target population providing employment-related services.</li></ul> <p>If transportation services are provided, the provider must meet the qualifications for Community Transportation.</p>

**Prevocational Services**

**Definition and Purpose:**

Prevocational services are designed to create a person-centered path for participants to achieve or maintain at least part-time participation in competitive integrated employment (CIE). CIE is defined in the SMA program resources. This service involves community-based learning, paid work training experiences, and community-based volunteering where the participant can develop general, non-job-task-specific strengths, skills, knowledge, and experience that contribute to



employability within CIE. Services are expected to occur over a defined period of time as determined by the participant and their IRIS consultant. The expected outcome of this service is measurable gains in knowledge, skills, personal strengths, and experiences that contribute to the member's engagement to obtain or maintain CIE with the highest possible wage. When this service is authorized for a participant already working in CIE, the service must focus on goals related to ensuring the member's success in, and ability to sustain CIE. Any participant who utilizes this service must have a documented outcome of CIE on their service plan. This service cannot be authorized or reauthorized for a participant who has indicated that they do not wish to pursue CIE.

Prevocational services include:

- Community-based exploration and experiential opportunities that facilitate a participant's desire for, and ongoing participation in CIE at the highest possible wage;
- Services and skill-building opportunities that are matched to the participant's interests, strengths, priorities, abilities, and conditions for success in CIE (including programs such as Project SEARCH);
- Development of general skills that lead to CIE, including:
  - Communicating effectively with supervisors, co-workers, and customers;
  - Expressing and understanding expectations;
  - Adhering to generally accepted community workplace conduct;
  - Following directions and completing tasks;
  - Utilizing workplace problem-solving skills and strategies;
  - Learning to network;
  - Developing interview skills;
  - Creating resumes and portfolios;
  - Managing conflicts;
  - Learning and applying general workplace safety; and
  - Mobility training.
- Volunteering opportunities; and
- Completion of a six-month progress report and service plan documentation. The purpose of this is to ensure and document that prevocational services are assisting the participant in progressing toward a goal of at least part-time, integrated employment. Timely completion of this document is required for reauthorization of prevocational services.

Personal care services and transportation between the participant's place of residence and the prevocational setting may be provided as a component of this service (transportation between the service setting and any community site is always included in this service and provider's rate). The cost of these services is included in the rate paid to providers of these services.

This service may be provided in a disability-specific, provider owned and controlled (facility-based) setting or a non-disability-specific (community-based) setting. When this service is provided in a provider owned or controlled setting for any portion of the service delivery, the setting is considered facility-based. However, a portion of facility-based setting services must involve community-based service opportunities for participants. When this service is provided in a community setting 100% of the time, the setting is considered community-based. Community-based service delivery may use a provider owned or controlled setting as a primary address but cannot provide services in that setting.

Prevocational services are not considered outcomes in and of themselves, nor is any prevocational service, including paid training, considered to be employment if service authorization is required to ensure the continued availability for the participant's participation in the paid training.

Participation in prevocational services is not a prerequisite for participation in CIE or authorization of any other employment services provided under the waiver. Participants who receive prevocational services may also receive educational services, supported employment, and/or day services. The participant's service plan may include two or more types of non-residential services. However, different types of non-residential services may not be billed for the same period of time. These services also may not overlap or be blended with other employment services or residential services.

Prevocational services may be provided to supplement, but not duplicate services that are available and provided to a participant as part of an approved Individualized Plan for Employment (IPE), funded under the Rehabilitation Act of 1973, as amended, or under an approved Individualized Education Plan (IEP), under the Individuals with Disabilities Education Act (IDEA). Prior to authorizing this service, the participant's record documents that this service is not otherwise available to the participant through a program funded by Vocational Rehabilitation under section 110 of the Rehabilitation Act of 1973, as amended, and, for participants ages 18-22, not available through a program funded under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C.1401 et seq).

Participants who participate in paid training as part of prevocational services shall be compensated in accordance with applicable Federal and State laws and regulations. Compensation at sub-minimum wage shall comply with the Fair Labor Standards Act and the Workforce Investment and Opportunity Act (WIOA) including WIOA provision for youth with disabilities under age 26. If a member's calculated wage for paid training in this service under Section 14(c) of the FLSA is minimum wage or higher, the member is not eligible to receive facility-based prevocational services during the time this paid training is occurring.

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category;
- Unless used to support Project SEARCH, community-based prevocational services are expected to be provided in small groups no larger than three (3). This service can be provided on an individual basis as appropriate for participant's needs;
- When a participant's service plan includes a prevocational service, there must be documented opportunities for participation in community-based activities consistent with the intended outcome of this service and which facilitate the participant's interactions with people from the broader community who are not receiving waiver services. This includes opportunities and support specific to pursuing CIE in the community;
- Waiver funding is not available for vocational services (paid work as opposed to time-limited paid training) delivered in facility-based settings where participants are supervised for the primary purpose of producing goods or performing services; and
- This service cannot involve volunteering for a service provider on their service plan or volunteering in situations where a participant must be paid under state and federal labor laws.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**This service cannot be provided remotely.**

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**



**Participant Employer Authority:**

The participant may not exercise employer authority for this service category.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Facility-Based Prevocational Services Provider	<p>Facility is HCBS compliant per 42 CFR § 441.301(c)(4), and</p> <p>At least one of the following:</p> <ul style="list-style-type: none"> <li>• Accreditation by a nationally recognized accreditation agency, or</li> <li>• A DVR contracted provider of Supported Employment Services, or</li> <li>• A minimum of two years of experience working with the target population providing employment-related services.</li> </ul> <p>If transportation services are provided, the provider must meet the qualifications for Community Transportation.</p> <p>The provider must comply with all applicable occupational health and safety standards of the Federal Occupational Safety and Health Administration (OSHA).</p>
Organization	Community-Based Prevocational Services Provider	<p>Service delivery is 100% community-based, and</p> <p>At least one of the following:</p> <ul style="list-style-type: none"> <li>• Accreditation by a nationally recognized accreditation agency, or</li> <li>• A DVR contracted provider of Supported Employment Services, or</li> <li>• A minimum of two years of experience working with the target population providing employment-related services.</li> </ul> <p>If transportation services are provided, the provider must meet the qualifications for Community Transportation.</p> <p>The provider must comply with all applicable occupational health and safety standards of the Federal Occupational Safety and Health Administration (OSHA).</p>

# OTHER

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## Individual Directed Goods and Services

### Definition and Purpose:

Individual Directed Goods and Services refers to services, equipment, or supplies that addresses or enhances the participant's opportunity to achieve their long-term support need but is not already coverable under another service category. The service, equipment, or supply included under this service must not be included under an exclusion of another service category.

Any service, equipment, or supply covered must be cost-effective and clearly address a participant's identified long-term care need, be documented in their service plan, and meet the additional following requirements:

- The participant is reasonably unable to obtain the good or service from another source; and
- At least one of the following:
  - The good or service must decrease the need for other Medicaid services (Medicaid State Plan or other waiver services); or
  - Promote or maintain inclusion in the community; or
  - Increase or maintain the participant's safety in their home environment.

Individual Directed Goods and Services are purchased from the participant-directed budget. Any service, equipment, or supply included under this service definition must be verified by the SMA prior to service authorization and utilization.

### Exclusions:

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category.
- Participants aged 18-21 must receive this service through the State Plan per EPSDT.

### Limits on the Amount, Frequency, or Duration:

Experimental or prohibited treatments, goods, and services are excluded.

### Participant Employer Authority:

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers. Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

### Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless

otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
PHW	Participant-hired worker	Meets applicable industry standards.
Organization	Home Health Care Agency, Supportive Home Care Agency, Aging Network Agency, Education and Training Agency, or Other Merchants or Contractors	Meets applicable industry standards.

## Environmental Accessibility Adaptations (Home Modifications)

### Definition and Purpose:

Environmental accessibility adaptations, commonly referred to as home modifications, are physical adaptations to the private residence of a participant or participant’s family that ensure the health, welfare, and safety of the participant and enable the participant to function with greater independence in their home. These are generally permanent fixtures and/or changes to the physical structure of the home. This service category also includes cost of materials, services, permits and inspections, maintenance, and warranties necessary for a modification.

Modifications covered under this waiver service include:

- Accessible alerting systems for smoke/fire/carbon monoxide;
- Adaptive doorbells, locks, and/or security items, systems, or devices;
- Adaptive doorknobs and door openers;
- Adaptive lighting;
- Bathroom adaptations for bathing, showering, toileting, and personal care needs;
- Fences;
- Flush entries and leveled thresholds;
- Installation of specialized electric and plumbing systems that are necessary to accommodate the participant’s medical equipment and supplies;
- Kitchen counter and sink modifications;
- Railings to safely access the home;
- Raised electrical switches and sockets;
- Ramps from street, sidewalk, or house;
- Wheelchair accessible and slip-resistant flooring;
- Stair gliders and stair lifts;
- Surface protection;
- Swing-clear and expandable offset door hinges;
- Track lift systems;
- Vertical lifts; and
- Widened doorways, landings, and hallways.

Modifications may be made up to 180 days prior to leaving the institutional setting and enrolling in the waiver but cannot be paid for until the participant is enrolled in the waiver.

Acquisition of all modifications, including use of SMA-conducted accessibility assessments, is subject to program policy consistent with this service definition and must be cost-effective. Modifications of permanent or structural nature are further defined in SMA program resources. Non-permanent or non-structural changes are allowed when another entity (i.e. landlord or residential provider) is not responsible for making the needed adaptation(s).

All modifications are required to comply with applicable local and state housing or building codes and are subject to inspections required by the municipality responsible for administering the codes.

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category;
- Participants aged 18-21 must receive this service through the State Plan per EPSDT;
- Modifications or improvements that are of general home maintenance and upkeep, including those that are exclusively for the purpose of bringing the home up to local and state housing or building code requirements (i.e. roof repair, flooring replacement, sidewalks, etc.);
- Modifications to the home which are of general utility and are not of direct medical or remedial benefit to the participant (e.g., household appliances, whole house generators, or central air conditioning systems);
- Modifications made to living arrangements that are owned or leased by agency providers of other waiver services;
- Permanent or structural modifications to rented living arrangements;
- Modifications that do not meet standards of manufacture, design, and installation;
- Funding for the installation and/or monthly cost of internet services (when necessary, this service may only be authorized for participants who already have access to necessary internet services);
- Residential elevators or enclosed vertical platform lifts;
- Materials that exceed the industry standards or are for cosmetic benefit only;
- Modifications within a home that is not yet constructed;
- Modifications within a home that is found to be not structurally sound, as determined by assessor or contractor; and
- Modifications that add to the total square footage of the home, except when necessary to complete a modification and shown to be the most cost-effective option.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**This service cannot be provided remotely.**

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**



**Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers. Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Carpenters, Electrical Contractors, Electricians, Elevator Contractors, General/Dwelling Contractor, HVAC Contractor, Plumbers, Professional Engineers	Providers must employ staff who have the required state licensure, state certification, state registration, and/or other standard requirements as specified by industry standards.
Individual	Carpenter, Electrical Contractor, Electrician, Elevator Contractor, General/Dwelling Contractor, HVAC Contractor, Plumber, Professional Engineers	Providers must obtain required state license, state certification, state registration, and/or adhere to industry set standards.
Organization	Technology Vendor	Must meet the following criteria: Must meet and be installed according to all the applicable standards of manufacture, safety, design and installation such as Underwriters Laboratory and Federal Communication Commission.

**Vehicle Modifications****Definition and Purpose:**

Vehicle modifications are physical adaptations to the vehicle which is the participant’s primary means of transportation. Vehicle modifications accommodate the specialized needs of a participant and enable the participant to function with greater independence in the community. This service category also includes the cost of materials, services, inspections, and maintenance necessary for a vehicle modification.

Vehicle modifications covered under this waiver service include:

- Customized devices necessary for the participant to be transported safely in the community, including tie-downs and wheelchair docking systems;
- Driver control devices, including hand controls and pedal adjusters;
- Safety inspections required for a modification (at time of purchase and annually);



- Interior alterations to seats, head and leg rests, and belts;
- Modifications needed to accommodate a participant's sensitivity to sound, light, or other environmental conditions;
- Portable ramps when the sole purpose of the ramp is for the participant to access the vehicle;
- Raising the roof or lowering the floor to accommodate wheelchairs; and
- Vehicular lifts, platforms, carriers, and curbsiders.

Acquisition of all modifications, including use of SMA conducted accessibility assessments, is subject to program policy consistent with this service definition and must be cost-effective.

All vehicle modifications must meet all the applicable standards of manufacture, safety, design and installation such as Underwriters Laboratory (UL) and Federal Communication Commission (FCC).

**Exclusions:**

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category;
- Participants aged 18-21 must receive this service through the State Plan per EPSDT;
- Modifications to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the participant;
- Modifications to vehicles that are owned or leased by agency providers of waiver services;
- Modification costs that exceed the value of the vehicle to be modified;
- Materials that exceed the industry standards or are for cosmetic benefit only, including autonomous vehicle technology;
- Purchase or lease of a vehicle (however, this service category can be used to fund the portion of a new or used vehicle purchase that directly relates to the cost of accessibility adaptations); and
- Regularly scheduled upkeep and maintenance of a vehicle or of any modifications made, regardless of funding source.

**Limits on the Amount, Frequency, or Duration:**

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**This service cannot be provided remotely.**

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**

**Participant Employer Authority:**

The participant may not exercise employer authority for this service category.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.



Provider Type	Provider Title	Qualifications
Organization	Motor Vehicle Modifier	Providers must be: <ul style="list-style-type: none"> <li>• Registered as a “vehicle modifier” with the National Highway Traffic Safety Administration (49 CFR § 595.6);</li> <li>• Meet requirements outlined in 49 CFR § 595.7; and</li> <li>• Install equipment according to the manufacturer’s requirements and instructions.</li> </ul>

## SUPPORTS FOR SELF-DIRECTION

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### Support Broker Services

#### Definition and Purpose:

A support broker is an individual who assists a participant by providing them with individualized support in maintaining a variety of public assistance benefits (i.e., energy assistance programs, FoodShare, etc.).

Support brokers must be knowledgeable of public benefit programs, of the general support needs of individuals in a participant’s target group, and of other local community-integrated services and resources available to the participant. The participant is responsible for assuring that a support broker has the applicable knowledge.

Support brokers must be independent of any other waiver service provider.

#### Exclusions:

- May only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the public for free. This service may not be duplicated or bundled with any service that is provided under another waiver service category;
- Participant employer authority and budget authority responsibilities may not be delegated to this service;
- This service may not duplicate the role of the IRIS Consultant Agency (ICA) or Fiscal Employer Agent (FEA) as they are defined by the IRIS program; and
- This service may not operate as a case management service.

#### Limits on the Amount, Frequency, or Duration:

All services must be authorized in the participant's IRIS service plan and meet applicable program policies and procedures.

**Legally responsible persons, relatives, and legal guardians cannot provide this service.**



**Participant Employer Authority:**

The participant may exercise employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers. Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

**Provider Types and Qualifications:**

To be selected and paid for providing IRIS services, providers must be enrolled with Medicaid through ForwardHealth and maintain an active status. Providers must also demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Individual	Individual Support Broker	<p>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. The participant decides the amount and type of training they require of the support broker.</p> <p>Knowledge of the unique needs/preferences of the participant and the service system.</p>
Organization	Support Broker Agency	<p>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. The participant decides the amount and type of training they require of the support broker.</p> <p>Knowledge of the unique needs/preferences of the participant and the service system.</p>

# APPENDIX A: SERVICE CODE QUICK REFERENCE GUIDE

This guide includes the service description, unit type, code, and any applicable modifiers for each service category described in this manual.

**Service Codes:** This section details applicable service code information:

Service/Good	Code	Modifier	Provider Type
This is a detailed description of the service that includes the type of service and how the service unit is coded for billing (for example, daily, each, 15 minutes, hourly.)	The code is the claim billing code that the service must be billed under and must be submitted on the claim.	The modifier is additional claim billing code information that must be attached.	This refers to what type of provider the code and long service description is applicable. <ul style="list-style-type: none"> <li>• ORG = Provider-organization or vendor.</li> <li>• PHW = Participant-Hired Worker</li> </ul>

## NOTE ABOUT REMOTE SERVICE CODES:

Remote service codes are included in this appendix with the unique modifier of “95.”

## LIVING SITUATION

### Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
1-2 Bed Adult Family Home Service (Daily)	00240				ORG
Retainer Payment for 1-2 Bed Adult Family Home Service (Daily) (Medical Reason) (Each)	00240	CG			ORG
Retainer Payment for 1-2 Bed Adult Family Home Service (Non-Medical Reason) (Each)	00240	CG	UC		ORG
3-4 Bed Adult Family Home Service (Daily)	00241				ORG
Retainer Payment for 3-4 Bed Adult Family Home Service (Medical Reason) (Each)	00241	CG			ORG
Retainer Payment for 3-4 Bed Adult Family Home Service (Non-Medical Reason) (Each)	00241	CG	UC		ORG
Residential Care Apartment Complex (RCAC) Service Fee (Daily)	00670				ORG
Retainer Payment for Residential Care Apartment Complex (RCAC) Service Fee (Medical Reason) (Each)	00670	CG			ORG
Retainer Payment for Residential Care Apartment Complex (RCAC) Service Fee	00670	CG	UC		ORG

(Non-Medical Reason) (Each)					
Housing Counseling Service (Hourly)	T2013	UD			ORG
Housing Counseling Service Remote (Hourly)	T2013	UD	95		ORG
Relocation - Community Transition Services (Each)	T2038				ORG

## SUPPORT

### Supportive Home Care

#### Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
Chore Service Supportive Home Care Non Live-in (15 minutes)	S5120	U1			PHW
Routine Supportive Home Care Non Live-in (15 minutes)	S5125	U1			PHW
PHW Training for Routine Supportive Home Care Non Live-in (15 minutes)	S5125	U1			PHW
Routine Supportive Home Care Non Live-in (15 Minutes) (EVV Live-in)	S5125	U1	KX		PHW
Routine Supportive Home Care Non Live-in Remote (15 minutes)	S5125	U1	95		PHW
Companion Supportive Home Care Non Live-in (15 minutes)	S5135	U1			PHW
PHW Training for Companion Supportive Home Care Non Live-in (15 minutes)	S5135	U1			PHW
Companion Supportive Home Care Non Live-in Remote (15 minutes)	S5135	U1	95		PHW
Routine Supportive Home Care Service Live-in (15 minutes)	S5125	KX			PHW
PHW Training for Routine Supportive Home Care Service Live-in (15 Minutes)	S5125	KX			PHW
Routine Supportive Home Care Service Live-in (15 minutes) (EVV Non Live-In)	S5125				PHW
Companion Supportive Home Care Live-in (15 minutes)	S5135	KX			PHW
PHW Training for Companion Supportive Home Care Live-in (15 Minutes)	S5135	KX			PHW
Chore Service Supportive Home Care Live-in (15 minutes)	S5120	KX			PHW
Chore Service Supportive Home Care (15 minutes)	S5120				ORG
Routine Supportive Home Care (15 minutes)	S5125				ORG
Routine Supportive Home Care Remote (15 minutes)	S5125	95			ORG
Companion Supportive Home Care (15 minutes)	S5135				ORG
Companion Supportive Home Care Remote (15 minutes)	S5135	95			ORG
Routine Supportive Home Care Service (Daily)	S5126				ORG

Routine Supportive Home Care Service Remote (Daily)	S5126	95			ORG
Routine Supportive Home Care Service (Daily)(EVV Live-in)	S5126	KX			ORG
Routine Attendant Supportive Home Care Service (Nightly)	S5131	UJ			ORG
Routine On-Call Attendant Supportive Home Care Service (Daily)	S5131	UD			ORG
Routine Special Payment Rate for Attendant Supportive Home Care (Each)	S5131	TV			ORG
Routine Attendant Supportive Home Care Service Remote (Nightly)	S5131	UJ	95		ORG
Companion On-Call Companion Supportive Home Care Service (Daily)	S5136	UD			ORG
Companion Supportive Home Care Service (Nightly)	S5136	UJ			ORG
Companion Supportive Home Care Service Remote (Nightly)	S5136	UJ	95		ORG
Chore Service Supportive Home Care (Each)	S5121	U7			ORG
Chore Service Supportive Home Care Remote (Each)	S5121	U7	95		ORG
Medication Reminder Service, Non-Face to Face (Monthly)	S5185				ORG
Overtime for Chore Service Supportive Home Care (15 minutes)	S5120	TU			PHW
Overtime for Companion Supportive Home care (15 minutes)	S5135	TU			PHW
Overtime for Companion Supportive Home care Remote (15 minutes)	S5135	TU	95		PHW
Overtime for Routine Supportive Home Care (15 minutes)	S5125	TU			PHW
Overtime for Routine Supportive Home Care Remote (15 minutes)	S5125	TU	95		PHW
Retainer Payment for Chore Service Supportive Home Care (Medical Reason) (Each)	S5121	CG			PHW
Retainer Payment for Companion Supportive Home Care (Medical Reason) (Each)	S5135	CG			ORG
Retainer Payment for Routine Supportive Home Care Service (Medical Reason) (Each)	S5126	CG			ORG
Retainer Payment for Chore Service Supportive Home Care (Non-Medical Reason) (Each)	S5121	CG	UC		PHW
Retainer Payment for Companion Supportive Home Care (Non-Medical Reason) (Each)	S5135	CG	UC		ORG
Retainer Payment for Routine Supportive Home Care Service (Non-Medical Reason) (Each)	S5126	CG	UC		ORG
Community Involvement Support Reimbursement (Each)	S5121	UN			PHW

## Life Skills Training and Education

### Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
Daily Living Skills Training Non Live-In (15 minutes)	T2017	U1			PHW
Daily Living Skills Training Non Live-In Remote (15 minutes)	T2017	U1	95		PHW
Daily Living Skills Training Live-In (15 minutes)	T2017				PHW
Daily Living Skills Training Live-In (15 minutes)	T2017	KX			PHW
Daily Living Skills Training (15 minutes)	T2017				ORG
Daily Living Skills Training Remote (15 minutes)	T2017	95			ORG
Daily Living Skills Training Service (Daily)	T2012				ORG
Daily Living Skills Training Service Remote (Daily)	T2012	95			ORG
Overtime for Daily Living Skills Training (15 Minutes)	T2017	TU	U1		PHW
Overtime for Daily Living Skills Training Remote (15 Minutes)	T2017	TU	U1	95	PHW
Consumer Education and Training Individual Session (Each)	S9445				ORG
Consumer Education and Training Group Session (Each)	S9446				ORG

## Respite

### Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
Respite in Other Setting (15 minutes)	T1005	U1			PHW
PHW Training for Respite in Other Setting Live-in (15 Minutes)	T1005	KX			PHW
PHW Training for Respite in Other Setting Non Live-in (15 Minutes)	T1005	U1			PHW
Respite in Other Setting Remote (15 minutes)	T1005	U1	95		PHW
Respite in Participants Home (15 minutes)	T1005	U1			PHW
PHW Training for Respite in Participants Home Live-in (15 Minutes)	T1005	KX			PHW
PHW Training for Respite in Participants Home Non Live-in (15 minutes)	T1005	U1			PHW
Respite in Participants Home Remote (15 minutes)	T1005	U1	95		PHW

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
Respite in Participants Home (15 minutes)	T1005				ORG
Respite in Participants Home Remote (15 minutes)	T1005	95			ORG
Respite in Other Setting (15 minutes)	T1005				ORG
Respite in Other Setting Remote (15 minutes)	T1005	95			ORG
Respite Service in participants home (Nightly)	S9125	UJ			ORG
Respite Service in participants home Remote (Nightly)	S9125	UJ	95		ORG
Residential Respite (Hourly)	00669				ORG
Residential Respite (Daily)	00663				ORG
Respite Service Provided in Other Setting (Daily)	H0045				ORG
Respite Service Provided in other setting (Nightly)	H0045	UJ			ORG
Respite Service Provided in other setting Remote (Nightly)	H0045	UJ	95		ORG
Special Payment Rate for Respite provided in other setting (Holidays/weekends)(Each)	H0045	TV			ORG
Special Rate for Respite in Participants Home (Holidays and Weekends)(Each)	S9125	TV			ORG
Respite Service in participants home (Daily)	S9125				ORG
Overtime for Respite in participants home (15 minutes)	T1005	TU			PHW
Overtime for Respite in participants home Remote (15 minutes)	T1005	TU	95		PHW
Overtime for Respite provided in other setting (15 minutes)	T1005	TU			PHW
Overtime for Respite provided in other setting Remote (15 minutes)	T1005	TU	95		PHW

## IRIS Self-Directed Personal Care

### Service Codes

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



## Nursing Services

### Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
Nursing Services provided by RN (Hourly)	S9123				ORG
Nursing Services provided by RN (Daily)	T1030				ORG
Nursing Services provided by LPN (Hourly)	S9124				ORG
Nursing Services provided by LPN (Daily)	T1031				ORG

## Training Services for Unpaid Caregivers

### Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
Training Services for Unpaid Caregivers (Each)	S5116	HS			ORG
Training Services for Unpaid Caregivers Remote (Each)	S5116	HS	95		ORG
Training Services for Unpaid Caregivers (15 Minutes)	S5115	HS			ORG
Training Services for Unpaid Caregivers Remote (15 Minutes)	S5115	HS	95		ORG

## Consultative Clinical and Therapeutic Services for Caregivers

### Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
Consultative Clinical and Therapeutic Services for Caregivers (Family Member) (Each)	S5111	UK			ORG
Consultative Clinical and Therapeutic Services for Caregivers (Non-Family Member) (Each)	S5116	UK			ORG
Consultative Clinical and Therapeutic Services for Caregivers (Family Member) (15 Minutes)	S5110	UK			ORG
Consultative Clinical and Therapeutic Services for Caregivers (Non Family) (15 Minutes)	S5115	UK			ORG

## Specialized Transportation

### Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
Community Transportation (Miles)	S0215	RI			PHW
Community Transportation Trip (Each)	T2003	RI			ORG
Community Transportation Trip or Pass for Participant's Attendant (Each)	T2001	RI			ORG
Community Transportation Pass (Each)	T2004	RI			ORG
Community Transportation (Miles)	S0215	RI			ORG

## Home Delivered Meals

### Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
Home Delivered Meal Cost (Each)	S5170				ORG

## AIDS, EQUIPMENT, AND SUPPLIES

### Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
Purchase of Assistive Technology (Each)	T2028	UN			ORG
Purchase of Used Assistive Technology (Each)	T2029	UN			ORG
Purchase of Specialized Medical Supplies (Each)	T2028				ORG
Purchase of Specialized Medical Equipment (Each)	T2029				ORG
Purchase of Devices or equipment that facilitate live two-way communication (Each)	T2029				ORG
Purchase of Live audio or video feed equipment (Each)	T2029				ORG
Purchase of Radio frequency identification devices (Each)	T2029				ORG
Purchase of Web-based monitoring systems (Each)	T2029				ORG
Purchase of Electronic Medication Management Device (Each)	T1505				ORG
Rental of Electronic Medication Management Device (Each)	T1505	RR			ORG
Installation of Electronic Medication Compliance Management (Each)	T2038	U5			ORG
Ongoing Telephone line costs for Medication Compliance Management (Each)	T2035	U5			ORG
Purchase of Communication Aid (Each)	E1399				ORG
Interpreter Service Expense (Each)	T1013				ORG
Interpreter Service Expense Remote (Each)	T1013	95			ORG
Installation and Test Fee for Personal Emergency Response System (PERS) (Each)	S5160				ORG
Monthly Service Fee for Personal Emergency Response System (PERS) (Monthly)	S5161				ORG
One time Purchase of Personal Emergency Response System (Each)	S5162				ORG
Installation and Testing Fees for Electronic Support Equipment (video, movement, sound) (Each)	S5160				ORG
Installation and Testing Fees for Electronic Support Equipment Remote (video, movement, sound) (Each)	S5160	95			ORG

## TREATMENT RELATED

### Counseling and Therapeutic Services

#### Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
Counseling and Therapeutic Service (Hourly)	99429				ORG
Counseling and Therapeutic Service Remote (Hourly)	99429	95			ORG
Counseling and Therapeutic Session Expense (Each)	T1999				ORG
Counseling and Therapeutic Session Expense remote (Each)	T1999	95			ORG
Counseling and Therapeutic Day Camp (Daily)	T2037	U9			ORG
Counseling and Therapeutic Day Camp Remote (Daily)	T2037	U9	95		ORG
Community Day Camp (Daily)	T2037				ORG
Community Day Camp Remote (Daily)	T2037	95			ORG
Counseling and Therapeutic Service in an Overnight Camp (Each)	T2036				ORG
Counseling and Therapeutic Service in an Overnight Camp Remote (Each)	T2036	95			ORG
Behavior Treatment Therapy (15 Minutes)	H0004				ORG
Behavior Treatment Therapy Remote (15 Minutes)	H0004	95			ORG
Alternative Therapy Session (Each)	S8990				ORG
Alternative Therapy Session Remote (Each)	S8990	95			ORG
Massage Therapy (15 Minutes)	97124				ORG
Massage Therapy Remote (15 Minutes)	97124	95			ORG
Fitness Class (Each)	S9451				ORG
Fitness Class Remote (Each)	S9451	95			ORG
Initial Health Club Membership Fee (Each)	S9970	U3			ORG
Health Club Membership Fee (Monthly)	S9970	U1			ORG
Annual Health Club Membership Fee (Each)	S9970	U2			ORG

## DAY HABILITATION

#### Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
Adult Day Care (15 Minutes)	S5100				ORG
Adult Day Care Service (Daily)	S5102				ORG
Adult Day Care Specialized Service (Daily)	S5105				ORG
Adult Day Care Specialized Services (15 Minutes)	S5105	U8			ORG
Community-Based Day Habilitation (15 Minutes)	T2021	UA			ORG

Community-Based Day Habilitation Remote (15 Minutes)	T2021	UA	95		ORG
Facility-Based Day Habilitation (15 Minutes)	T2021	UB			ORG
Facility-Based Day Habilitation Remote (15 Minutes)	T2021	UB	95		ORG
Community-Based Day Habilitation (Daily)	T2020	UA			ORG
Community-Based Day Habilitation Remote (Daily)	T2020	UA	95		ORG
Facility-Based Day Habilitation (Daily)	T2020	UB			ORG
Facility-Based Day Habilitation Remote (Daily)	T2020	UB	95		ORG

## EMPLOYMENT

### Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
Supported Employment - Individual Setting Non Live-in (15 minutes)	T2019	UN	U1		PHW
Supported Employment - Individual Setting Non Live-in Remote (15 minutes)	T2019	UN	U1	95	PHW
Supported Employment - Individual Setting Live-in (15 minutes)	T2019	UN			PHW
Supported Employment - Individual Setting Live-in Remote (15 minutes)	T2019	UN	95		PHW
Supported Employment - Individual Setting (15 minutes)	T2019	UN			ORG
Supported Employment - Group Setting (2-6 Persons) (15 Minutes)	T2019	UP			ORG
Supported Employment - Group Setting Remote (2-6 Persons) (15 Minutes)	T2019	UP	95		ORG
Supported Employment - Group Setting (2-6 Persons) (Each)	T2018	U7	UP		ORG
Supported Employment - Group Setting Remote (2-6 Persons) (Each)	T2018	U7	UP	95	ORG
Supported Employment - Individual Setting (Each)	T2018	U7	UN		ORG
Supported Employment - Individual Setting Remote (Each)	T2018	U7	UN	95	ORG
Supported Employment - Individual Setting (Daily)	T2018	UN			ORG
Supported Employment - Individual Setting Remote (Daily)	T2018	UN	95		ORG
Supported Employment - Group Setting (2-6 Persons) (Daily)	T2018	UP			ORG
Supported Employment - Group Setting Remote (2-6 Persons) (Daily)	T2018	UP	95		ORG
CIE Exploration (Daily)	T2014	96			ORG
CIE Exploration (15 minutes)	T2015	96			ORG
Work Incentive Benefits Counseling Session (Each)	T2018	U6			ORG



Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
Work Incentive Benefits Counseling (15 Minutes)	T2019	U6			ORG
Vocational Futures Planning Service (15 Minutes)	T2038	HJ	U8		ORG
Vocational Futures Planning Service Remote (15 Minutes)	T2038	HJ	U8	95	ORG
Vocational Futures Planning Service (Each)	T2038	HJ	U9		ORG
Vocational Futures Planning Service Remote (Each)	T2038	HJ	U9	95	ORG
Community-Based Prevocational Service (15 Minutes)	T2015	U8	UA		ORG
Community-Based Prevocational Service Remote (15 Minutes)	T2015	U8	UA	95	ORG
Facility-Based Prevocational Service (15 Minutes)	T2015	U8	UB		ORG
Facility-Based Prevocational Service Remote (15 Minutes)	T2015	U8	UB	95	ORG
Community-Based Prevocational Service (Daily)	T2014	U7	UA		ORG
Community-Based Prevocational Service Remote (Daily)	T2014	U7	UA	95	ORG
Facility-Based Prevocational Services (Each)	T2014	U7	UB		ORG
Facility-Based Prevocational Services Remote (Each)	T2014	U7	UB	95	ORG
Project SEARCH Program Fee (15 Minutes)	T2015	HB	U8		ORG
Project SEARCH Program Fee Remote (15 Minutes)	T2015	HB	U8	95	ORG
Project SEARCH Program Fee (Hourly)	T2015	HB			ORG
Project SEARCH Program Fee Remote (Hourly)	T2015	HB	95		ORG
Project SEARCH Program Fee (Each)	T2014	HB	U7		ORG
Project SEARCH Program Fee Remote (Each)	T2014	HB	U7	95	ORG
Project SEARCH Program Fee (Days)	T2014	HB			ORG
Project SEARCH Program Fee Remote (Days)	T2014	HB	95		ORG
Facility-Based Prevocational Service (Daily)	T2014	U7	UB		ORG
Facility-Based Prevocational Service Remote (Daily)	T2014	U7	UB	95	ORG
Overtime for Supported Employment - Individual Setting (15 Minutes)	T2019	UN	TU		PHW

## OTHER

### Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	Provider Type
Individual Directed Goods and Services (Each)	T5999				ORG



Individual Directed Goods and Services Remote (each)	T5999	95			ORG
Individual Directed Goods and Services (each)	T5999				PHW
Individual Directed Goods and Services Remote (each)	T5999	95			PHW
Support Broker Services (15 Minutes)	T2041				ORG
Support Broker Services Remote (15 Minutes)	T2041	95			ORG
Home Modification (Each)	S5165				ORG
Vehicle Modification (Each)	T2039				ORG
Accessibility Assessment (Invoice only – FEA use)	97755				ORG