



# Wisconsin Department of Health Services

## IRIS Self-Directed Personal Care (SDPC) Record Review Instructions

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### Table of Contents

Introduction and Helpful Hints .....	2
Record Review Period .....	2
Record Review Process.....	2
Selecting “Not Met” .....	2
Selecting “Met” .....	2
Process for the Remediation of Individual Negative Findings .....	3
DHS IRIS Quality Management Team .....	4
IRIS SDPC (SDPC) .....	5

## Introduction and Helpful Hints

The IRIS (Include, Respect, I Self-Direct) Self-Directed Personal Care (SDPC) Oversight Agency is contracted by the Department of Health Service (DHS) to administer the IRIS SDPC program. The sole provider is The Management Group (TMG). The DHS Office of IRIS Management (OIM), Quality Management (QM) Team provides quality oversight to the IRIS SDPC program through various activities, including the record review process. MetaStar is contracted by DHS to complete the IRIS SDPC record reviews.

The basis for the indicators below comes from the following documents:

- Approved 1915 (j) Self-Directed Personal Assistance Services Waiver
- IRIS Policy Manual: Chapter 13 ([P-00708](#))
- IRIS Policy Manual: Work Instructions (Sections pertaining to IRIS Policy Chapter 13) ([P-00708A](#))

## Record Review Period

- MetaStar will complete all record reviews in the current sample by December 1, 2016.
- The reviewer reviews the previous 365 days. For example, if the record was reviewed on January 10, 2016, the reviewer examines the period January 10, 2015–January 9, 2016.

## Record Review Process

- Each quarter, MetaStar reviews the records identified in the sample provided by OIM.
- The criteria for the sample is as follows:
  - The participant has been enrolled in IRIS SDPC for at least 365 days.
  - The participant was not part of the previous quarter's sample.
- MetaStar reviewers use the Wisconsin Self-Directed Information Technology Systems (WISITS) to review the records as specified in the subsequent instructions.

## Selecting “Not Met”

- In the event the MetaStar reviewer selects “not met,” the reviewer identifies the reason for the negative finding using the selection in the DHS IRIS SDPC Record Review SharePoint site.
- The MetaStar reviewer also identifies the required remediation actions using the selection in the DHS IRIS Record Review SharePoint site.

## Selecting “Met”

- No further action or documentation is required when the MetaStar reviewer selects “met.”
- The MetaStar reviewer consults with other members of the team if there is any uncertainty in the response selection.
- The MetaStar reviewer notes quality concerns in the text box marked “Quality Concerns Identified and reviewer notes/comments:” on the record review tool and corresponding section in the DHS IRIS SDPC Record Review SharePoint site. From these entries, DHS generates qualitative data. Quality improvement initiatives may be required based on the qualitative data. The qualitative data may also inform future additions to the record review tool.
- OIM provides the IRIS SDPC Oversight Agency with a summary of the results and the required follow-up on a quarterly basis.
- The MetaStar reviewer reports all immediate health or safety concerns to the participant, or activity indicative of potential fraud, to the OIM QM Team Lead upon discovery. Immediate action on behalf of the participant may be required of the IRIS SDPC Oversight Agency as a result.
- OIM sends quarterly results to the IRIS SDPC Oversight Agency. OIM addresses identified trends and problems with the IRIS SDPC Oversight Agency at the monthly record review or quality management meetings.
- OIM assists the IRIS SDPC Oversight Agency in the inclusion of required quality improvement strategies to the QM plan in order to address systemic issues.



- OIM and MetaStar conduct quarterly Inter-Rater Reliability Testing (IRRT) to ensure consistency between reviewers and alignment with OIM’s expectations.
- The OIM QM Team Lead serves as the primary respondent to MetaStar’s questions related to the interpretation of the IRIS SDPC record review indicators and use of the DHS IRIS SDPC Record Review SharePoint site.

### Process for the Remediation of Individual Negative Findings

- MetaStar provides record review feedback at the end of each quarter via the DHS IRIS SDPC Record Review SharePoint site.
- The DHS IRIS SDPC Record Review SharePoint site includes specific directions regarding how to remediate each individual negative finding.
- The IRIS SDPC Oversight Agency completes each of the required tasks and associated fields identified in the DHS IRIS SDPC Record Review SharePoint site, providing a brief response regarding the date the remediation was completed and where in the record the evidence of remediation is located. The IRIS SDPC Oversight Agency utilizes the selections provided by DHS in the DHS IRIS SDPC Record Review SharePoint site to communicate the remediation action taken.
- The IRIS SDPC Oversight Agency responds to requests for remediation within 60 calendar days.
- The IRIS SDPC Oversight Agency must complete remediation for 100 percent of all negative findings identified during the 2016 record review no later than March 1, 2017.
- DHS and MetaStar are available as resources throughout the remediation process to address further questions as they arise.

	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Reviews completed</b>	03/01/2016	06/01/2016	09/01/2016	12/01/2016
<b>Feedback due to IRIS SDPC Oversight Agency</b>	04/01/2016	07/01/2016	10/01/2016	01/01/2017
<b>Final remediation response due to DHS</b>	06/01/2016	09/01/2016	12/01/2016	03/01/2017

## DHS IRIS Quality Management Team

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## IRIS SDPC

### SDPC #1—There is a current and completed Personal Care Screening Tool (PCST) in the participant’s record.

*The reviewer is confirming that there is a current PCST in the participant’s record dated within the last 365 days.*

Where it is located	The PCST is located in the Document Console of the participant’s IRIS SDPC record in WISITS.
Met	The PCST is in the record <b>and</b> is less than 365 days old.
Not met	The PCST is not located in the Document Console of the participant’s record <b>or</b> the PCST is older than 365 days.
Quality Concerns	Any quality concerns noted in the record relative to this indicator are captured in the “Quality Concerns Identified and Reviewer Notes/Comments” section. The reviewer may consider documenting issues related to the quality of the information captured on the PCST here.

### SDPC #2—Participant meets the IRIS SDPC eligibility requirements.

*The reviewer is confirming that the participant is indeed eligible for IRIS SDPC by examining the PCST and verifying that there are personal care hours authorized.*

Where it is located	The PCST is located in the Document Console of the participant’s IRIS SDPC record in WISITS.
Met	The PCST indicates that personal care hours are authorized for the participant.
Not Met	The PCST does not indicate that personal hours are authorized for the participant.
Quality Concerns	Any quality concerns noted in the record relative to this indicator are captured in the “Quality Concerns Identified and Reviewer Notes/Comments” section. The reviewer may consider documenting issues related to the quality of the information captured on the PCST here.

### SDPC #3—There is a completed and signed “IRIS Self-Directed Personal Care (SDPC)—My Cares” document ([F-01566](#)) in the participant’s record.

*The reviewer is confirming that there is a current “IRIS Self-Directed Personal Care (SDPC)—My Cares” document ([F-01566](#)) in the participant’s record dated within the last 365 days and all required signatures are present.*

Where it is located	The <a href="#">F-01566</a> is located in the Document Console of the IRIS SDPC record in WISITS.
Met	The <a href="#">F-01566</a> is present in the record, all sections are complete, is less than 365 days old, and has the IRIS SDPC nurse’s signature.
Not Met	The <a href="#">F-01566</a> is missing, one or more sections are incomplete, the form is older than 365 days old, or the form is missing the IRIS SDPC nurse’s signature.
Quality Concerns	Any quality concerns noted in the record relative to this indicator are captured in the “Quality Concerns Identified and Reviewer Notes/Comments” section. The reviewer may consider documenting issues related to the quality of the information captured on the <a href="#">F-01566</a> here.

### SDPC #4—There is a completed and signed “IRIS Self-Directed Personal Care (SDPC)—Physician Order and Plan of Care” document ([F-01566A](#)) in the participant’s record.

*The reviewer is confirming that there is a current “IRIS Self-Directed Personal Care (SDPC)—Physician Order and Plan of Care” document ([F-01566A](#)) in the participant’s record dated within the last 365 days and all required signatures are present.*

Where it is located	The <a href="#">F-01566A</a> is located in the Document Console of the IRIS SDPC record in WISITS.
Met	The <a href="#">F-01566A</a> is present in the record, all sections are complete, is less than 365 days old, and has the signatures of the IRIS SDPC nurse and the participant’s physician.

Not Met	The <a href="#">F-01566A</a> is missing, one or more sections are incomplete, the form is older than 365 days old, or the form is missing the signature of the IRIS SDPC nurse or participant’s physician.
Quality Concerns	Any quality concerns noted in the record relative to this indicator are captured in the “Quality Concerns Identified and Reviewer Notes/Comments” section. The reviewer may consider documenting issues related to the quality of the information captured on the <a href="#">F-01566A</a> here.

**SDPC #5—Oversight visits occurred in accordance with the frequency ordered by the physician in Section III of the [F-01566A](#).**

*The reviewer is confirming that there is documentation present indicating that the oversight visits occurred as directed by the schedule ordered by the physician in Section III on the [F-01566A](#).*

Where it is located	The <a href="#">F-01566A</a> is located in the Document Console of the IRIS SDPC record in WISITS.
Met	The IRIS SDPC nurse conducted the oversight visits according to the schedule ordered by the participant’s physician in Section III of the <a href="#">F-01566A</a> .
Not Met	The IRIS SDPC nurse did not conduct the oversight visits, or conducted the visits less frequently than the schedule ordered by the participant’s physician in Section III of the <a href="#">F-01566A</a> .
Quality Concerns	Any quality concerns noted in the record relative to this indicator are captured in the “Quality Concerns Identified and Reviewer Notes/Comments” section. The reviewer may consider documenting issues related to the appropriateness of the frequency of the oversight visits here.

**SDPC #6—Oversight reports were completed for each contact.**

*The reviewer is confirming that a corresponding oversight report for each oversight visit was completed within 72 hours.*

Where it is located	The reviewer will also review all oversight visit records found in the Document Console in the IRIS SDPC record in WISITS.
Met	The IRIS SDPC nurse completed and attached an oversight visit report for each oversight visit within 72 hours of the visits.
Not Met	The IRIS SDPC nurse did not complete and attach one or more oversight visit reports, or attached the reports more than 72 hours after one or more oversight visits. Issues related to the manner in which the IRIS SDPC responded to the participant’s questions or concerns should be captured in SDPC number 8.
Quality Concerns	Any quality concerns noted in the record relative to this indicator are captured in the “Quality Concerns Identified and Reviewer Notes/Comments” section.

**SDPC #7—Documentation (case notes and oversight reports) are thorough.**

*The reviewer is confirming that the IRIS SDPC case notes and the oversight reports in the participant’s record are thorough and provide sufficient information about the participant’s IRIS SDPC case.*

Where it is located	The reviewer will read all case notes for the review period in the Notes Console of the IRIS SDPC record in WISITS. The reviewer will also review all oversight visit records found in the Document Console of the IRIS SDPC record in WISITS.
Met	The IRIS SDPC case notes provide sufficient detail and focus on the participant’s needs and experience in the program. The notes demonstrate good problem-solving and are entered within 72 hours of the contact.
Not Met	The IRIS SDPC case notes are vague and non-descriptive, are missing or incomplete, do not focus on the participant, focus only on paperwork or the needs of the caregivers, or do not show evidence of problem-solving. Issues related to the manner in which the IRIS SDPC responded to the participant’s questions or concerns should be captured in SDPC number 8.
Quality Concerns	Any quality concerns noted in the record relative to this indicator are captured in the “Quality Concerns Identified and Reviewer Notes/Comments” section.

**SDPC #8—IRIS SDPC nurse responds appropriately to concerns reported by participants or otherwise identified during oversight visits.**

*The reviewer is confirming that the IRIS SDPC nurse responded to the participant’s questions or problems in a timely manner and with an appropriate response.*

Where it is located	The reviewer will read all case notes for the review period in the Notes Console of the IRIS SDPC record in WISITS. The reviewer will also review all oversight visit records found in the Document Console of the IRIS SDPC record in WISITS.
Met	When the participant raised issues or questions with the IRIS SDPC nurse, the IRIS SDPC nurse addressed them completely and in a timely manner. “Timely” is commensurate to the issue or question addressed.
Not Met	When the participant raised issues or questions with the IRIS SDPC nurse, the IRIS SDPC nurse did not provide a sufficient or timely response.
Quality Concerns	Any quality concerns noted in the record relative to this indicator are captured in the “Quality Concerns Identified and Reviewer Notes/Comments” section.

**SDPC #9—There is a completed and signed “Participant Education Sheet: IRIS Self-Directed Personal Care” document (F-01205J) in the participant’s record.**

*The reviewer is confirming that the [F-01205J](#) is in the participant’s record with all of the required signatures.*

Where it is located	The <a href="#">F-01205J</a> is located in the Document Console of the participant’s IRIS SDPC record in WISITS. The prescribed naming convention is “PE_SDPC_PI_MMDDYYYY” (PI = Participant’s Initials).
Met	The correct version of the <a href="#">F-01205J</a> is present in the record, is less than 365 days old, and has the required signatures of the participant or legal representative, and IRIS SDPC nurse.
Not Met	The incorrect version of the <a href="#">F-01205J</a> was used, the <a href="#">F-01205J</a> is missing, the <a href="#">F-01205J</a> is older than 365 days old, or is missing the required signatures of the participant or legal representative, and IRIS SDPC nurse.
Quality Concerns	Any quality concerns noted in the record relative to this indicator are captured in the “Quality Concerns Identified and Reviewer Notes/Comments” section.

**SDPC #10—There is a current IRIS Self-Directed Personal Care (SDPC) Disclosure Statement (F-01258) in the participant’s record (TMG-IRIS consultant agency (ICA) participants only).**

*You are confirming that the IRIS Self-Directed Personal Care (SDPC) Disclosure Statement ([F-01258](#)) is completed and signed for all IRIS SDPC recipients who receive ICA services from TMG-ICA.*

Where it is located	The IRIS Self-Directed Personal Care (SDPC) Disclosure Statement ( <a href="#">F-01258</a> ) is located in the Document Console of the Participant record in WISITS. The prescribed naming convention is “SDPCDisclosure_PI_MMDDYYYY” (PI = Participant’s Initials).
Met	The <a href="#">F-01258</a> is present in the record, has the signature of the participant or legal representative, and is less than 365 days old.
Not Applicable	The participant receives ICA services from an ICA other than TMG.
Not Met	The <a href="#">F-01258</a> is missing from the record, is missing the signature of the participant or legal representative, or is more than 365 days old.
Quality Concerns	Any quality concerns noted in the record relative to this indicator are captured in the “Quality Concerns Identified and Reviewer Notes/Comments” section.

