Participant Education Manual

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

Division of Medicaid Services

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IRIS Participant Education Manual

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1.0 INTRODUCTION AND PURPOSE

IRIS is all about self-direction and the freedom to decide how you want to live your life. In IRIS, you have budget authority, which means that you choose which goods, supports, and services you will use to achieve your long-term care goals. You also have employer authority, which means that you are able to hire and manage your own workers to help you achieve your long-term care goals. You are the expert on your life and IRIS lets you use your budget in ways that are meaningful to your long-term care goals. But with this freedom and these choices come responsibilities that you are taking on as you self-direct in IRIS.

The Participant Education Manual was written with you in mind. Each chapter focuses on different responsibilities you have as an IRIS participant and the resources that can help you self-direct. Your IRIS consultant will go through each chapter with you when you first enroll and every year after. Once you have gone through each chapter, your IRIS consultant will have you sign the IRIS Participant Education Manual Acknowledgement form (F-01947). It is your initials and signature on the acknowledgement form that the Department of Health Services uses to make sure you reviewed the entire manual with your consultant.

KEEP THIS MANUAL so that you can refer back to it if you have questions. If you do not understand something or if you have questions the manual doesn't answer, ask your IRIS consultant or fiscal employer agent. They are here to help you.

IMPORTANT CONTACT INFORMATION

My IRIS Consultant Agency:

Name: _____ Main Phone Number: _____

My IRIS Consultant:

Name: _____ Phone Number: _____

My Fiscal Employer Agent:

Name: _____ Main Phone Number: _____

2.0 ACRONYMS

IRIS is an acronym that stands for Include, Respect, I Self-Direct. Acronyms are words formed from the beginning letters of a name or phrase. You will hear acronyms from time to time when you talk to your fiscal employer agent or IRIS consultant, and you will see them on certain forms and publications. The chart below provides commonly used acronyms within the IRIS program. Ask your IRIS consultant if you hear or see an acronym and you don't know what it means.

ADRC	Aging and disability resource center
AFH	Adult family home
ALJ	Administrative law judge
APS	Adult protective services
BA	Budget Amendment
BOALTC	Board on Aging and Long-term Care
BSP	Behavior support plan
BUP	Back-up plan
CIC	Change in condition
CIR	Critical incident report
DHA	Division of Hearings and Appeals
DHS	Department of Health Services
DRW	Disability Rights Wisconsin
EVV	Electronic visit verification
FEA	Fiscal employer agent
HCBS	Home and community-based services
IC	IRIS consultant
ICA	IRIS consultant agency
ILC	Independent living center
IMD	Institution for mental disease
ISSP	Individual support and service plan
LTC FS	Long-Term Care Functional Screen
MAPC	Medicaid personal care agency
NOA	Notice of action
OTE	One-time expense
PCST	Personal care screening tool
PHI	Protected health information
PHW	Participant-hired worker
RCAC	Residential care apartment complex
RM	Restrictive measure
RN	Registered nurse
SDPC	Self-directed personal care
SOD	Statement of deficiency

3.0 SELF-DIRECTION RESPONSIBILITIES

In IRIS you are in charge and you self-direct your long-term care. That means you get to make decisions. You are the expert on your own life. You know best what is important to you and what support you need. IRIS is available to help you achieve your long-term care goals so you can live your life the way you want.

Participating in IRIS does not mean doing things all by yourself—you will have others to help you along the way. Your IRIS consultant agency and fiscal employer agent are there to help you if you have questions or don't understand your responsibilities.

Being in charge also means that you need to follow IRIS program rules and policies. It is important that you understand your responsibilities when you make decisions and use your budget.

In IRIS, you get to make decisions and share with others what is important to you. So it is your responsibility to:

- Decide where you want to live. If you want to live in a nursing home or a facility for people with disabilities, you can't be in the IRIS program. But if you want to live in the community in your own home, an adult family home, or a residential care apartment complex, you can be in IRIS.
- Choose which IRIS consultant agency and IRIS consultant you want to work with.
- Choose which fiscal employer agent you want to work with.
- Tell your IRIS consultant if your phone number or address changes.
- Give your IRIS consultant a copy of legal decision maker paperwork.
- Help to complete your long-term care functional screen each year.
- Tell your IRIS consultant if your condition or needs change.
- Make sure that you sign important paperwork, like your plan, and give a copy to your IRIS consultant.
- Make yourself and your guardian or legal decision maker able to be reached by phone and in person, at least once each month, or more frequently if necessary, so that your IRIS consultant can check in and help you self-direct.
- Make sure your IRIS consultant and fiscal employer agent are helping you in the way you need help. If you are unhappy with your IRIS consultant, IRIS consultant agency, or fiscal employer agent, you have the right to change them.
- Treat your workers, agency providers, self-directed personal care nurse, IRIS consultant, IRIS consultant agency, and fiscal employer agent with respect, including having a safe space at your home for meetings.

When it comes to your individual support and service plan, it is your responsibility to:

- Provide input about your life, because your plan is all about your needs, how your needs will be met, and what goods or services you will use to meet your needs.
- Set long-term care goals for yourself, based on your needs, so that you can use your IRIS goods and services to achieve your goals.
- Choose the goods, supports, or services on your plan.

- Educate your workers and providers on your support needs and update them when your plan changes.

Your health and safety is a top priority, so it is your responsibility to:

- Work with your IRIS consultant to make sure you are safe and healthy.
- Have an emergency backup plan if your hired worker or agency provider is not able show up as scheduled.
- Report critical incidents to your IRIS consultant as soon as you are safe and able to contact them.
- Tell your IRIS consultant if you are in the hospital, assisted living facility for rehabilitation, nursing home, jail or other institution as soon as you are able to call them.
- Tell your IRIS consultant if one of your hired worker(s) makes you feel uncomfortable, is completing incorrect timesheets, is stealing, or is not doing their duties.

In IRIS you have financial responsibilities. It is your responsibility to:

- Make your required cost share payments by the first of each month. Your local income maintenance agency will tell you if you need to pay a cost share to stay financially eligible for Medicaid and IRIS.
- Use services paid by your Medicaid ForwardHealth Card before you use IRIS funds to pay for services on your plan.
- Tell your providers and workers that they can't bill for services when you are in a hospital, assisted living facility for rehabilitation, nursing home, jail, or other institution.

As an IRIS participant, you can be an employer and it is your responsibility to:

- Choose whether you want to recruit, interview, and hire your own workers; choose an agency to provide your care; or do both.
- Supervise and provide training to your hired workers.
- Make sure your hired workers and providers help me in the ways you need help.
- Contact your fiscal employer agent if you have issues with payment for your hired worker's timesheet or an agency's bill.

If you decide to hire your own workers rather than an agency, it is your responsibility to:

- Work with your IRIS consultant to help you understand how to be an employer of your workers and to make sure that you are taking care of hiring, training, scheduling, supervising, and firing your workers.
- Make sure your hired worker is approved and passes a background check before they start working for you.
- Schedule the time that your hired worker will help support you and manage your hired workers' hours to make sure that you do not use more time or money than is approved on your plan.
- Tell your IRIS consultant and your fiscal employer agent if you fire a hired worker or plan to hire a new worker.
- Make sure your hired worker's timesheets are accurate and completed on time for processing by your fiscal employer agent. You can look at your fiscal employer agent's payroll schedule for the deadlines and pay dates.

4.0 MONITORING MY BUDGET AND BUILDING MY PLAN

In IRIS, you decide how to use your budget to meet your long-term care needs. Your budget is what you and your IRIS consultant use to create your individual support and service plan. It is important that you understand how your budget is determined and how you can use your budget to reach your goals. You also need to make sure that you spend your IRIS budget wisely.

How is My Budget Determined?

Every year, your IRIS consultant agency will complete a long-term care functional screen. The screen makes sure that you are still functionally eligible for IRIS. The information in your functional screen is then put into a math formula. This formula is based on historical costs of service and will calculate your budget estimate. This budget estimate might increase or decrease, even if your long-term care functional screen stays the same. Your budget is then used to make your Individual Support and Service Plan.

How Do I Use My Budget to Create an Individual Support and Service Plan?

Your individual support and service plan will show how you will use your budget to reach your long-term care goals. Your IRIS consultant is your partner when you develop your plan. Your plan will have information about your long-term care goals, your providers, and the supports, services, and goods that you need.

What is a Long-Term Care Goal?

A long-term care goal is what you want to accomplish using the supports, goods, and services you receive. Your goals should focus on making sure you can keep living where you want and that you are able to access and be included in your community. Your goals can be funded by a lot of different sources, not just the IRIS program. Once you figure out your goals, your IRIS consultant will work with you to find strategies to help you reach them.

Example:
Goal: I want to improve my health.

Strategies: I will quit smoking by getting a prescription for Chantix (Medicaid card service).
I will get more exercise by joining a local gym (IRIS).
I will eat more nutritious food by planning a meal menu and making a shopping list (no service/support needed).

Before you spend part of your IRIS budget, you should use these kinds of supports first:

- Natural or unpaid supports, like a friend or family member that is willing to help without pay.
- Medicaid card services.
- Other community supports, like the Division of Vocational Rehabilitation.

Once you figure out your goals and strategies, you and your IRIS consultant will find supports and providers for each of them. Then you will figure out how much or how often you need each service or support. You will identify the provider you want to support you and you will work with them to figure out the rate they will be paid. It is important that the rates you set up with

your providers are reasonable, usual, and customary. This means that the rate your provider gets paid should be similar to or based on what other providers in your area usually charge for the same service. You are responsible for making sure that the services on your plan are cost effective.

Once you and your IRIS consultant have written all of this information down, your individual support and service plan will be done. It is important that you understand what is on your plan, including:

- The services you need
- The providers that will provide you with services and supports
- The approved rates for those services and supports
- The approved number of units or amount of time that has been authorized for these services.

If your needs or condition changes, you should make sure to tell your IRIS consultant right away. Your IRIS consultant will make sure your plan is updated.

How Do I Negotiate Rates with a Provider?

Your providers are responsible for giving you a fair rate. Rates should be based on your needs and the cost should be similar to other service providers in your area. You have the right to contact several providers to find out their rates for the same service. When you are comparing rates, you should make sure you are comparing the same type of service.

You have the right to ask your provider to explain to you how they determined your rate. This helps you understand what good or service you can expect to receive as a part of the rate. It also helps you understand why the rate may be higher or lower than rates other providers have quoted. You can ask your IRIS consultant if you think your rate is not reasonable. You have the right to renegotiate your rates with your providers at any time.

What if I need more Funding than what is in My Budget?

You can ask for extra funding for support that you need. This is done through the budget amendment or one-time expense process. If you think you need extra funding, you should talk to your IRIS consultant and they can tell you what options are available to you. They can also tell you how to submit a request for a budget amendment or one-time expense. But you are responsible for helping your IRIS consultant to collect the information for the requests. The Department of Health Services is responsible for reviewing all requests and making these decisions.

How Do I Use My Budget Responsibly?

You and your IRIS consultant will develop service authorizations to go with your individual support and service plan. These service authorizations show the type of service, number of units, rate, provider, and authorization period.

- You are responsible for telling your providers the amount of service or support they are approved to provide.
- You are responsible for using your IRIS budget for needed supports and services.
- You should not schedule providers to work more than what is authorized.

- You should not sign timesheets for services that were not provided.
- You should not sign timesheets that go over what the worker is authorized to provide.

The Department of Health Services, your IRIS consultant agency, and your fiscal employer agent all work together to track spending and watch for overspending, lack of spending, and fraud. The Department of Health Services takes all instances of overspending and non-spending seriously so it is important for you to understand how to use your budget correctly. If you don't manage your budget appropriately, you could be disenrolled.

- If you overspend what is authorized on your approved plan, you need to get back on track. Your IRIS consultant can help develop a strategy.
- If you do not spend any of your IRIS budget, it appears that you do not need IRIS services. You need to decide if you have needs that your budget can support. Work with your IRIS consultant to figure out why your budget was not spent.
- Make sure that any timesheets you sign or provider claims that are submitted fit within your budget and don't go over what is authorized in your plan.

5.0 PREVENTING BUDGET MISMANAGEMENT AND FRAUD

In IRIS it is important that you take responsibility for managing your budget, preventing fraud, and not wasting Medicaid funds.

Participants, legal decision-makers, and providers are all important in budget management and preventing fraud. "Providers" includes people that work for you through an agency and workers that you hire yourself, also called participant-hired workers. If you have a guardian or legal decision-maker, this person will be responsible for making sure that your budget is managed and spent correctly.

If you think one of your providers is committing fraud, you must report it as soon as you discover it. You can report it in any of the following ways:

- Notifying your IRIS consultant.
- Notifying your fiscal employer agent.
- Notifying the Department of Health Services Office of the Inspector General using their fraud-reporting website at: https://www.dhs.wisconsin.gov/fraud or by calling: 1-877-865-3432.

In order to prevent fraud and manage your budget correctly, you need to know what budget mismanagement and fraud looks like. Below are some examples of budget mismanagement and fraud. This does not include everything that could happen, but should give you a good idea.

- **If your provider is billing for more hours than they actually worked, this is fraud**. Example: Your provider worked 20 hours during the pay period, but they gave you a timesheet saying that they worked 40 hours.
  - Your providers can only bill for the hours they actually provided you with the cares authorized by your Individual Support and Service Plan.
  - You must make sure that your providers are not billing for more time than they worked.
  - If you sign a timesheet that lets your worker get paid for more hours than they actually worked, you are mismanaging your budget and committing fraud. You could be referred to the Office of the Inspector General, referred to the Department of Justice for prosecution, and disenrolled from the IRIS program.

- **If your provider is signing your name on their timesheet, they are committing fraud**. Example: Your provider signed your signature on their timesheet and the timesheet said they worked more hours than they actually worked.
  - This also means that you can't sign your provider's name on their timesheet or pre-sign a timesheet and then have your worker complete it. Doing this is also fraud.
  - Only you or your legal decision-maker can authorize and sign your providers' timesheets or claims.
  - You must make sure that you or your legal decision-maker are the only people signing the timesheets or claims.

- **If your provider changed the number of hours on a timesheet that you already approved and signed, they are committing fraud.** Example: You signed your worker's timesheet for the 10 hours of supportive home care they provided during the pay period. You asked your worker to mail the timesheet for you, but before they mailed it they changed the "10" hours to "40" hours.
  - Providers can't make changes to authorized and signed timesheets without you knowing about it and saying that it is OK.
  - You must make sure that the number of hours on the timesheet or claim does not change after you sign it. If our fiscal employer agent finds that you are not closely monitoring accuracy on provider timesheets, you may be required to submit more detailed timesheets.
  - You can't use white out to make corrections. You must draw a single line through any mistakes and then add the date and the initials of the person making the change. Your fiscal employer agent must be able to read the original entry.

- **If you provide false information on your long-term care functional screen or your personal care screening tool (if you have IRIS Self-Directed Personal Care) to try and have a bigger budget, you are committing fraud.** Example: You are talking about your disability and required supports during the screening process, but you tell the screener that your condition or personal needs are much more severe or frequent than they actually are. This is fraud.
  - You must provide correct and accurate information during the screen process to make sure that your budget accurately reflects your needs or that you are receiving the right number of IRIS self-directed personal care hours.
  - Inflating your disability, personal needs, required supports, or behavior issues in an attempt to increase your IRIS budget or number of IRIS self-directed personal care hours is an intentional act of fraud. This will result in your disenrollment from the IRIS program and a referral to the Department of Justice for investigation and possible prosecution.

- **If your provider is billing for services after you pass away or while you are in the hospital, jail, prison, nursing home, rehabilitation facility, or other unallowable living situation, they are committing fraud.** Example: You are temporarily in a nursing home rehabilitating from a broken hip. During the six weeks you are in the nursing home, your provider sends in an invoice for supportive home care as usual, even though you never saw them.
  - Your services are on hold if you are in the hospital, jail, prison, nursing home, rehabilitation facility, or any other unallowable living situation. Because of this, billing for services during this time is not allowed.
  - You must make sure that your providers are not submitting timesheets or claims when you are in one of these living situations. You must notify all providers any time you enter one of these settings: a nursing home, hospital, jail/prison, rehabilitation facility, or otherwise unallowable living situation. You should remind providers that they can't bill during this time.

- **If your providers are billing daily rates for adult family homes and respite services that exceed the number of days in the month, they are committing fraud.** Example: Your adult family home is billing for 30 days in a month and your respite provider is billing for seven days. This means there are claims covering 37 days in the same month. Respite and adult family home providers can't both bill a daily rate for the same day. In this example, seven days were double-billed because there were only 30 days in the month.
  - Providers who bill a daily rate can't bill more than the number of days in the month on their own or with other service types.
  - You must make sure that the total number of days billed under a daily rate isn't more than the number of days in the month.

- **If your providers are submitting multiple timesheets requesting payment for the same hours, they are committing fraud.** Example: Your participant-hired worker provided you with supportive home care and provided medical assistance personal care through a Medicaid personal care agency. This means that an agency was approving her timesheets for medical assistance personal care, and you were approving her timesheets for supportive home care. She asks you to sign her timesheet for six hours of supportive home care and then she submits an invoice to the agency for medical assistance personal care for the same six hours. She asking to be paid twice for the exact same work.
  - Providers can't bill two separate agencies for cares provided during the same time period.
  - You must make sure that timesheets and claims do not overlap hours for the same provider.

- **If someone is applying to be a participant-hired worker and they lie or provide false information to go around the background check process, they are violating the Medicaid waiver and may be committing identity theft.** Example: Jane Doe was convicted of felony assault, which is an arrest that permanently bars her from working for her mother in the IRIS program. Judy, Jane's sister, has no criminal history. Jane submits her sister's information instead of her own to be able to pass the background check. Jane then works for her mother using Judy's identity.
  - Every participant-hired worker must successfully pass a criminal and caregiver background check prior to employment.
  - You must not knowingly let anyone submit another person's personal information as his or her own to get around the background check process.

The Department of Health Services takes all fraud allegations seriously. Fraud allegations can be sent to the Department of Justice for a criminal investigation. Medicaid fraud can be punished with prison or fines of $25,000 per incident. Each fraudulent timesheet you sign could be a separate fraud incident, so you should always make sure you look over timesheets closely before you sign them. You can be disenrolled from IRIS if you are found to have mismanaged your budget or committed fraud. Participants found to have committed fraud are not allowed back in the IRIS program.

6.0 CONFLICTS OF INTEREST

When you and your IRIS consultant build your individual support and service plan, there will be people and agencies that receive money for providing you with support, goods, or services. It is important that your plan is about making sure you have the support you need to meet your goals.

What is a Conflict of Interest?

A conflict of interest is when a person or an agency benefits financially or otherwise from the development of your individual support and service plan. This might mean that the person or agency helping you make your plan is getting or could get a job, money, or some other gain. A conflict of interest is more likely to happen when a person or agency has several roles.

What happens if there is a Conflict of Interest?

When your IRIS consultant agency or fiscal employer agent discovers a conflict of interest, your IRIS consultant will:

- Meet with you to talk about what happened, answer your questions, and review this chapter of the manual.
- Collect information about your relationships with your caregivers, agencies, and participant-hired workers to make sure no other conflicts of interest exist.
- Help you find a way to fix the issue regarding the conflict of interest.
- Check on you to make sure the conflict has been fixed.

If your IRIS consultant tells you there is a conflict of interest, you must:

- Be honest about your relationships with your caregivers, agencies, and participant-hired workers.
- Work with your IRIS consultant to fix the conflict based on one of their ideas or a different plan that you come up with and share with your consultant. The solution has to follow IRIS program policies.
- Complete your tasks in the plan your IRIS consultant creates to fix the conflict.

7.0 REPORTING CRITICAL INCIDENTS

Your health and safety is a top priority. In a self-directed program like IRIS, your IRIS consultant relies on you to let them know if anything happens to you that impacts your health or safety. These are called critical incidents. You are responsible for telling your IRIS consultant when you are involved in a critical incident. There are lots of different kinds of incidents, like injury, hospital stays, unexpected illness, incarceration, abuse, or neglect. Reporting incidents to your IRIS consultant as soon as you are safe is very important.

Who can Report Critical Incidents?

You, your guardian, legal decision-maker, family members, workers, and others can report an incident. Don't worry if you don't have all of the information at first. You should still report what you know. **If you are in danger or need help right away, call 911.** Wait until you are safe to report an incident. If you or someone you know is being abused or neglected, you should call your local law enforcement agency or your county's adult protective services office to make a report.

Do not be afraid to report an incident.

Your safety, confidentiality, and protection are the most important.

How do I Report an Incident?

To report an incident, you can do either of the following:

- Contact your IRIS consultant.
- Call the IRIS Call Center at: **1-888-515-4747**.

What will they want to Know When I Report an Incident?

The IRIS Call Center or your IRIS consultant will ask you:

- Your name
- What happened
- When the incident happened
- Where the incident happened
- What is happening right now to make sure you are safe and healthy
- What will happen in the future to make sure you are safe and healthy?

If you or the caller don't know all of this information, that is fine. You should still report the incident and tell them what you do know.

What Happens when I Report an Incident or Someone Reports an Incident for Me?

When your IRIS consultant receives an incident report, they will:

- Collect information about what happened.
- Make sure that you are healthy and safe.
- Fill out a report and send it to the Department of Health Services.

For example, if you fall in your home, your IRIS consultant may:

- Ask if you received medical treatment for your injuries at the hospital.
- Talk with you about changes you could make in your home to prevent future falls, like removing rugs that you could trip on.

Your IRIS consultant agency and the Department of Health Services will review the incident to:

- Make sure you are safe and healthy. If we believe your needs aren't being met, your IRIS consultant may need to ask more questions.
- Identify trends and find ways to help all IRIS participants stay safe and healthy.

What if I'm not sure what to Report or if I Should Report an Incident?

If you are not sure whether you should report an incident or what kind of incident happened, you should still call your IRIS consultant or the IRIS Call Center. They can help you decide if the incident should be reported and they can help figure out what kind of incident it is. Don't put off reporting the incident.

The following information talks about several different types of incidents that could happen and that need to be reported. The only incidents that need to be reported are incidents that involve you.

Type of Incident	Description of Incident
Abuse—Financial	This means that someone is misusing your money, budget, or property for their benefit. This can be a crime and it should be reported to your local law enforcement agency.
Abuse—Mental/ Emotional	This means someone is treating you badly. It could be threats to hurt you, calling you names, blaming you for things, ignoring you, using an intimidating tone of voice, or threatening to take away your personal property. If someone is harassing you, making you scared, or making you feel bad emotionally, this is abuse.
Abuse—Physical	This means someone is hurting you physically on purpose. If someone is hitting, slapping, pinching, or grabbing you so hard that it causes you pain or injury, this is abuse.
Abuse—Sexual	This means someone is hurting you through unwanted sexual contact or behavior. If someone is making you look at unwanted sexual material or pictures, harassing you in a sexual way, or is hurting you with inappropriate physical contact, this is abuse.
Abuse—Verbal	This means someone is saying or yelling things at you that scare, threaten, harass, humiliate, or intimidate you. If someone is yelling at you or making you scared, this is abuse.
Fire	This means there was a fire where you live or receive services. The fire department must have been called and must have come to the home or facility to deal with the fire.

Type of Incident	Description of Incident
Law Enforcement—Arrest or Incarceration	This means law enforcement has put you temporarily in physical detention or jail.
Law Enforcement—Commission of a Crime	This means law enforcement thinks that you committed a crime and they are investigating to see what happened.
Law Enforcement—Victim of a Crime	This means you were the victim of a crime, like abuse, and law enforcement is investigating to see what happened.
Misuse of Restraint or Restrictive Measure	This means a service provider is unreasonably restraining or confining you. This includes removing you from your living area, giving you medication you don't need, using unneeded equipment, giving you too much medication on purpose, or intentionally and unreasonably locking you in a room.
Neglect—Medical or Failure to Seek Medical Attention	This means a service provider didn't medically take care of you after something happened. If your provider didn't give you prompt and adequate physical care, didn't give you medication a doctor told you to take, or didn't take you to the doctor when you needed to go, this is neglect. It is also important that you tell your IRIS consultant if your condition changes because your plan will need to change to meet your new needs.
Neglect—Medication Error	This means there was an error with the medication you were given and it made you sick to the point of having to go see a doctor in the emergency room, urgent care center, or hospital.
Neglect—Nutritional	This means you are not being provided enough of the right food, water, or other dietary services to meet your needs and keep you healthy.
Neglect—Poor Care/Failure to Follow Plan	This means a service provider put your health and safety at risk because they didn't follow your care plan, policies, or procedures. If a service provider is not letting you use a mobility device or is intentionally not helping you with your daily activities, this is neglect.
Neglect—Self-Neglect	This means you are not taking care of yourself. It means that you are putting your physical or mental health in danger because you are not eating, changing your clothes, going to medical appointments, or going to dental appointments.
Neglect—Unanticipated Absence of Provider	This means a service provider was scheduled to work for you but they didn't show up to provide the services you needed. Because they didn't show up, you were left without the help and resources you needed to make sure you were safe and healthy.
Neglect—Unsafe or Unsanitary Conditions	This means you are in a home or facility that is not clean, safe, or well ventilated because the building, rooms, or furniture were not kept in good condition or cleaned correctly.
Overdose of Drugs or Alcohol	This means you overdosed because you either took too much nonprescription medication, didn't take your prescription medications correctly, drank too much alcohol, or used illegal drugs.

Type of Incident	Description of Incident
Significant Damage to Property	This means your property, your service provider's property, your home, your place of employment, or the place where you receive services was damaged. This includes property that you damage, on purpose or by accident, as well as other damaged property that could put your health and safety at risk if it was used. Damage can also be caused by acts of nature like storms, tornados, blizzards, or earthquakes.
Suicide Attempt	This means you tried to kill yourself on purpose.
Unexpected Emergency Hospitalization	This means you had to seek medical help at the hospital because you suddenly or unexpectedly got very sick and would have gotten much worse if you hadn't gone to the hospital right away. Examples of these kinds of incidents would be when you get admitted to the hospital because of a heart attack, stroke, appendicitis, severe burns, frostbite, mental health assessments, and severe shortness of breath.
Unexpected Serious Illness, Injury, or Accident	This means you had to seek medical help at an urgent care clinic or emergency room because you are very sick, hurt yourself, or were involved in an accident. Examples of these kinds of incidents would be falls, car accidents, sprained ankles or wrists, or urinary tract infections. This does not include when you go to urgent care or emergency rooms for conditions that are covered in your individual support and service plan.
Unexpected Significant Behavior not Addressed in Behavior Support Plan	This means you have a behavior that puts you at risk of hurting yourself or other people. This behavior would be new or not happen often enough for your service providers to plan for it, so it was not in your behavior support plan.
Unplanned Use of Isolation or Exclusion	This means you were restrained, left alone, or isolated because of an emergency without prior approval of the Department of Health Services.

If a participant passes away, it is the responsibility of the guardian, legal decision-maker, family, or a friend to report the death to your IRIS consultant agency as soon as possible.

Do not be afraid to report an incident.

Your safety, confidentiality, and protection are of the greatest importance.

8.0 RESTRICTIVE MEASURES

The Department of Health Services wants to make sure that you are safe and healthy. Sometimes you may have a special medical or behavioral need that requires use of a restraint, treatment, or protective equipment device that restricts physical movement and movement throughout your home. This is called a restrictive measure.

The Department of Health Services reviews every restrictive measure application to make sure you are being treated in the least restrictive way and that you are safe. Restrictive measures should only be used as a last resort **after** it has been approved by the Department of Health Services. The Department of Health Services believes that using positive behavior, promoting recovery, and keeping people informed about trauma can reduce the use of restrictive measures and promote greater health and safety.

What are Restrictive Measures?

There are two kinds of restrictive measures:

- **Medical restraints**: Medical restraints are pieces of equipment and procedures that restrict your ability to move freely and voluntarily during a medical or surgical procedure. Medical restraints can also be used before or after medical procedures to prevent further harm or to aid in your recovery.
- **Restraints, isolation, or protective equipment:** These are a few examples:
  - Restraints—This is any device, garment, or physical hold that restricts your ability to move or have access to any part of your body. You can't easily remove restraints.
  - Isolation—This is when you are separated from others (against your will/involuntarily) physically or socially until you are calm.
    Protective Equipment—This is equipment, like mitts or a helmet, which you wear and can't remove by yourself. It is usually worn to protect you during times when you may be trying to harm yourself.

What is a Behavior Support Plan?

A behavior support plan is intended to tell your participant-hired workers how to best assist you with your needs. Behavior plans also include direction on how to access other supports, in order to make sure you are safe and to decrease your challenging behavior. If you have approved restrictive measures, they need to be in your behavior support plan. Your plan must also include a description of how and when a restrictive measure can be used. Your IRIS consultant can help answer any questions you have about your behavior support plan or restrictive measures.

How do I Develop My Behavior Support Plan and Restrictive Measures Application?

You can choose who you want to take part in developing your behavior support plan and restrictive measures application. Your IRIS consultant can be a great resource to help you during this process. You and the people you choose will complete the plan and application. Your IRIS consultant will work with you to complete your behavior support plan and restrictive measures application. Your IRIS consultant agency will review and send the information to the Department of Health Services for its approval.

The Department of Health Services Denied My Restrictive Measures Application. What does that mean?

The Department of Health Services may deny your application. Applications are denied if the restrictive measure is not the least restrictive support available. If your application is denied, you should work with your IRIS consultant to look for other options for supporting your needs. The use of a measure that has been denied could result in disenrollment from the IRIS program.

The Department of Health Services Approved My Request for Restrictive Measures. What Happens Now?

When the Department of Health Services approves your request to use restrictive measures, you must first train the people who support you on how to use the restrictive measure safely. Restrictive measures used incorrectly can cause injury to you or the people who support you. Every person that supports you must receive training on your restrictive measure at least once every year. You must keep a list of when each person that supports you received training on your restrictive measure.

If you have been approved to use restrictive measures, you and your workers must keep a log or notebook that documents:

- The date a restrictive measure was used,
- The amount of time a restrictive measure was used,
- A description of the restrictive measure used,
- Any behavioral or medical information that happened before or after the restrictive measure was used.
- If protective equipment is part of your approved restrictive measures plan, you must document the equipment used, when it was inspected, and the condition of the equipment.

This log or notebook must be shared with your IRIS consultant when they have a face-to-face visit with you.

How Often will My Behavior Support Plan be Reviewed?

Behavior support plans must be reviewed at least every six months, or when your needs have changed. At your phone and in-person contacts, your IRIS consultant should talk with you about how your behavior support plan is working for you. If your behavior support plan is not working, your IRIS consultant will help you update your plan to better meet your needs.

How Often will My Restrictive Measures be Reviewed?

Both medical restraints and any restrictive measure listed in your behavior support plan are reviewed at least annually. If you no longer need the restrictive measure, you should tell your IRIS consultant. Your consultant will help you update your plan.

9.0 ANNUAL HEALTH CARE INFORMATION

One of the best ways for you to stay safe and healthy is to have access to a primary care doctor when you need medical help. It is also helpful to know how you can prevent sickness and identify infections or illnesses. That is why, once a year, your IRIS consultant will talk with you about:

- Access to your primary care provider
- The importance of pneumonia and flu vaccines
- Symptoms of urinary tract infections (UTIs).

Accessing Your Primary Care Doctor

As an IRIS participant, you have Medicaid. You may also have Medicare or other health insurance through another program. This means your health insurance will pay for regular medical checkups and flu shots. You can also visit a doctor when you have symptoms of other sicknesses and infections.

- Do you have a primary care doctor?
- Do you know how to make an appointment with your doctor?
- Have you seen your primary care doctor in the last year?

If you answered "No" to any of these questions, your IRIS consultant can help you find a doctor or make an appointment with your current doctor. If you have not seen your primary care doctor in the last year, the Department of Health Services encourages you to schedule an annual physical to help you make sure you are at your healthiest. Regular doctor visits can prevent many common illnesses, visits to the emergency room, and hospital stays.

For information on how to find and choose a doctor, please visit www.dhs.wisconsin.gov/guide/doctor.htm.

Flu and Pneumonia Vaccines

The flu and pneumonia can make you very sick. They can also be spread to other people. These illnesses can result in a trip to the emergency room, a stay in the hospital, and can even cause death. Each year your primary care doctor can give you vaccination shots for both of these illnesses. All you need to do is call your doctor.

The Centers for Disease Control and Prevention recommends that all adults get an annual flu shot. It's especially important for people at risk of serious complications to get this shot. This includes:

- People age 65 or older,
- People ages 18-64 with medical conditions such as:
  - Asthma
  - Diabetes
  - Kidney or liver disease
  - Lung disease
  - Heart disease

- People who have issues that affect the immune system,
- People who have issues with alcoholism.

The Centers for Disease Control and Prevention also recommends the pneumonia vaccine for people who smoke cigarettes, live in an adult family home, or live in a residential care apartment complex. For more information on pneumonia, please visit the Centers for Disease Control and Prevention website: https://www.cdc.gov/vaccines/vpd-vac/pneumo/.

Urinary Tract Infections

A urinary tract infection (UTI) is an infection in any part of your urinary system—your kidneys, ureter, bladder, and urethra. Symptoms include:

- A strong, persistent urge to urinate
- A burning sensation when urinating
- Passing frequent, small amount of urine
- Urine that appears cloudy
- Urine that appears red, bright pink, or cola-colored—a sign of blood in the urine
- Strong-smelling urine
- Pelvic pain

If you have any these symptoms, you should contact your primary care doctor right away. The infection is usually diagnosed by testing a urine sample. Doctors will often prescribe antibiotics to treat the infection. Urinary tract infections that go without treatment can cause greater infections or kidney damage.

Untreated urinary tract infections can also lead to hospital stays, trips to the emergency room, and even death. You can prevent these situations by making an appointment with your doctor when you first notice the symptoms listed above.

10.0 BACKGROUND CHECK POLICY

One of the ways that the Department of Health Services makes sure you are safe is by making sure that the workers you hire have passed background checks. Background checks gather information about a person's criminal history and any negative caregiver findings. Because you are hiring your own workers, you are more vulnerable to harm. This is why the background check process is so strict.

Every worker you hire must pass a criminal and caregiver background check. No one is exempt from having to pass the background check, even if they are your family or friend.

When are Background Checks Completed?

All workers must complete the criminal and caregiver background checks as part of their hiring process. Your fiscal employer agent will also complete these background checks on your workers once every four years. If your fiscal employer agent has a reason to think one of your workers was convicted of a new crime, they can also ask for a new background check to be completed.

Workers must submit and resubmit the required paperwork to have the background checks done every four years, or as needed. If they do not submit the paperwork, they may no longer be able to work for you.

What does the Fiscal Employer Agent Look at in the Caregiver Background Check?

As part of the caregiver background check, your fiscal employer agent will look at information from other Wisconsin agencies, like Department of Children and Families and the Department of Safety and Professional Services. This includes identifying:

- Caregivers that have been added to the Misconduct Registry because of a proven finding of caregiver misconduct, like abuse or neglect of a client or taking a client's property for themselves.
- Denied and revoked licenses for adult or child programs.
- Rehabilitation review findings.
- Status of any professional credentials, licenses, or certificates.

What Convictions does My Fiscal Employer Agent Look at in the Criminal Background Check?

The crimes that are of most concern are crimes that involve the loss of life, physical harm to others, sexual harm to others, theft, fraud, crimes against children, and drug offenses. The Appendix of Chapter 6.1B.1 in the IRIS Policy Manual Work Instructions (P-00708A) has a list of all criminal offenses that would prevent you from hiring that worker.

Some of the criminal convictions permanently bar someone from working for IRIS participants. Those convictions are in **bold text** in the Appendix. That means if your worker was convicted of one of those crimes, they can't work for you and there is no appeal process. The convictions that are not in bold text can be appealed through the Background Check Appeal Process. Either way,

if your worker's background check has convictions for any of the crimes in the appendix, they did not pass the background check.

What if My Worker does not Pass the Background Check?

If your worker doesn't pass the background check and the worker wasn't convicted of a crime in **bold text** in the appendix, you can send in an appeal to the Department of Health Services. If your worker was convicted of a crime in bold text in the appendix, there is no appeal option.

To file an appeal, you and the applicant must complete the "Background Check Appeal Request – IRIS Program" (F-01352). Your IRIS consultant can help explain the process to you.

What if the Appeal is Denied?

If your appeal is denied, there are no more options for appeal with the Department of Health Services. But you can contact the Department of Workforce Development for further assistance.

11.0 40-HOUR HEALTH AND SAFETY RULES

Employer authority is what you have when you hire, schedule, train, and manage your own caregivers. These caregivers are known as participant-hired workers. When this chapter refers to workers, we are talking about both of these kinds of caregivers that you can choose to hire. Being an employer is an important responsibility, so it is important to understand how long your workers are allowed to work.

What is the 40-Hour Rule and How Does it Apply to My Workers?

The workweek starts on Sunday at midnight and ends on Saturday at 11:59 p.m. This 40-hour policy doesn't change the hours of care that you have on your plan. It is all about reducing risk to your safety and the safety of your workers and making sure you are still in charge of your budget and employer authority.

Some workers may provide care for you and for other IRIS participants. No matter how many people your worker cares for, they are not allowed to work more than 40 hours in one week without prior approval from your IRIS consultant agency. Some workers provide a variety of different cares for you, like supportive home care, daily living skills training, or IRIS self-directed personal care. No matter how many different kinds of services your worker provides, they are not allowed to work more than 40 hours in one week without prior approval from your IRIS consultant agency.

What are the Employer Authority Rules I need to Follow?

- Develop an individual support and service plan that doesn't let your hired workers work over 40 hours per workweek.
- Set a schedule that meets your needs and has enough staff coverage, but not schedule your workers for more than 40 hours.
- Not sign timesheets or promise your worker that they will be paid for time worked over 40-hours per week unless they have been approved by your IRIS consultant agency. The number of hours your workers are authorized for is listed on your individual support and service plan. **Note:** If you do not pay attention and make sure your timesheets are right before you sign them, you are mismanaging your employer authority. If you abuse, let your workers abuse, or mismanage your budget, you may be disenrolled from the IRIS program.
- Make sure your workers are getting paid at the rate and for the amount of time they are authorized. Once you approve a timesheet, your fiscal employer agent will pay your worker. If the wage on the timesheet is wrong and you sign it without looking at it, you are mismanaging your employer authority. You need to pay close attention to timesheets before you sign them. If you don't manage your budget or abuse your budget, you may be disenrolled from the IRIS program.
- Create a strong emergency backup plan to make sure you have a worker or caregiver available to support you if your scheduled worker is not able to make it.
- Make sure your hired workers understand the 40-hour policy and your responsibilities as an employer.

What if My Worker Lives with Me?

If you have a worker that lives with you, they are considered a live-in worker. Live-in workers can receive minimum wage, but they **can't** receive overtime pay. Live-in workers are able to work up to 60 hours without overtime pay, with prior approval from your IRIS consultant agency. However, this does require additional oversight visits and communications with your IRIS consultant agency. There are some exceptions for live-in workers under the Fair Labor Standards Act. If you want more information, you can go to: www.dol.gov/whd/regs/compliance/whdfs79b.htm or ask your IRIS consultant for help in understanding the definition.

What About IRIS Self-Directed Personal Care?

You can't submit an exception request to change your self-directed personal care hours or let your self-directed personal care hired worker complete more self-directed personal care hours. Those hours are decided by your doctor and can't be changed by anyone in the IRIS program. But, if you have a hired worker that does self-directed personal care **and** another service, you can request an exception for the other service they provide.

How do I Ask for an Exception to this Policy for One of My Workers so they can Work more than 40 hours in One Week?

In order for your worker to be able to work more than 40 hours in one week, you must ask for an exception to the policy using the Participant-Hired Worker 40-Hour Health and Safety Assurance Exception Request form, which is available at: https://www.dhs.wisconsin.gov/forms/f01689.docx. Your IRIS consultant will talk with you about why you need an exception and will help you fill out the form.

Your IRIS consultant will approve or deny your exception request and will tell you their decision within five business days of completing the form. When they make the decision, they will ask:

- Does the exception meet your needs?
- Is it safe and healthy to allow your worker to work more hours?
- Does your request follow the rules in the 40-Hour Health and Safety Assurance policy?

If your IRIS consultant denies your request, you will not receive a notice of action like you would with other decisions. A notice of action is only sent when one of your goods or services is denied, limited, reduced, or terminated. If your request is denied, there is no appeal. But, if your IRIS consultant denies your request, you should talk to them and work together to see if there is another way for you to get the support you need. One solution after a denial is to try and find another qualified hired worker to provide the hours you need.

12.0 PARTICIPANT-HIRED WORKER TRAINING

You are the expert on your own life and if you choose to hire your own workers, you will need to train them on how to provide you with support or services. The better your worker is trained, the more they are able to help and provide quality care.

When you hire a new worker, you must tell them about you and train them on your supports and services. This includes teaching them about:

- Your condition, diagnosis, and daily needs.
- Your individual support and service plan.
- Your daily schedule and routines.
- Their job duties and responsibilities, including, but not limited to, homemaking and household services.
- Where to find things you need and any people you live with.
- How to safely perform cares and job duties.
- What to do in an emergency.
- How to work well with you and respect your choices.
- When to use gloves while providing care, where they can find gloves, and where they can throw gloves away after being used.
- Your emergency backup plan if your usual workers aren't able to come to work.

Emergency Response

If you are in danger or need help right away, call 911. Your worker must know how to get you out of your home in an emergency. The worker also needs to know who they should call and what to do once you are out of the home.

If a worker is injured while working for you, contact your IRIS consultant and fiscal employer agent right away to report the injury.

13.0 NOTICE OF ACTION AND FAIR HEARING REQUESTS

A notice of action is a formal letter you will get from your IRIS consultant agency if a good or service is being denied, limited, reduced, or terminated. This is a good or service that you asked for or that is already on your plan. The letter will explain the reason for the decision and the date the change will take place. Your IRIS consultant agency is required to send you a notice of action letter whenever one of your goods or services is denied, limited, reduced, or terminated.

What Happens if I Receive a Notice of Action?

You have the following choices:

- Accept the decision in the notice of action to deny, limit, reduce, or stop a good or service you asked for or that was on your service plan.
- Work with your IRIS consultant agency to try and find an agreeable solution.
- Request an independent review from the IRIS program. You should work with talk to your IRIS consultant if you want to request an independent review.
- File a request for a state fair hearing with the Division of Hearings and Appeals if you disagree with the decision in the notice of action. You have rights under the IRIS program and Wisconsin state law to request a fair hearing on any notice of action you receive. Instructions on how to file a state fair hearing are provided in the notice of action letter.

What is a State Fair Hearing?

A fair hearing gives you a chance to explain why you think the decision in the notice of action letter was wrong. An administrative law judge from the Division of Hearings and Appeals will hear from you and your IRIS consultant agency to decide whether the decision was right or wrong. When your IRIS consultant agency sends you the notice of action, they will include information about your appeal rights and the form you need to fill out and send in to request a state fair hearing.

How do I File a State Fair Hearing Request?

To file a fair hearing request, you will need to send a Request for State Fair Hearing form or write a letter to the Division of Hearings and Appeals.

You can ask for a copy of the Request for State Fair Hearing form from your IRIS consultant agency or find it online at: https://www.dhs.wisconsin.gov/forms/f0/f00236.docx. When you send in a request for a fair hearing you need to include a copy of the notice of action letter so that they know about the decision that you disagree with.

If you choose to write a letter instead of sending the form, you must include all of the following information:

- A copy of the notice of action letter you received
- Your name
- Your mailing address
- A brief description of the problem
- The name of the IRIS consultant agency that sent you the notice of action
- Your Social Security number
- Your signature.

You can mail or fax the completed form or letter, with a copy of the notice of action letter, to:

Mail:	OR	**Fax:**
IRIS Request for Fair Hearing Wisconsin Division of Hearings and Appeals PO Box 7875 Madison, WI 53707-7875		608-264-9885

When is the Deadline to File a Request for Fair Hearing?

The notice of action letter will have a date on it telling you when the change will be effective. The request for fair hearing must be postmarked or faxed no later than 45 days after the date listed in the notice of action letter you received from your IRIS consultant agency. Once you send in your request for a fair hearing, the Division of Hearings and Appeals will let you know the date and time of your hearing.

Can I Continue My Services Until the Fair Hearing?

You can ask to keep getting the same goods and services until you receive a decision on your fair hearing. If you want your services to continue, you must postmark or fax your request for a state fair hearing **on or before the effective date listed on the notice of action letter**. You need to write down on your request that you want your services to continue. If the Division of Hearings and Appeals receives your request on or before the effective date listed on the notice of action letter, the services will continue until a decision is made.

If the Division of Hearings and Appeals receives your request *after* the effective date listed on the notice of action letter, the services will be stopped or reduced on the date stated in the notice of action. Your IRIS consultant will give you an updated plan showing these changes.

The fair hearing decision may not be in your favor. If the Division of Hearing and Appeals decides against you, you may have to pay back any services you should not have received.

What is a Concurrent Review?

If you file a request for fair hearing, Metastar will first work with you, your IRIS consultant agency, and the Department of Health Services to try and find a solution through a concurrent review. This is separate from the fair hearing process. Metastar completes concurrent reviews for all IRIS fair hearing requests. Metastar is an independent mediator and can't make a decision on your appeal. Instead, Metastar can help you understand your rights and find a solution that works for you and your consultant agency. The concurrent review process takes up to 20 business days.

What if I Change My Mind and don't want to have a Fair Hearing Anymore?

You can withdraw your request for a fair hearing at any time and for any reason. If you want to withdraw your request, you need to send a Voluntary Withdrawal form (DHA-17) to the Division of Hearings and Appeals. You can get a copy of this form from your IRIS consultant agency, Metastar, or online at: https://doa.wi.gov/DHA/WFSVW.pdf.

What is the Fair Hearing Process Like?

The hearing will be held by telephone or in person. You will meet with an administrative law judge. You can have someone represent you at the hearing, such as an advocate, friend, family member, or witness. You can present evidence before and at the hearing. Your IRIS consultant agency, fiscal employer agent, and the Department of Health Services can help you gather records for your hearing, but you have to request them.

Your IRIS consultant agency will participate in the hearing and they will explain to the judge why they sent you the notice of action you are appealing. Your IRIS consultant agency will defend the IRIS program policies that led them to issue your notice of action. Because of this, you are responsible for defending why you think your IRIS consultant agency's decision was wrong. The judge will explain the rules of the hearing and will hear the evidence from both sides, but will not make a decision that day. The judge will mail you the final hearing decision in writing.

What if I don't Agree with the Fair Hearing Decision?

If you do not agree with the fair hearing decision, you have the right to ask for a rehearing if you:

- Have new evidence that would change the decision
- Feel that there was a mistake in the facts of the decision
- Feel that there was a mistake in the legal basis of the decision.

A written request for rehearing must be received within 20 days after the written decision from the fair hearing. The written decision gives you information on how to request a rehearing.

You may also appeal the decision to the circuit court in your county. The written fair hearing decision includes information on how to appeal the decision with the circuit court. However, you do not have the right to continue your services during the circuit court appeal process.

Who can Advocate for Me or Help Me Learn About My Rights?

If you want to know more about your rights or the state fair hearing process or submit a concurrent review, you can call Metastar at: **1-888-203-8338**.

If you want to ask an ombudsman to help advocate for you, you can contact either Disability Rights Wisconsin (age 18-59) or the Board on Aging (age 60 and above).

Disability Rights Wisconsin

Madison Office	**Milwaukee Office**	**Rice Lake Office**
131 W. Wilson Street,	6737 W. Washington St,	217 W. Knapp Street
Ste. 700	Ste. 3230	Rice Lake, WI 54868
Madison, WI 53703	Milwaukee, WI 53214	715-736-1232
608-267-0214	414-773-4646	877-338-3724 toll free
800-928-8778 toll free	800-708-3034 toll free	715-736-1252 fax
608-267-0368 fax	414-773-4647 fax	888-758-6049 TTY
888-758-6049 TTY	888-758-6049 TTY	

Board on Aging

Phone Number: 1-800-815-0015

14.0 COMPLAINTS AND GRIEVANCES

Your IRIS consultant agency and fiscal employer agent are here to help you. If you are not happy with your IRIS consultant, IRIS consultant agency, or fiscal employer agent, it is important that they know what is wrong. You have the right to file a complaint or grievance, and voice your opinion about any IRIS matter.

What is the Difference Between a Complaint and a Grievance?

A **complaint** is when you disagree or are unhappy with a decision and you try to resolve it directly with whoever you are disagreeing with, such as your IRIS consultant agency, IRIS consultant, or fiscal employer agent.

A **grievance** is more formal, but it can be made verbally or in writing. A grievance is a more official way to document and file a complaint about your IRIS consultant agency, IRIS consultant, and fiscal employer agent. Filing a grievance may require you to fill out some paperwork about the issue.

Is There a Deadline to File a Complaint or Grievance?

No, you can make a complaint or file a grievance at any time. But you should not wait if you have a complaint or grievance.

What Happens After I File a Complaint or Grievance?

No matter whom you file your complaint or grievance with, that person, agency, provider, or department will work with you to try and resolve the issue and address your concerns. The goal is to work together to try and develop an acceptable solution to the problem. Complaints and grievances should be resolved within 30 days, and issues about participant-hired worker payments will be resolved within one pay cycle.

What is a Mediator?

An independent mediator is a person or agency that works with people that don't agree to try and find a solution that works for everyone. In IRIS, the independent mediator is MetaStar.

What is an Ombudsman?

An ombudsman is an advocate for IRIS participants. They help investigate complaints and grievances and help try and resolve them. In IRIS, there are two ombudsmen available, depending on your age. The IRIS ombudsmen are Disability Rights Wisconsin (age 18-59) and the Board on Aging (age 60 or above).

How do I File a Complaint or Grievance?

Complaints can be made verbally, in person, or in writing, like in a letter or email. The Department of Health Services encourages you to talk with your IRIS consultant agency, IRIS consultant, self-directed personal care oversight agency, fiscal employer agent, or provider if you disagree with a decision or are not happy and try to resolve your complaint before filing a grievance. Working with them directly is usually the fastest and easiest way to address your

concerns. You can file your complaint with your IRIS consultant, IRIS consultant agency, fiscal employer agent, Metastar, or the Department of Health Services.

If you do not want to or were unable to resolve your complaint, you can choose to file a grievance so that the IRIS ombudsmen or mediator can help.

You can file a grievance in any of the following ways:

- Calling Metastar at: **1-888-203-8338**.
- Calling Disability Rights Wisconsin, if you are age 18-59.
- Calling the Board on Aging, if you are age 60 or above.
- Completing and submitting an IRIS grievance form (www.dhs.wisconsin.gov/forms/f0/f01212.docx). You can get the form online or you can ask for a copy of the form from your IRIS consultant, IRIS consultant agency, fiscal employer agent, or the Department of Health Services. If someone helps you complete the grievance form, you should make sure you review it before it is submitted.

How can I Contact the People that can Help Me?

If you want to contact your IRIS consultant, IRIS consultant agency, or fiscal employer agent but you don't know their phone number, you should call the IRIS Call Center to get this information. Their phone number is: **1-888-515-4747**.

If you want to contact the mediator or file a grievance, you can call MetaStar at: **888-203-8338**.

If you want to contact the ombudsman, you can contact either Disability Rights Wisconsin (age 18-59) or the Board on Aging (age 60 and above).

Disability Rights Wisconsin

Madison Office	**Milwaukee Office**	**Rice Lake Office**
131 W. Wilson Street, Ste. 700	6737 W. Washington St, Ste. 3230	217 W. Knapp Street
Madison, WI 53703	Milwaukee, WI 53214	Rice Lake, WI 54868
608-267-0214	414-773-4646	715-736-1232
800-928-8778 toll free	800-708-3034 toll free	877-338-3724 toll free
608-267-0368 fax	414-773-4647 fax	715-736-1252 fax
888-758-6049 TTY	888-758-6049 TTY	888-758-6049 TTY

Board on Aging

Phone Number: 800-815-0015

15.0 YOUR MEDICAID RIGHTS

YOU HAVE THE RIGHT TO A WRITTEN NOTICE from the Department of Health Services before any action is taken to stop or reduce your health care (Medicaid, BadgerCare Plus, Family Planning Only Services) benefits. For most actions, you will receive a letter at least 10 days before the action is taken. This letter will come from your local income maintenance office. If you lose your eligibility for Medicaid, you will not be able to be in the IRIS program.

YOU MAY REQUEST A FAIR HEARING if you disagree with any agency action. You may request a fair hearing in writing to the Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875 or by calling 608-266-7709. Your request must be received within 45 days of the action's effective date. The effective date will always be in the letter you receive.

In most cases, if your fair hearing request is received by the Division of Hearings and Appeals prior to the action's effective date, your benefits will not stop or be reduced. Your benefits will continue, at least until a decision is made about your appeal. During this time, if another change happens, you will get another letter. If you are not satisfied with your fair hearing decision, you may appeal and request a second fair hearing. If the fair hearing decision ends or reduces your benefits, you may have to repay any benefits you got while your appeal was pending. You may ask not to receive continued benefits.

YOU MAY REPRESENT YOURSELF OR BE REPRESENTED at the hearing or conference by an attorney, friend, or anyone else you choose. Your IRIS consultant agency and the Department of Health Services can't pay for your attorney and they can't represent you. But you can get help from the ombudsman and free legal services may be available to you if you qualify.

If you fail to appear at your fair hearing or your representative fails to appear at the hearing without a good reason, your appeal is considered abandoned, and it will be dismissed.

COMPUTER CHECK: If you work, the wages you report will be checked by a computer against the wages that your employer reports to the Department of Workforce Development. The Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and Department of Transportation may also be contacted about income and assets you may have.

FORWARDHEALTH CARD: Each time you go to a BadgerCare Plus or Medicaid provider, they may ask to see your ForwardHealth card. For some services, you may have to pay a copay to the provider. The amount will depend on the type of service and the cost of the service. Your provider should tell you if a copay is required or if a service is not covered by your health care plan. If you have questions about your health care plan, contact Member Services at 1-800-362-3002.

IF YOU RECEIVE BENEFITS OR SERVICES, you must follow these rules:

- **DO NOT** give false information or hide information to get or continue to get benefits.
- **DO NOT** trade or sell ForwardHealth cards.
- **DO NOT** alter cards to get benefits you are not entitled to receive.
- **DO NOT** use someone else's ForwardHealth card.

DISCRIMINATION

The Department of Health Services is an equal opportunity employer and service provider. All people applying for benefits or who receive benefits are protected against discrimination based on race, color, national origin, disability, sex, sexual orientation, age, or religion. State and federal laws require all BadgerCare Plus health care benefits to be provided on a nondiscriminatory basis.

For civil rights questions, call 608-266-9372 (voice) or 888-701-1251 (TTY).

To file a complaint of discrimination, contact either the:

Wisconsin Department of Health Services
Affirmative Action/Civil Rights Compliance Office
1 W. Wilson St., Rm. 555
Madison, WI 53707-7850

Telephone: 608-266-9372 (voice)
888-701-1251 (TTY)
608-267-2147 (fax)

OR

US Department of Health and Human Services
Office for Civil Rights – Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601

Telephone: 312-886-5077 (voice) or
312-353-5693 (TTY)

DEPARTMENT OF HEALTH SERVICES **STATE OF WISCONSIN**
Division of Medicaid Services
F-01947 (11/2018)

IRIS PARTICIPANT EDUCATION MANUAL: ACKNOWLEDGEMENT

INSTRUCTIONS: This form is to be used as acknowledgement of receipt with IRIS program participant education. Completion of this form is not required through Wisconsin State Statute; however, completion of this form is an IRIS program requirement. The participant and their IRIS Consultant must complete and sign this form upon completion of the review and discussion of the IRIS Participant Education Manual (P-01704). Personally identifiable information on this form is collected to verify that the review is complete, and will be used only for this purpose.

SECTION I – DEMOGRAPHICS

Participant's Name (Last, First)	Participant's MCI Number
Your IRIS Consultant Name	Your IRIS Consultant Agency Name

Name of Guardian(s) and/or Power(s) of Attorney (If Applicable)

I (Participant) have a: ☐ Guardian of the Person ☐ Power of Attorney for Health Care ☐ Neither of these

I (Participant) am reviewing the Participant Education Manual for:
☐ Initial Orientation ☐ Annual Visit ☐ Record Review Remediation ☐ Mismanagement/Ad Hoc

SECTION II – ACKNOWLEDGEMENT

By initialing below, I am acknowledging that I have received and reviewed the following sections of the IRIS Participant Education Manual (P-01704) with my IRIS Consultant:

3.0 Self-Direction Responsibilities		**4.0 Monitoring My Budget and Building My Plan**	
Date of Review	Initials – Participant or Guardian	Date of Review	Initials – Participant or Guardian
5.0 Preventing Budget Mismanagement and Fraud		**6.0 Conflicts of Interest**	
Date of Review	Initials – Participant or Guardian	Date of Review	Initials – Participant or Guardian
7.0 Reporting Critical Incidents		**8.0 Restrictive Measures**	
Date of Review	Initials – Participant or Guardian	Date of Review	Initials – Participant or Guardian
9.0 Annual Health Care Information		**10.0 Background Check Policy**	
Date of Review	Initials – Participant or Guardian	Date of Review	Initials – Participant or Guardian
11.0 40-Hour Health and Safety Rules		**12.0 Participant-Hired Worker Training**	
Date of Review	Initials – Participant or Guardian	Date of Review	Initials – Participant or Guardian
13.0 Notice of Action and Fair Hearing Requests		**14.0 Complaints and Grievances**	
Date of Review	Initials – Participant or Guardian	Date of Review	Initials – Participant or Guardian

Acknowledgement Statement:

1. I have had the opportunity to ask my IRIS consultant all of my questions.
2. I will keep and refer back to the IRIS Participant Education Manual (P-01704) for more information.
3. I understand that if I have questions in the future about my responsibilities as an IRIS participant, I can address them with my IRIS consultant.

SIGNATURE – Participant	Date Signed
SIGNATURE – Guardian or Legal Decision Maker (If Applicable)	Date Signed

(IRIS Consultant) My signature below indicates that I personally reviewed this document with the participant and/or guardian and provided them with the opportunity to ask questions.

SIGNATURE – IRIS Consultant	Date Signed

COMPLETE BELOW ONLY IF THE IRIS PARTICIPANT IS COMPLETING THEIR ANNUAL REVIEW

My signature below indicates that I have provided training to all of my active participant-hired workers regarding my needs related to, but not limited to: supportive home care tasks, respite services, transportation, daily living skills, supported employment and/or behavioral support needs.

SIGNATURE – Participant	Date Signed

INSTRUCTIONS

IMPORTANT NOTE: All fields on this form are required. An incomplete form will result in processing delays.

Who Should Use This Form
This form should be used by IRIS consultant agencies serving participants who are enrolling in the IRIS program. If remediation becomes necessary at any time, this form should be used by the IRIS Consultant to re-educate the participant and/or their legal representative on select sections/information. If re-education is necessary a new form must be completed to acknowledge the sections that were reviewed and when said review was completed.

How to Complete This Form
This form is to be completed and submitted electronically. This document is a fillable Microsoft Word document, but requires a hand signature by participant and/or legal representative, as well as the IRIS Consultant.
TAB or CLICK between fields.

SECTION I – DEMOGRAPHICS

Participant's Name: Insert participant's name.	**Participant's MCI Number:** Insert participant's MCI.
Your IRIS Consultant Name: Insert name of IRIS consultant.	**Your IRIS Consultant Agency Name:** Insert name of ICA.

Name of Guardian(s) and/or Power(s) of Attorney (If Applicable): Insert the full name of the participant's guardian or power of attorney.

Indicate whether you have someone helping you self-direct: Whether a current guardian of the person, an activated Power of Attorney for Health Care, or neither.

Indicate the reason for review of Participant Education Manual: Whether as a part of Initial orientation, Annual visit, or due to Record Review Remediation.

SECTION II – ACKNOWLEDGEMENT

Manual Section: Each section will have its own number and listed above the area in which the participant or their guardian are to sign and document the date the section was reviewed with the IRIS consultant.

Date of Review Participant/guardian should input the date the section was reviewed with the IRIS Consultant. Sections should be dated as they are reviewed.	**Initials – Participant or Guardian** Participant/guardian should initial each chapter upon completion of the review to document that it was reviewed with the IRIS Consultant on the date indicated to the left of the signature box.

SIGNATURE – Participant
Participant should sign the form after **ALL** sections have been reviewed with the IRIS consultant. If remediation was necessary, participant should sign after all necessary re-education sections have been reviewed with the IRIS consultant.

SIGNATURE – Guardian or Legal Decision Maker (If Applicable)
Guardian/Power of Attorney should sign the form after all sections have been reviewed with the IRIS Consultant. If remediation was necessary, Guardian/Power of Attorney should sign after all necessary re-education sections have been reviewed with the IRIS Consultant.

SIGNATURE – IRIS Consultant
Consultant should sign the form after verifying that the participant and/or the guardian/power of attorney has no further questions about the manual.

Person Completing This Form
When submitting this form, you are assuring that the information you provided has been verified and is accurate to the best of your knowledge.

How to Submit This Form
Upon completion, this form should be uploaded to the appropriate Participant's record in WISITS.

For More Information about IRIS:

Wisconsin Department of Health Services IRIS Website:

https://www.dhs.wisconsin.gov/iris/index.htm