

# **IRIS (Include, Respect, I Self-Direct) Support Services Provider Training Standards**



**STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES  
Division of Medicaid Services**

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# I. Table of Contents

I.	Purpose .....	3
II.	Definitions.....	3
III.	Employment Models .....	4
IV.	Types of Supportive Home Care Services.....	5
V.	Agency Worker Training Standards .....	5
VI.	Waiver of Agency Worker Training Standards .....	6
VII.	Individual Worker (PHW) Training Standards.....	6
VIII.	Completion and Documentation of Training .....	7
IX.	General Requirements .....	7

## I. Purpose

This document describes the standards for worker training and documentation for supportive home care (SHC), respite, and daily living skills training in the IRIS (Include, Respect, I Self-Direct) program. These standards apply to all provider types listed under section [III.A](#) of this document.

Training standards ensure that participants receive safe, quality, and effective care provided by competent workers. The training standards also ensure that workers understand the individual participant as a whole person and become familiar with the relevant policies and procedures of the IRIS program. These standards balance IRIS program participants' opportunities to select, train, and direct the individuals who provide their care with the state's responsibility to ensure that providers of home and community-based waiver services are qualified.

## II. Definitions

1. *Supportive home care (SHC), respite, and daily living skills training* refers to support services provided in an otherwise non-regulated private residence, as defined in the approved IRIS 1915(c) home and community based services (HCBS) waiver.
2. *Supportive home care agency, respite agency, and daily living skills training agency* refers to applicable agencies with a valid Medicaid provider's agreement to provide the waiver-defined services in the IRIS program and employ direct-care workers. An IRIS participant may purchase services from an agency. In those instances, the agency is the sole employer of the direct-care workers.
3. *Fiscal employer agent (FEA)* means an entity that performs payroll functions and other employer responsibilities required by federal and state law on behalf of the participant/employer.
4. *Co-employment agency* (also referred to as "agency with choice") means an agency that functions as the legal employer of participant-selected workers and performs necessary payroll and human resource functions, while the participant or representative functions as the co-employer or managing employer of the workers.
5. *Participant* means an individual enrolled in the IRIS program (and/or their legal representative) who is self-directing their supports and services.
6. *Participant-Hired Worker (PHW)* refers to an individual worker that is hired, trained, and managed by the participant directly.
7. *Vulnerable/high risk participant* means a participant who is dependent on a single caregiver, or two or more caregivers all of whom are related, to provide or arrange for the provision of nutrition, fluids, or medical treatment that is necessary to sustain life and to whom at least one of the following applies:
  - a. Is nonverbal and unable to communicate feelings or preferences

- b. Is unable to make decisions independently
- c. Is clinically complex, requiring a variety of skilled services, or high utilization of medical equipment
- d. Is medically frail

### III. Employment Models

#### A. Three Models

1. **Agency-Based Services:** A participant may choose to purchase services from an applicable service provider agency. The provider agency, having signed a valid Medicaid provider's agreement, provides services to the participant. The agency employs workers to provide services to the participant. A participant may have choice among agency workers and may change agency providers, but does not have an employer-employee relationship with the worker. In that situation, the agency remains responsible for all employer functions.
2. **Agency/Participant Co-Employer (Agency of Choice):** A provider organization serves as the primary or legal employer of participant-selected workers, while the participant (or representative) serves as the secondary or managing employer.
  - a. It is possible for the same entity to be an SHC agency, for example, and a co-employment agency providing services to the participant.
3. **Common Law Employer:** The participant serves as the employer of individually hired staff, known as participant-hired workers. The participant is responsible for all employer functions, such as hiring, training, and managing staff.

#### B. Responsibility for Compliance

Compliance with these requirements is required for **all** participants receiving SHC respite, and/or daily living skills training in a non-regulated private residence. Ensuring compliance for a vulnerable or high-risk participant requires the entity/entities (indicated below) to collaborate with the participant's IRIS Consultant Agency (ICA) to employ heightened diligence around participant-focused health and safety needs.

1. **Agency-Based Services:** The agency is responsible for ensuring its workers meet these training standards and must provide a signed attestation to verify that. The agency may, but is not required to, provide opportunities for the participant to provide the required worker training where the participant is willing and able to do so.
2. **Agency/Participant Co-Employer:**
  - a. The co-employment agency and the participant or representative shall jointly determine the appropriate division of responsibility for assessing workers' training needs and providing or obtaining that training.
  - b. The participant may decline this responsibility and compliance with these requirements; if declined, it shall then be the responsibility of the co-employment agency.

- c. If the participant assumes this responsibility, the co-employment agency shall document that any participant assessment of workers' training needs is reasonable and that any participant-provided training is adequate.
    - i. If the co-employment agency believes that the participant's assessment of worker training needs or participant-provided training is inadequate, the co-employment agency shall assume these functions with the agreement of the participant. In these instances, the agency needs to document this decision and its justification.
  - d. The co-employment agency will provide any needed training to the worker, if not otherwise provided or obtained by the participant. In the event the participant objects to this training, the agency should document this and must work to address the participant's training concerns before moving forward.
3. **Participant as Common Law Employer:** The participant is responsible for ensuring that the participant-hired worker has received sufficient training and education, and that it complies with minimum training standards listed in section [VII](#).

#### IV. Types of Support Services

Training requirements within these standards cover the entirety of the SHC, respite, and daily living skills training service categories, including the SHC sub-categories routine services, companion services, and chore services. Workers who provide these services must comply with the standards described in this document.

#### V. Agency Worker Training Standards

Agency workers who provide SHC, respite, and daily living skills training services must receive training on the following subjects (unless waived per Section [VI](#)):

- A. *Policies, procedures, and expectations* for workers, including Health Insurance Portability and Accountability Act (HIPAA) compliance and other confidentiality requirements; ethical standards, including respecting personal property; safely providing services to participant; EVV requirements for workers providing routine SHC services; and procedures to follow when unable to keep an appointment, including communicating the absence and initiating backup services.
- B. *Billing and payment processes and relevant contact information*, including recordkeeping and reporting; and contact information, including the name and telephone number of the primary contact person at the agency, the participant and/or representative, and co-employment agency, if applicable. Providers of routine SHC services must also comply with electronic visit verification requirements.
- C. *Recognition of, and response to, an emergency*, including protocols for contacting local emergency response systems; prompt notification of the agency and the participant's co-employment agency, if applicable; and notification of the contacts provided by the participant and the ICA.

- D. *Participant-specific information* including individual needs, functional capacities, relevant medical conditions, strengths, abilities, participant preferences in the provision of assistance, service-related outcomes and coordination, and the IRIS Consultant (IC) contact information. (Per Section [III.B](#), the participant or representative may provide this training component, completely or in part.)
- E. *Providing quality homemaking and household services*, including understanding good nutrition, special diets, and meal planning and/or preparation; understanding and maintaining a clean, safe, and healthy home environment; and respecting participant preferences in housekeeping.
- F. *Working effectively with participant*, including appropriate interpersonal skills; understanding and respecting participant direction, individuality, independence, and rights; procedures for handling conflict and complaints; and cultural differences and family relationships. This component should include training on behavioral support needs, if applicable.

**Note:** While all six areas (subsections A-F) of this section must be addressed in the training of SHC, respite, and daily living skills training workers, the type and depth of information provided may not need to be as extensive for those providing solely chore services.

## VI. Waiver of Agency Worker Training Standards

- A. **Waiver:** Some or all of the required training may be waived based on knowledge, credentials, and/or skills attained through prior experience or education (for example, as a personal care worker for a Medicaid-certified personal care agency or certified nursing assistant). Responsibility for developing, completing, and maintaining documentation of such a waiver shall be based on the protocols in Section [III.B](#) and [VIII](#). When a waiver is granted, the responsible entity or entities must still ensure that a worker performing medically oriented tasks is competent in performing these tasks with the specific participant.

**Note:** Notwithstanding any waiver under subsection A. of this section, such workers will likely need agency and participant contact information, information on billing, payment, documentation, and any other relevant administrative requirements, protocols for emergencies, and participant-specific information.

- B. **Documentation:** For workers exempted from some or all of the training requirements under subsection A. of this section, the responsible entity (as determined in Section [III.B](#).) making the waiver decision shall maintain copies of credentials or other documentation of their existence, or a written rationale for waivers based on experience, signed and dated by that entity. The documentation shall meet the requirements in Section [VIII](#).

## **VII. Individual Worker (PHW) Training Standards**

Participants assure that individual workers or PHWs who provide SHC, respite, or daily living skills training services have the ability and qualifications to provide this service, and meet the following training and credentialing standards:

*Experience requirements*, including a minimum of two years of experience with the target population in providing this service or similar services.

## **VIII. Completion and Documentation of Training**

### **A. Timeframes**

Training shall be completed and documented prior to providing SHC, respite, or daily living skills training services without supervision. (See section [VIII.C](#) for documentation requirements.)

### **B. Responsibility for Creating and Maintaining Documentation**

1. For agency-based services, the agency shall document the training and any exemptions or waivers, and maintain the documentation.
2. For participants who are co-employers, the co-employment agency shall document the training and any exemptions or waivers, and maintain the documentation.
3. For participants who are the employers, the participant will sign the IRIS Participant Education Manual: Acknowledgement detailing their responsibility to ensure their participant-hired workers are trained to meet all support needs. This signed document should be stored in the case management system.
4. This documentation shall be made available to the ICA, FEA, or Wisconsin Department of Health Services (DHS) when requested.

### **C. Content of Documentation**

1. For agency-based services and participants who are co-employers, documentation shall list the training content and the dates such training occurred. If any waivers have been granted, this also needs to include any credentials and/or rationale that are the basis for any training waiver per Section [VII](#). Documentation that training requirements have been met through provision of training and/or a waiver shall be signed and dated by the entity or entities making those decisions.
2. For participants who are employers, documentation content and expectations are captured within the IRIS Participant Education Manual: Acknowledgement.

### **D. Additional Training**

The entity responsible for making and/or documenting training decisions shall ensure the worker completes appropriate additional training, including any necessary annual

trainings, if the worker's job duties change and require additional knowledge and/or skills.

## **IX. General Requirements**

### **A. Participant Provider Service Agreements Required**

Note: Provider service agreements are not required for providers who solely provide chore services.

1. When a participant selects agency-based services, the participant and agency must have a contract or other written agreement in place and accessible to the participant and their ICA.
2. When a participant is a co-employer with an agency, the participant, agency, and worker must have a three-way contract or other written agreement. Alternatively, at the discretion of the participant, there shall be separate agreements between the involved parties.
3. When a participant is the employer, there is no contract or agreement requirement.

### **B. Required Content of the Participant Provider Service Agreement**

The contracts or written agreements specified in Section [VIII.A](#) of this document shall include the following provisions:

- a. **Provision of Services**  
Scope of services to be provided, compensation, and amount of service authorized for the participant.
- b. **Documentation of Worker Trainings**  
Worker training requirements and entities responsible for ensuring workers meet them, including the determination of waivers, and the entities responsible for creating and maintaining documentation of compliance, in accordance with this document.
- c. **Emergency response protocol**
- d. **Back-up service plan(s)**
- e. **Billing and payment procedures**
- f. **Term and Termination**  
The provider agreement specifies the start date of the provider agreement and the means to renew, terminate, and renegotiate. The provider agreement specifies the ability to terminate and suspend the provider agreement based on quality deficiencies and a process for the provider appealing the termination or suspension decision.
- g. **Notices**  
The provider agreement specifies a means and a contact person for each party for purposes related to the provider agreement (for example, interpretations, provider agreement termination).



h. Sanctions/Criminal Investigations

The provider must notify the participant of any sanctions imposed by a governmental regulatory agency and/or regarding any criminal investigations(s) involving the provider.

i. Cooperation with Investigations

To the extent permitted by law, the provider agreement shall require the provider to fully cooperate with any participant-related investigation conducted by Adult Protective Services (APS), DHS, the Federal Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS), law enforcement, or any other legally authorized investigative entity.

C. Other Requirements

1. Background check requirements (Wis. Admin. Code § DHS 12)
2. All required documentation must be readily accessible and available to DHS, CMS, or its designees.