IRIS Service Plan: Service Authorizations

A. Service Authorization Creation

1. Overview and Purpose

As a core element of developing an IRIS Service Plan, the participant's plan will contain service authorizations directly related to the identified needs and services selected during plan development. Service authorizations contain all pertinent information for the service and applicable provider, which is necessary to ensure payment for the services provided. The duration and purpose of a service authorization is indicated on the participant's service plan and should be reflective of current service needs and the actual service provision.

Service authorizations must be reflective of the needs that are identified on a participant's Long Term Care Functional Screen (LTCFS) and Needs Assessment, have already been approved or verified by the Wisconsin Department of Health Services (DHS) (when applicable, in accordance with the budget amendment and service authorization request processes), and must fit into the participant's monthly individual budget allocation. If a service does not have an existing authorization, it may not be billed for, and payment cannot be rendered.

2. Process

Once a participant's need has been identified, the service has been selected, and a provider has been determined, the participant's IRIS Service Plan is developed to reflect those needs and associated services. A service authorization is then created to allow for access and billing of each service.

All service authorizations must include the following information: domain, outcome, strategy, the appropriate service category and service code, qualified provider, units, frequency, rate, and duration of service. *(See ISSP Development section for definitions and examples of domain, outcome, and strategy).*

Additionally, the "Notes" section of the authorization needs to be completed for any authorization where a Participant Provider Service Agreement is not required. The information included must detail the support, service, or good being covered. Participant-hired workers (PHW) are exempt from this expectation, except when the service authorization is for the overtime payment of a PHW or includes a PHW who is acting as a back-up provider.

Service authorizations must be created and entered following these requirements:

- Services must be tied directly to a long-term care outcome and applicable strategy identified on the participant's plan.
- Service needs that exceed the amount coverable by the participant's budget may not be authorized on a plan without approval of all service units necessary to address the need. If the budget cannot cover the entirety of a service, Department approval for a Budget Amendment or One-Time Expense request is required before it can be authorized on a participant's plan.

    - Example: If a participant needs 20 hours of a service, but their budget only covers 10 hours, a Budget Amendment request must be submitted and approved for the additional 10 hours. Once that request is approved, an authorization with the full 20 hours can be created.
- Active service authorizations cannot be retroactively modified without following the steps and guidelines detailed below, including backdating of service dates or deletion of the authorization.
    - The start dates of an authorization cannot be changed.
    - The end date of an authorization can be no sooner than the date that the authorization is being updated.
    - When a retroactive change needs to be made to an authorization beyond the date the service was last provided, the IRIS Consultant Agency (ICA) must:
        - End-date the current authorization based on the last day of the current pay period, and
        - Create a new authorization utilizing the appropriate reason code.
- Service authorizations with PHW providers should be created following these guidelines:
    - Include all applicable providers for that service.
    - The service should be documented in hourly units, with a weekly frequency.

3. Procedures

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Step	Responsible Partner(s)	Detail
1	IRIS Consultant	Once a participant's service needs are determined and the providers are selected, a service authorization is created to address each individual service. Each authorization needs to include the required information detailed in the policy above. Note: A service authorization cannot be made active until the FEA ensures the provider has completed and submitted all required onboarding and credentialing documentation.
2	IRIS Consultant	For authorizations with PHWs where there are multiple qualified providers, all providers should be included on the authorization. If a provider is providing a back-up service, this needs to be indicated within the notes section of the authorization as well.

IRIS Service Plan: Ongoing Service Authorization Utilization

Step	Responsible Partner(s)	Detail
1	IRIS Consultant	If an authorization becomes inaccurate and/or needs to be updated, the IC will end the authorization according to the last day of the current pay period and create a new authorization with the updated information. If the updated authorization addresses a retroactive change, the appropriate reason code needs to be included on the authorization.
2	Fiscal Employer Agent	FEAs will access the authorization extract file, which is generated one business day following authorization creation/update. The authorization extract file assists the FEAs in completing vendor authorization letters and informs FEAs regarding various fiscal responsibilities, including authorized amount.
3	Fiscal Employer Agent	FEAs will send out vendor authorization letters addressing each authorization created, updated, or terminated to the applicable provider(s). This includes any authorization created to correct a previously existing authorization. Vendor authorization letters should include the provider's information, the details about the service(s) being authorized (service type, units, frequency, and rate), and the duration of the service.
4	Fiscal Employer Agent	FEAs will ensure provider credentials are updated and accurate, as necessary, to ensure that the authorizations are correct and reflective of an eligible service provider.