DEPARTMENT OF HEALTH SERVICES DRAFT **STATE OF WISCONSIN**

F-01922 (03/2018)

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: IRIS Advisory Committee			Attending: **Committee Members:** Anne Karch, Fil Clissa, James Valona, Jason Glozier, Kathi Miller, Kevin Fech, Kimberly Rux, Martha Chambers, Mitch Hagopian, Rose Bartel **DHS Staff:** Curtis Cunningham, Amy Chartier, Christian Moran, Sheldon Kroning, Christine See, Jie Gu, Kyle Novak, Kim Jewett, Shelly Glenn
Date: May 24, 2022	Time Started: 9:30 am	Time Ended: 2:40 pm	
Location: Zoom Webinar			Presiding Officer: Curtis Cunningham, Assistant Administrator

Minutes

Committee Members Absent

- John Donnelly

Meeting Call to Order

- Introductions
  - Meeting called to order by Curtis Cunningham
  - All committee members and DHS staff present introduced themselves
    Welcome Christian Moran, Director - BPP, Jason Glozier (replacing Maureen Ryan) and James Valona replacing Amy Weiss and Linda Bova).

- Approval of March minutes
  - Minutes were reviewed. Kathi recommended a change to the minutes under the ISSP presentation to include language regarding Family Care vs. more familiar IRIS language (i.e. Plan of Care vs. Care Plan) on the plan development. Committee agreed to the change.
  - Mitch made a motion to accept the minutes with that change. Rosie seconded. Motion passed unanimously.

Department Updates, presented by Curtis Cunningham

ARPA: The grant contract has been signed. Request for project ideas has been sent with a due date of July 1, 2022. Approximately $30M has been allocated too HCBS.

EVV: There is work to be done with the FEA error rates. We are working on it. Also working to establish a date for a hard launch. CURES 2.0 is pending on the federal level. It would exempt self-direction from EVV. Also discussion on IRIS Budget for intentional communities

Committee Feedback: Sue asked if the CURES 2.0 exemption would be determined by the State. Curtis did not know at this time if states would be able to decide. Mitch inquired about the non-res HCBS Setting review. Curtis said it was nearly completed. Mitch requested the data. He also asked if there were any Heightened Scrutiny findings. There were none from non-res. On a national level there are Three Prongs to Heightened Scrutiny. Fil asked if there was a report on HCBS findings.

There are surveys (one res, one non-res) in the Statewide transition plan. We will add this as a topic to a future meeting (30 mins). Jason asked for clarification on Intentional Community discussions.

Public Health Emergency (PHE) Unwinding Update, presented by Curtis Cunningham

Curtis presented the update in Ann's absence. 6% FMAP continues during PHE. No one can be disenrolled during the PHE leading to enrollment of 1.5M compared to the usual 1M. It was anticipated that the PHE would be ending, however it did not. Anticipating extension beyond July 16, 2022.

Ombudsman Update presented by Kathi Miller, BOALTC

Kathi and Leslie Stewart met and identified a number of items to bring to IAC. Enrollment: They are receiving many questions on terminology. People are between enrollment and start date and have questions. They are referred to IC for resources. There is a lot of terminology that is lost in transition from Family Care to IRIS. There are also questions regarding budget allocations and continuity of care. The Transition can take longer with the caregiver shortage. They are receiving NOAs, people are asking for services, what is and isn't allowable. It is reassuring that conversations are happening. There are concerns regarding the usual and customary rates in light of the employee shortage as well as increase in gas prices. The current range doesn't allow for an increase in pay. Kathi would like to have her update at the end of the meeting to avoid covering items that may be covered in other topics.
Committee Feedback: Rosie appreciates Kathi presenting at the beginning as Kathi is the heartbeat of what is going on. Rosie also expressed concern regarding budget constraints not allowing caregivers to be given a higher wage. She has also helped other in finding workers utilizing social media. Kathi pointed out that the IRIS program allows for creativity. Anne echoed on the caregiver crisis. Her daughter is missing hours because of wage constraints. Martha added she is not able to increase her personal budget, but she was happy about the $2.00 increase for personal care workers recently. Kathi asked if the terminology can be addressed at contractor meetings. Acronyms seems to cause the most confusion. Kevin would like to see members transitioning from Family to participants in IRIS has their Plan of Care transition be more consistent. Amy added that they have better outcomes when the member/participant request their Care Plans from the MCO care teams. Kevin said they are currently doing this as a best practice in CLTS. Amy said that MCOs have told us that Plans of Care are proprietary information. Mitch believes that the process is being made difficult. Kevin said it wasn't necessarily about making it difficult but more about continuity of care

ARPA Updates presented by Curtis Cunningham

- Kevin presented the HCBS Workforce Initiative Review presentation with the committee

Committee Feedback: Mitch asked for clarification on universal care worker program and career ladder. Data will be captured upon registration. Participating universal care workers will receive a $250 sign on bonus and a $250 retention bonus at 6 months. The programs will be launching at different times. Anticipating a 30 hour training course with launch in 6-9 months. Anne asked for clarification as the FEAs currently have a registry but it is not widely used. This program is intended to validate training through the public registry.

ARPA Updates presented by Curtis Cunningham

There are currently 9 initiatives with 23 associated projects.

5% Rate Increase: Half of the ARPA funding wen to the 5% rate increase for HCBS services. Rates are tiered for personal and home care.

Direct Care Workforce Reform: The staff stability survey has been sent to IDD providers. They are eligible to receive $1000 for completing the survey. We will be compiling the data once it has been received. HCBS Analysis is currently ongoing. There is a media campaign for certificate training for care workers with a goal sign up of 10,000. The Connect Care jobs database is in development and expected to launch in Spring 2023.

Committee Feedback: Anne asked if there was a survey for self-directed services. There isn't at this time, but it is being worked on.

Tribal Enhancements: Ongoing project to support the renovation of tribal housing.

$30M Funding for Grants: Contract has been signed with outside vendor, and grant project proposals are being accepted through approximately July 1, 2022. Projects must be completed by 2024. Timeline may be extended. There will be multiple rounds of grants.

Committee Feedback: Mitch asked if the SMART Analysis would be coming out soon. Curtis confirmed that the preliminary information would be coming out soon. SMART is the Behavioral health system evaluation for IDD. Wisconsin has the highest level of engagement for any state.

Independent Living Pilot: The internal concept paper is finished. This addresses services provided before people are LTC eligible.

Committee Feedback: Anne asked if there was a timeline. The concept paper will be presented to the Secretary's Office and the Governor by July. There is a 6-month implementation with this project.

ADRC Virtual Platform: Working on modernization

No Wrong Door: For CLTS. Streamlining processes for children's LTS.

Assisted Living: 1-2 Bed AFH Certification.. 50% of LTC spend is in res.

Committee Feedback: Mitch asked about HCBS data. The res HCBS data has been added to DQA.

Critical Incident System: A vendor has been chosen, and the process is moving forward.

Public Comment
Julie Burish commented on the second installment of MROS which has a 7% decrease. She is concerned that the additional decrease will affect services especially with the current workforce crisis. The FEA services are critical to participants in onboarding workers.

Ramsey Lee thanked the committee for their work. He expressed concern with the work force crisis in the state and wondered if high schools could develop a partnership with DHS to allow student to become paid caregivers. Wondered if there was latitude to hire high school students.

Bob and Heidi Scheire would like care workers in their home to not be required to wear a mask. They would also like us to be sensitive to using the word "target" and would prefer the term "area".

Participant Survey presented by Jie Gu
The presentation represents four years of data. The process was standardized in 2018. ICAs and FEAs receive the raw data from the surveys. Surveys are sent to current participants of 6 months or longer. Question 15 was added this year as an open text comment section. The FEA questions were overhauled this year, so there will be trend data for prior years. Some participants may receive ICA surveys, some may receive FEA surveys, some with get both and others will get none.

Committee Feedback: Mitch asked how many surveys were sent vs. returned. Jie indicated approximately 2889 were returned with approximately a 35% response rate. Roughly 10,000 surveys were sent. Mitch also made note of the negative responses. We want to know the negatives as well as the positives. Anne voiced concern with the decrease in satisfaction. It is something we need to

pay attention to. Kevin asked if the panel would take feedback on the questions and if they would consider including question on options counseling. Jason pointed out that the responses received from legal guardians or others may not be consistent with what the participant feels. He asked if responses were weighted depending on who completed the survey. Jie indicated the responses are not weighted. The cover letter does encourage participants to complete the survey. Mitch agrees that responses should be weighted if someone other than the participant fills out the survey. The FEA questions are a good addition to the survey. Referring to slides 60 and 76, Mitch is wondering why we are still at a 50/50 satisfied vs. dissatisfied this long into the program. There was some speculation regarding the FEA referral question if people were being "Wisconsin nice" when responding. Kim believes we need a better understanding of what that 50/50 response means. Why is it only 50/50? Are the FEA and ICA responsibilities getting lost? Mitch felt the program was too complicated with layers of policies which is a burden on the participants. He asked DHS to look those friction points. Kim suggested focus groups of participants, so their voices are heard. James asked if the numbers can be connected to agencies. The responses are anonymous, but they are specific to ICAs and FEAs. He also asked if there was a mentorship program for agencies not doing well. Jie said the fluctuations between approval levels in agencies are minimal. Anne felt that we could increase satisfaction by doing a budget report in the way they designed it. If it is a WISITS issue, ask for funds to make it happen and simplify the report. She also suggested a text field for those completing survey as "other" so we know their relation to the participant. Anne echoed concern as in Julie's comments earlier regarding decrease in MROS and the hiring process. Are FEAs having difficulty with staffing issues as well? Kevin mentioned that data was received last week that impacts the scorecard. Rosie referenced the survey results on slide 84. It is important to be heard. Participants feel as if nothing has been done, and they are not being heard. Mitch would like to see and agenda item for DHS's response to these issues. What is the plan moving forward? Sue asked what we can learn from the survey. It's not likely that ICAs and FEAs would be willing to share information. Mitch asked whether or not ADRCs do a similar survey. Christine indicated they had in the past, but nothing recently. There will be survey regarding access modernization. Some ADRCs do local surveys.

Additional comments: Anne asked if ICAs were going to be trained for the possibility of disenrollments in the unwinding process. Ann and Sheldon have been leading those efforts. MMIS is now connected to WISITS and predictive disenrollment reports are available. Mitch added that there is a meeting scheduled with ICAs in June to address gaps or inaccurate policy. Kevin requested greater access to the Forward Health portal to ensure people are able to maintain eligibility. Mitch asked that IRIS Private Duty Nursing be added to the topic/policy tracker. There is guidance forthcoming on this.

Policy Tracker and Update presented by Amy Chartier

Policy tracker has been updated, and the changed include the continued efforts on revising the ISSP policy. In the last meeting with contractors the following was discussed:

- After the review of feedback received in the April IRIS Leadership / Contractor meeting and feedback, we will be meeting monthly with contractors to review policy updates. The time will be used to solicit feedback on:
    - Known gaps in policy
    - Known inaccuracies in policy
    - Discussion of new waiver requirements that will be added to policy
    - Identification of implementation challenges
    - Review draft policy language that is share with contractors and IAC members
- Consistent and significant feedback from contractors and IAC members included

- The Essential provider form: Most common theme being the request to delay the implementation of this requirement until it could be automated through WISITS, some comments questioned the requirement overall.
- Participant Provider Service Agreement: We received feedback that much of the information included in the PPSA template is duplicative of information that is included in the ISSP and the authorization letter sent to provider agencies by the FEAs. Specifically, requests to remove the duplicative information.

We are having continued discussions internally regarding the feedback that has been provided. These requirements will remain but:

- Based on the feedback received, when these will be rolled out and exactly what the documents related to these requirements will look like is still under review.
- We received several thoughtful recommendations on modifications to forms and process for rollout.

Additional information about the ISSP policy include updates to the overall format of the policy going forward:

- It will be broken into subchapters including:
- ISSP plan development
- Service authorizations
- Essential providers
- Participant Service provider agreements
- We will be providing you with a cross walk of your feedback and what was incorporated in policy updates

- Enrollment Report

The IRIS website was displayed, showing relevant data and reports requested by the committee.

IRIS Resources Page

- Monthly Budget Statement

This enhancement has been developed within the WISITS system. A requirement for this to be achieved is the upload of expenditure data (payments made for authorized services rendered) We continue to work through some challenges related to the upload of this data. These challenges are due to updates or modifications made to existing authorizations on participant plans such as backdating or deletion of authorizations.

Oversight and the WISITS Admin team are working together to resolve these concerns. There efforts include creating rules specific to the modifications of authorizations that should eliminate or significantly reduce the number of errors during the upload of the expenditure data. Based on these concerns, we are unable to provide a go live date for the release of the monthly budget statements but will provide an update at our next IAC meeting.

Committee Feedback: Mitch asked if policy will be brought back to the IAC for review and feedback. Amy indicated yes, it will.

Policy Update presented by Kyle Novak

- State Plan Amendment (SDPC)

Sue Urban was very helpful in the process. The SPA was originally drafted in 2008 and had not been updated since. At that time (until 2014), most were part of one ICA. The process was dictated outside of our program, and there are tight timelines.

SPA form was reviewed.

Committee Feedback: Mitch requested that the new and old forms be sent to committee members. He also inquired if this was still considered a waiver and how it fit into the 1915. It is a 1915J and a waiver to the State plan. The J waiver was written to self-directed supports population using the 1915c waiver. There are no substantive changes in process or eligibility

Fiscal Update presented by Grant Cummings and Daniel Bush

- HCBS Rate Band

Presented by Grant. HCBS Rate Band also referred to as HCBS Fee Schedule.

Committee Feedback: Mitch asked if workgroups include advocates? Advocates are included on quarterly updates, not generally on workgroups. Workgroups are primarily providers. Mitch would like to see a list. Rosie indicated she participates in the meetings. Anne asked for clarification on the term "acuity". It is intended to refer to the acute nature of need.

- IBA Update

Dan presented the IBA update.

Committee Feedback: Mitch asked if this was the regression model. It is. It does not use claims data; it uses encounter data and functional screen data. Functional screen data was used as proxy initially due to not having enough participants in the program for reliable data. IBA will be exclusively IRIS data - not to cut back on current allocation, but to be more accurate.

- MROS Update

Dan presented the MROS update.

Committee Feedback: Mitch asked if there was a standard ratio of participant to IC. It could mean the rate is too high. Rosie concurred and asked how much time each IC had allocated for each participant.

Committee Business

Kathi asked if there was any plan to change the meeting to in-person or hybrid. Curtis said that would be discussed after the PHE is over. Fil mentioned that BPDD is hybrid. Rosie said it is difficult in person. Martha concurred. Sometimes those participating remotely are forgotten about as a "square on the screen". Anne suggested added breakout rooms.

Adjourn

- Meeting unanimously adjourned at 1:57pm

Prepared by: Shelly Glenn on 5/25/2022.
These minutes are in draft form. They will be presented for approval by the governmental body on: 5/24/2022

IRIS Policy Tracker
July 2022 – January 2023

		IRIS Contractors (Policy and Implementation every month)			IRIS Advisory Committee (IAC) (Meet every other month; email policy/content in off months)		
Policy / Content	**Month**	**Draft Policy Sent to Contractors**	**Present at Meeting**	**Feedback Due** (email)	**Draft Policy Sent to IAC**	**Present at Meeting**	**Feedback Due** (email)
• ISSP Development (Draft language for review)	**July**	7/13/22	7/20/22	8/3/22	7/19/22	7/26/22	8/3/22
• ISSP Development (Internal Review Completed) • Eligibility (Draft language for review) • Enrollment (Draft language for review)	**August**	8/10/22	8/17/22	8/31/22	8/10/22	Off Month	8/31/22
• EVV Updates • Eligibility (Internal Review Completed) • Enrollment (Internal Review Completed)	**September**	9/14/22	9/21/22	10/5/22	9/20/22	9/27/22	10/5/22
• SDPC Personal Care Services (Draft language for review) • Budget Amendment (Draft language for review)	**October**	10/05/22 10/19/22	10/12/22 10/26/22	10/26/22 11/9/22	10/12/22	Off Month	10/26/22
• SDPC Personal Care Services (Internal Review Completed) • Budget Amendment (Internal Review Completed)	**November**	11/2/22	11/9/22	11/23/22	11/8/22	11/15/22	11/23/22
• Participant Rights (Draft language for review)	**December**	12/14/22	12/21/22	1/4/23	12/14/22	Off Month	1/4/23
• OTE (Internal Review Completed) • Participant Rights (Internal Review Completed)	**January 2023**	1/11/23	1/18/23	2/1/23	1/17/23	1/24/23	2/1/23
Remaining Policies to Discuss in 2023: • IRIS Providers • Participant Safeguards/Health & Safety • IRIS Participant Hired Worker Background Check • Employment Planning	**Q1 & Q2 2023**		2/15/23 3/15/23 4/19/23 5/17/23 6/21/23			Off Month 3/21/23 Off Month 5/23/23 Off Month	

Policies and Content Reviewed and Published:

- Electronic Visit Verification in IRIS (P-03113)
- IRIS Support Services Provider Training Standards (P-03071)
- Fiscal Employer Agent (FEA) Enrollments and Transfers (P-03107)
- Remote Services (P-03081) *(effective January 1, 2022)*
- Vulnerable and High Risk Participants (P-03128) *(effective January 1, 2022)*
- Reporting and Follow-up for Immediate Reportable and Critical Incidents (P-03131) (*effective January 1, 2022)*
- Service Authorization Request Process (P-03237) (this will be published on the IRIS Resources page once training has been provided and the policy has been implemented)

Still in Process:

- 2023 – 2024 IRIS Contractor Provider Agreement Changes

*Schedules are subject to change

YearlyTopic Items*						
	January	March	May	July	September	November
Committee Membership	X (New members)			X (recruiting)		
IRIS Contractor Provider Agreement						X
372 Report						X
Ombudsman Updates	X					
Participant Survey			X			
Enrollment reports			X			
NCI Data						X
Self-Direction NCI Data		X				
Review Topics for Next Year						X

***Schedules are subject to change**

YearlyTopic Items*						
	January	March	May	July	September	November
IBA (Individual Budget Allocation)			x			X
Monthly Rate of Service (MROS) Change Reminder			x			X
ARPA 5%	X				X	

*Schedules are subject to change

Current Reports								Report Links
	Comments	January	March	May	July	September	November	
Enrollment numbers	could send bi-monthly with IRIS agendas	X	X	X	X	X	X	Enrollment Reports
372 reports						X		372 Reports
NCI data						X		NCI Data
Employment Data	from Act 178							Employment Data
Participant Satisfaction				X				Participant Satisfaction Survey

IRIS Advisory Committee Page
IRIS Manuals, Resources, Reports

IAC Requested Topics	
Standardized Monthly Budget Statements	Pending - resources not available at this time.
Background Checks	Pending - resources not available at this time.
Relocations/Transitions	Pending - resources not available at this time.
P4Ps	Pending - resources not available at this time.

IRIS Service Plan

A. IRIS Service Plan: Background

The Centers for Medicare & Medicaid Services (CMS) requires each IRIS participant to develop and maintain a written plan of care that ensures their health and safety and assists with achieving their long-term care needs. In the IRIS program, the IRIS Service Plan consists of the participant's Individual Support and Service Plan (ISSP), a listing of all the participant's needs and how each of those needs are met (Long-Term Care Needs Panel), and an individualized backup plan.

The IRIS Service Plan reflects the full range of a participant's support and service needs, desired long-term care outcomes, including both Medicaid and non-Medicaid services, informal supports, chosen lifestyle, culture, and functional and social needs, for the participant to live successfully in the community and, therefore, avoid institutionalization. Participant needs are identified in several ways including the Long-Term Care Functional Screen (LTCFS), Personal Care Screening Tool (PCST), and through interactions between the IRIS consultant (IC) and the participant.

Participation in IRIS, a self-directed waiver program, provides participants with new opportunities, responsibilities, and risks. Finding the right balance between the participants' right to make choices regarding their IRIS Service Plan with the IRIS program's obligation to ensure participant safety requires special consideration and careful planning.

The IRIS program is the funding source of last resort. IRIS participants must first use any available Medicaid card services (Wisconsin Medicaid State Plan), natural supports, and services provided by other funding sources before accessing IRIS funded services and supports.

B. IRIS Service Plan Development

1. Individual Support and Service Plan (ISSP) Planning and Development

a. General Provisions

To create or update a participant's IRIS Service Plan, the IC meets face-to-face with the participant and their legal representative, if applicable, with the optional support of any individual of the participant's choosing. Face-to-face meetings must occur at a time and location that is convenient for the participant and their legal representative, if applicable. For new IRIS program enrollments, the IRIS Service Plan must be completed during the 60-day IRIS program orientation period.

During these face-to-face meetings, the IC explores with the participant and their legal representative, if applicable, any areas of skill, personal relationships with family and friends, community life, memberships, associations, faith communities, work, and school or other daily activities which may be helpful in creating a thorough picture of the participant and their long-term care needs.

Additionally, the IC uses the information obtained during these exploratory, the most recent LTCFS, and if necessary, a behavioral support plan (BSP), to comprehensively assess and identify the participant's:

- service and support needs,
- health status,
- risk factors,
- long-term care outcomes,
- strengths and weaknesses,
- preferences,
- informal supports,
- ongoing participant conditions that require a course of treatment or regular care monitoring, and
- other factors that may impact their health and welfare.

The participant, in collaboration with the IC, plans and develops the ISSP within their monthly budget allocation and self-directs all long-term care services and supports identified in the ISSP. The ISSP contains the type, scope, amount, duration, and frequency of authorized services and supports. The ISSP cannot exceed the participant's monthly budget allocation.

When creating or modifying the ISSP, the IC ensures the existence of a clear link between the services and supports authorized and the participant's identified long-term care outcomes. The IC must document and mitigate all conflicts of interest identified during the ISSP development process. ICs are also required to collaborate with participants and their legal representative, if applicable, to identify potential risks and to help identify and implement strategies to mitigate those identified risks. ICAs can define their own practices for assessing risks and corresponding mitigation strategies.

Before agency providers and participant-hired workers can be selected for the IRIS Service Plan, they must first be approved by Fiscal Employer Agents (FEA) to provide services and supports in the IRIS program. FEAs are responsible for all financial transactions on the participant's behalf, including but not limited to paying for goods and services, processing payroll for participant-hired workers and processing agency provider invoices.

b. Long-Term Care Outcome(s) Development

i. Long-Term Care Outcome(s) Overview

During the ISSP development process, the IC collaborates with the participant and their legal representative, if applicable, to determine their long-term care outcomes by identifying IRIS funded services and supports that promote community participation, lead to competitive and integrated employment, and/or safe housing. Long-term care outcomes are each evaluated according to whether they ensure participant's health and safety, provide access to transportation, and promote positive and meaningful relationships.

ii. Long-Term Care Outcome(s) Development

1. The IC assists the participant in identifying the participant's needs, long-term care outcomes, and goals.
2. To achieve the participant's desired long-term care outcome(s), the IC, in collaboration with the participant, uses different strategies and approaches.
3. Prior to identifying the appropriate strategy and/or approach the participant must establish a long-term outcome. Long-term outcomes must be directly related to the following in order of prioritization:
    a. Establishing or maintaining a **living arrangement of one's own**.

b. Obtaining or maintaining **community-integrated employment**.
c. Establishing or maintaining **community inclusion**.

4. When developing a long-term care related outcome, the IC must assess and collaboratively develop solutions according to all the following requirements:
    a. Ensuring health and safety.
    b. Building positive relationships.
    c. Having control of, and access to, transportation.
5. Long-term care outcomes must have a direct correlation to the participant's most recent LTCFS.
6. Once the participant has identified their long-term care outcome(s), strategies, and approaches to establishing, obtaining, and/or maintaining their long-term care outcome(s), the IC assists the participant with support, service, and goods prioritization.

c. Procedures

IRIS Service Plan: Long-Term Care Outcomes Development

Step	Responsible Partner(s)	Detail
1	IRIS Consultant, Participant	The IC and IRIS participant meet to discuss and determine the participant's desired long-term care outcomes, as well as the supports, services, and/or goods to support the long-term care outcomes. Long-term care outcomes must be directly related to the following in order of prioritization: • Establishing or maintaining a **living arrangement of one's own**. • Obtaining or maintaining **community-integrated employment**. • Establishing or maintaining **community inclusion**. For each long-term care outcome, the IC and participant collaboratively develop solutions according to all the following considerations: • Ensuring health and safety. • Building positive relationships. • Having control of, and access to, transportation.
2	IRIS Consultant, Participant	The IC and participant collaboratively determine which long-term care outcomes are related to ensuring the participant's health, safety, and independence related to achieving, maintaining, or obtaining a living arrangement of one's choice. If the long-term care outcome requires IRIS waiver funds to purchase the supports, services, and/or goods, these must be deducted from the participant's budget estimate.
3	IRIS Consultant, Participant	The IC and participant collaboratively determine which long-term care outcomes are related to ensuring the participant's health, safety, and independence related to achieving, maintaining, or obtaining community-integrated employment. If the long-term care outcome requires IRIS waiver funds to purchase the supports, services, and/or goods, these must be deducted from the participant's budget estimate.
4	IRIS Consultant, Participant	The IC and participant collaboratively determine which long-term care outcomes are related to ensuring the participant's health, safety, and independence related to achieving, maintaining, or obtaining community inclusion. If the long-term care outcome requires IRIS Waiver funds to purchase the supports, services, and/or goods, these must be deducted from the participant's budget estimate.
5	IRIS Consultant, Participant	The IC and participant determine meaningful long-term care outcomes by determining the kind of life the participant wants to live, and the supports needed to do so. Long-term care outcomes must have a direct correlation with the findings of the participant's most recent LTCFS.
6	IRIS Consultant, Participant	The IC and participant determine what **strategy** is needed to achieve, maintain, or obtain the identified long-term care outcome(s). Strategies can vary and should identify how the participant is going to achieve, maintain, or obtain the identified long-term care outcome. Strategy examples include: • Utilizing an individual to assist with supportive home care tasks. • Utilizing a church's van/bus to provide transportation to and from church services. • Utilizing an agency provider to provide respite services. • Utilizing an agency provider to provide supported employment.
7	IRIS Consultant, Participant	The IC and participant determine what **approach** will be used to achieve, maintain, or obtain the identified long-term care outcome. Approach examples include: • Natural supports • Medicaid or Medicare • Community services such as the participant's church or community center • IRIS Waiver Services **Note: Only IRIS waiver services and supports are documented on the ISSP. The LTC Needs Panel list all the needs of the participant and how each of those needs are being met.**
8	IRIS Consultant, FEA, Participant	When it's determined that **IRIS waiver services** are needed to meet the long-term care outcomes, the participant and IC will determine the following: • Identify the **type** of support/service/good needed. • Identify the **amount** of support/service/good needed. • Identify the **cost** of the support/service/good needed.

Step	Responsible Partner(s)	Detail
		• Identify the **provider** of the support/service/good. **Note: Before providers can be authorized to provide IRIS waiver services on any IRIS Service Plan, they must first be approved by the participant's FEA.**
9	IRIS Consultant, Participant	The IC completes the **LTC Needs Panel** to identify and confirm how all identified **waiver and non-waiver services and supports** are met. See the **LTC Needs Panel** procedures below.

2. Long-Term Care (LTC) Needs Panel

a. Overview

In tandem with the ISSP development process, the IC also completes the participant's LTC Needs Panel. The LTC Needs Panel is accessible to ICs within the Department's case management system, WISITS. It documents the participant's identified long-term care needs and how each of those needs are being met. This includes both waiver and non-waiver services and supports that are used to meet the needs of the participant in the community and in their home. In particular, the IC creates or updates the LTC Needs Panel to further document how the participant's identified long-term care service and supports needs are being met by non-IRIS funded sources.

b. Procedures

IRIS Service Plan: Long-term Care Needs Panel

Step	Responsible Partner(s)	Detail
1	IRIS Consultant	In WISITS, the Long-term Care Needs Panel (LTC Needs Panel) is completed or updated at all the following times: • Prior to program enrollment. • Annually at Service Plan renewal. • When there is a documented change in condition within the participant's most recent LTCFS, the IC and participant have a discussion to determine if the Service Plan is still sufficient. If it is not, then it will be updated. • If the IC determines the Service Plan is out of compliance.
2	IRIS Consultant	The LTC Needs Panel consists of several sections, each with varying questions, all of which must be completed before the panel's assessment status can be change. The IC in collaboration with the participant determines and updates the following sections of the LTC Needs panel: • Activities of Daily Living (ADLs) • Instrumental Activities of Daily Living (IADLs) • Additional Supports • Health Related Services • Behavioral and Mental Health Once all the sections and their accompanying questions have been completed, the IC and the participant conducts an overall review of the LTC Needs Panel answers and does an assessment of the most recent LTCFS.
3	IRIS Consultant	Once all the sections and their accompanying questions have been completed, the IC changes the panel's assessment status to Completed and saves the completed assessment to the participant's document console in the Department's case management system (WISITS).

3. Individualized Backup Plan

a. Overview

The IC collaborates with the participant to create an individualized backup plan (back-up plan) to ensure the participant has backup providers if their normal service or support providers are not available for a short period of time. The participant and the IC review the accuracy and effectiveness of the back-up plan during every face-to-face visit and phone contact. The participant is responsible for notifying the IC of any changes to their back-up plan.

b. Process

1. The individualized backup plan (back-up plan) must be developed during the 60-day IRIS program orientation period. The back-up plan ensures that the participant has backup providers if their normal service or support providers are not available.
2. Each IRIS consultant agency (ICA) must have its own DHS approved back-up plan format or template, at a minimum, containing:
    a. Contact information for the participant's legal representative, if applicable, and IRIS consultant.[1]
    b. Contact information for people who are willing to provide care if a participant-hired worker is unavailable or does not report to work as scheduled.
    c. Contact information for suppliers and repairers of medical equipment and supplies.
    d. Information related to the participant's daily schedule.
    e. Information to use in the event of an emergency medical situation.
    f. Information to use in the event of a home emergency or disaster.
    g. Location of additional participant-specific information within the residence; and
    h. Dates and signatures of the participant or legal representative, if applicable, and IRIS consultant.
3. Modifications to a back-up plan template must be approved by DHS before implementation by the ICA.

[1] Individual listed on a participant's individualized backup plan, must provide contact information. There could be denial of enrollment or disenrollment if a participant does not adhere to this requirement.

4. The IRIS consultant and participant must review the back-up plan during each contact to ensure that the information is current. A new back-up plan should be reviewed, signed, and dated, at minimum, one time each calendar year.
5. The content of the old back-up plan should be transferred to a new ICA's back-up plan format, when a participant transfers between ICAs.
6. The IRIS consultant agencies maintain responsibility to educate participants on the requirement of maintaining an accurate and functional back-up plan. This information is in the Participant Education Manual (P-01704) and discussed with the participant during orientation and annually thereafter.
7. The unwillingness or inability to maintain an accurate and reliable back-up plan may result in the participant's involuntary disenrollment from the IRIS program due to health and safety concerns or due to a general unwillingness to comply with IRIS program policies.[2]
8. Participants who receive IRIS Self-Directed Personal Care (SDPC) services will be required to maintain a back-up plan that also satisfies the requirements of the IRIS SDPC program.[3] The IRIS SDPC nurse reviews the back-up plan to validate the plan's compliance with the IRIS SDPC program.
9. IRIS consultants are responsible for ensuring participants understand how to access funding for the individuals and agencies identified on the back-up plan if they will not be providing natural or unpaid supports.
10. Participant-hired workers and agencies identified on the back-up plan that will provide paid services and supports must be established in the IRIS case management's system (WISITS) as a provider prior to the implementation of the back-up plan.
11. A provider cannot both be authorized to provide services on the participant's current ISSP and be designated as a current back-up plan provider.

c. Procedures

IRIS Service Plan: Individualized Backup Plan Education

Step	Responsible Partner(s)	Detail
1	IRIS Consultant	The IRIS consultant educates the participant and/or legal representative, if applicable, regarding the requirements of maintaining an accurate and effective individualized backup plan at the time of enrollment and on an annual basis using the Participant Education Manual (P-01704).

IRIS Service Plan: Individualized Backup Plan Completion

Step	Responsible Partner(s)	Detail
1	IRIS Consultant, Participant	The IC and participant complete each section of the individualized backup plan with accurate information.
2	Participant	The participant ensures that individuals and agencies identified on the individualized backup plan are agreeable to their role. **Note: A provider cannot both be authorized to provide services on the participant's current ISSP and be designated as a current back-up plan provider.**
3	IRIS Consultant, FEA	The IC ensures the participant understands their role in obtaining any needed funding in the event of individualized backup plan activation, if the individuals or agencies will not be providing natural supports. **Note: Before providers can be authorized to provide IRIS waiver services on any IRIS Service Plan, they must first be approved by the participant's FEA.**
4	IRIS Consultant	The IC reviews the content of the individualized backup plan with the participant at each contact and documents this conversation in case notes.
5	IRIS Consultant, Participant	The IC and participant complete each section of the individualized backup plan with accurate information.
6	IRIS Consultant, Participant	Once completed, the IC and the participant reviews the content of the individualized backup plan and it is signed and dated by the participant or their legal representative, as applicable, and uploaded to the participant's document console in WISITS.

IRIS Service Plan: Individualized Backup Plan Modification

Step	Responsible Partner(s)	Detail
1	Participant	The participant maintains the responsibility to inform the IC of any changes needed to the individualized backup plan.
2	IRIS Consultant, Participant	The IC and participant update each section of the individualized backup plan with new and accurate information.
3	Participant	The participant ensures that individuals and agencies identified on the individualized backup plan are agreeable to their role. This means that providers must first be approved by the FEA and are established in WISITS as allowable providers. **Note: A provider cannot both be authorized to provide services on the participant's current ISSP and be designated as a current back-up plan provider.**
4	IRIS Consultant, FEA	The IC ensures the participant understands their role in obtaining any needed funding in the event of individualized backup plan activation, if the individuals or agencies will not be providing natural supports.

[2] Add IRIS Policy: Involuntary Disenrollment Chapter Link when available
[3] Add IRIS Policy: SDPC Individualized Backup Plan Requirements Link when available

		Note: Before providers can be authorized to provide IRIS waiver services on any IRIS Service Plan, they must first be approved by the participant's FEA.
5	IRIS Consultant	The IC reviews the content of the individualized backup plan with the participant at each contact and documents this conversation in case notes.
6	IRIS Consultant, Participant	Once completed, the IC and the participant reviews the content of the individualized backup plan and it is signed and dated by the participant or their legal representative, as applicable, and uploaded to the participant's document console in WISITS.

IRIS Service Plan: Individualized Backup Plan Annual Review

Step	Responsible Partner(s)	Detail
1	IRIS Consultant, Participant	The IC and participant update each section of the individualized backup plan with new and accurate information, if necessary. Annually, at a minimum, the individualized backup plan is signed and dated by the participant or their legal representative, if applicable.
2	Participant	The participant ensures that individuals and agencies identified on the individualized backup plan are agreeable to their role. This means that providers must first be approved by the FEA and are established in WISITS as allowable providers.
3	IRIS Consultant, FEA	The IC ensures the participant understands their role in obtaining any needed funding in the event of individualized backup plan activation, if the individuals or agencies will not be providing natural supports. **Note: Before providers can be authorized to provide IRIS waiver services on any IRIS Service Plan, they must first be approved by the participant's FEA.**

IRIS Service Plan: Individualized Backup Plan Data Collection, Reporting, and Monitoring

Step	Responsible Partner(s)	Detail
1	DHS	The Department of Health Services (DHS) verifies the completion of Chapter 3.0 of the Participant Education Manual (P-01704) using the IRIS Participant Education Manual Acknowledgement form (F-01947) and development of an accurate individualized backup plan through the record review process.

4. Resources

- Participant Education Manual, P-01704, https://www.dhs.wisconsin.gov/library/p-01704.htm
- ISSP Signature Letter, F02839, https://www.dhs.wisconsin.gov/forms/f02839.docx
- IRIS Participant Education Manual Acknowledgement form, F-01947, https://www.dhs.wisconsin.gov/forms/f01947.docx

C. IRIS Service Plan Implementation and Updates

1. Required IRIS Service Plan Implementation and Update Timeframes

The IRIS Service Plan must be completed or updated at all the following times:

a. Prior to program enrollment.
b. Annually at plan of care renewal.
c. When there is a documented change in condition within the participant's most recent LTCFS, the IC and participant have a discussion to determine if the plan of care is still sufficient. If it is not, then it will be updated.
d. If the IC determines the plan of care is out of compliance.

2. Considerations when Completing or Updating the IRIS Service Plan

When completing or updating the IRIS Service Plan:

a. The participant's needs and preferences are first assessed.
b. During a plan of care update, if there are changes in the participant's condition, a new LTCFS may be required. A change in condition may require consultations with the IRIS SDPC nurse or nurse consultants.
c. Identify, complete, and/or update the participant's long-term care outcomes, as previously highlighted.
d. Once the participant has identified their long-term care outcome(s), strategies, and approaches to establishing, obtaining, and/or maintaining their long-term care outcome(s), the IC assists the participant with support, service, and goods prioritization.
e. Update the participant's LTC Needs Panel to confirm that all the participant's identified long-term care needs are being met. This includes both waiver and non-waiver services and supports that are used to meet the needs of the participant in the community and in their home.
f. The IC, in collaboration with the participant, processes the Essential Service Provider Agreement and Participant Provider Service Agreement, if applicable.
g. When the participant's IRIS Service Plan is agreed to and completed, it must be signed by the IRIS consultant, the participant, and their legal representative, as applicable.

3. Procedures

IRIS Service Plan: Implementation and Updates

Step	Responsible Partner(s)	Detail
1	IRIS consultant, Participant	The IC provides the final approved IRIS Service Plan to the participant and legal representative, as applicable, for their review and signature. Upon

		receiving the dated signature(s) of the participant and/or their legal representative, as applicable, the IC signs and dates the document as well. All signature pages, as well as the approved IRIS Service Plan are uploaded to the participant's document console in the Department's case management system (WISITS).

4. Resources

- Participant Education Manual, P-01704, https://www.dhs.wisconsin.gov/library/p-01704.htm
- ISSP Signature Letter, F02839, https://www.dhs.wisconsin.gov/forms/f02839.docx
- IRIS Participant Education Manual Acknowledgement form, F-01947, https://www.dhs.wisconsin.gov/forms/f01947.docx

D. Service Authorization (Placeholder)

E. Essential Service Provider Agreements (Placeholder)

F. Participant Provider Service Agreements (Placeholder)