



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

2025 IRIS Provider Agreement: Changes Made in Response to Feedback

IRIS Advisory Committee
November 26, 2024

Contract Timeline Recap

Jan 19

DHS asks IAC for suggested contract changes

Apr 12

Deadline for suggested contract changes

Aug 29

DHS sends IAC draft contract changes to review

Sep 24

DHS presents draft contract changes to IAC

Sep 27

Deadline for feedback on draft changes

Nov 26

DHS presents contract changes based on feedback

Provider Enrollment Project

Change: Defined contractor responsibilities regarding the LTC provider enrollment system.

Why needed: Responsibilities need to be defined now that the system is live.

Feedback: TMG requested language be more specific re. ICA and FEA responsibilities.

DHS Response: Accepted highlighted recommendations.

Red-line language: Page 81

Article IV.Y.

2. The ~~FEA Contractor~~ shall provide assistance and support to DHS for training and outreach, as necessary.

3. ICA Responsibilities:

a. Ensure the participant understands the following:

i. ~~The provider enrollment requirements and impact on the IRIS program. Providers cannot provide services until enrolled.~~

ii. Where to find provider enrollment information and resources.

Timesheet Approvals

Change: Added language to allow a participant's legal decisionmaker as someone who can approve a worker's timesheet.

Why needed: To align with the decision to allow legal decision makers to enroll individuals in IRIS, the decision was made to provide the authority to review and sign timesheets.

Feedback: BPDD requested the definition of legal decision maker. This is defined in the Definition section of the provider agreement.

DHS Response: No change. Legal decision maker already defined in the provider agreement on page 24.

Red-line language: Page 133 (excerpted below)

Article IX.E.3.

- c. Timesheets for workers must be approved by the participant, ~~activated financial power of attorney, guardian of the estate~~ their legal decisionmaker, or an appointed authorized representative. A signature is required for paper timesheets, while web-based or other electronic timesheets must record approval with an electronic signature or other type of authentication.

Temporary Living Arrangements

Change: Made updates to reflect current program practice.

Why needed: Proposed language was confusing and contradictory.

Feedback: PCS noted the language in provision c.i was contradictory to the language requiring disenrollment after 90 days in provision c.iii.

DHS Response: Accepted recommendation to modify for clarity.

Red-line language: Page 86

Change made based on feedback: Removed highlighted contradictory language.

c. Temporary Living Arrangements

- i. In transitional situations, a participant may reside in a hotel, motel, homeless shelter, or other type of transitional housing. ~~These are permitted living arrangements~~. All other eligibility requirements continue to apply including Wisconsin residency.
- ii. The IC is responsible for evaluating health and safety, as well as monitoring the participant's progress towards permanent residence.
- iii. Participants residing in transitional housing without an established permanent housing plan in place, shall be referred to the Department for disenrollment after 90 days.
- iv. The Department may approve an extension if the participant and ICA can provide a plan, with a completion date, to address the participant's long-term housing concerns.

ICA Customer Service Standards

Change: Provides customer service guidelines, follow-up communications expectations and procedures for participants.

Why needed: Participants and advocates have expressed concerns regarding the need for better lines of communication and response times from all contactors. FEA Customer Services Standards were addressed in the 2024 contract update.

Feedback: Substantively, ICAs stated the requirements were excessive and overly prescriptive. BPDD requested an anticipated response time be included in the initial outgoing greeting to participants.

DHS Response: Accepted the highlighted requested change.

Red-line language: Page 53-54

Change made based on feedback:

Article IV.K

3. Contractors must implement and maintain a customer service telephone line with a toll-free number available, at minimum, during typical business hours 8:00 a.m. to 5:00 p.m. (CST), Monday through Friday. The customer service telephone line must include a greeting and the option and ability for callers to leave a voicemail. The greeting must also include an anticipated response time.

Adult Family Home Definitions

Change: Addition of the definition for 3-4 Bed AFH

Why needed: The Department's 1-2 Bed AFH Standards Guide updates needed to be referenced in the contract. As a result, there was a need to create distinct definitions for 1-2 bed and 3-4 bed AFHs, which had previously been combined.

Feedback: TMG/BPDD requested the addition of a 3-4 Bed AFH definition.

DHS Response: Accepted highlighted recommended change.

Red-line language: Page 14-15

Change made based on feedback:

Definitions

5. Adult Family Home (1-2 bed AFH): An owner operated or corporate residence where one or two adult residents reside and receive support and services above the level of room and board.
6. Adult Family Home (3-4 bed AFH): A place where 3 or 4 adults who are not related to the operator reside and receive care, treatment or services that are above the level of room and board and that may include up to 7 hours per week of nursing care per resident.

Cultural Competency

Change: Updated language to include sign language interpreter and or translator services.

Why needed: Provide clarity for contractors on specific requirements.

Feedback: IAC and BPDD both noted that the language did not specifically state oral translation and ASL interpretation.

DHS Response: Accepted the highlighted request for clarity.

Red-line language: Page 69

Change made based on feedback:

Article IV.U.2

2. During hours of operation, contractors must have staff and/or subcontractor(s) available for language translation, transliteration, and interpreter services in person, by phone, and/or virtually. Contractors must offer an interpreter, such as a primary non-English language or a sign language interpreter or a translator, in all crucial situations requiring language assistance as soon as it is determined that the participant is of limited English proficiency or needs other interpreter services. Provision of interpreter services must be in compliance with Title VI of the Civil Rights Act of 1964.

Durable Medical Equipment (1/2)

Change: Clarify roles and responsibilities when a participant has identified an accessibility need in their home prior to requesting an accessibility assessment.

Why needed: To outline the process for evaluation of identified accessibility needs utilizing IRIS SDPC and the Nurse Consult team.

Feedback: PCS / TMG – Requesting clarification regarding the specificity to DME and lack of language regarding SDPC and the IRIS Nurse Consult Team.

DHS Response: Accepted the ICA recommendation to modify for clarity.

Red-line language: Pages 122-123

Change made based on feedback: See next slide

Durable Medical Equipment (2/2)

Change made based on feedback:

Article VII.I.6

6. DME is a MA card coverable service and depending upon the participant's need, the process by which DME should be addressed prior to authorizing it is as follows:
 - a. If a participant is enrolled in IRIS SDPC and ~~is requesting durable medical equipment or reporting issues with home~~ has identified an accessibility need in their home, the participant and ~~their ICA consultant~~ should discuss this accessibility need request with the SDPC RN and evaluate any DME recommendations.
 - i. The SDPC RN is responsible for assessing the participant's DME needs related to personal cares, accessibility, and providing suggestions for DME that may be covered under MA.
 - ii. If the SDPC RN does not have suggestions or need additional support, the SDPC RN is responsible for requesting a consult with the IRIS Nurse Consultant Team (INCT) for additional suggestions beyond the standard DME.
 - b. If a participant is utilizing MAPC services and has identified an accessibility need in their home ~~is requesting durable medical equipment~~, the ~~consultant and~~ participant and their ICA, should discuss this accessibility need request with the MAPC nurse before contacting the INCT or authorizing DME on the participant's plan.
 - c. If a participant is not utilizing IRIS SDPC or MAPC but has a need related to personal cares and/or has identified an accessibility need in their home ~~durable medical equipment~~, the ICA should reach out to the INCT so that DME recommendations can be evaluated.

Program Enrollment and Transfers

Change: Align provider agreement with program policy.

Why needed: IRIS' program enrollment and transfer policy was updated. These changes needed to be reflected in the contract.

Feedback: PCS requested the red-line changes below.

DHS response: Accepted recommended highlighted changes for clarity.

Red-line language: Pages 91-104

Change made based on feedback:

Article VI.B.1.e.

Ensure the participant understands that they must be available to communicate with and/or meet with their IRIS consultant ~~on a semi-frequent basis, including~~ for monthly contacts, quarterly meetings, home visits, and in-person visits as required by program policy.

Article VI.C.

Implementation of Approved IRIS Service: 60 calendar days from the date of referral (with the exception of youth transitioning to IRIS as defined in program policy)



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IBA Review IRIS Advisory Committee

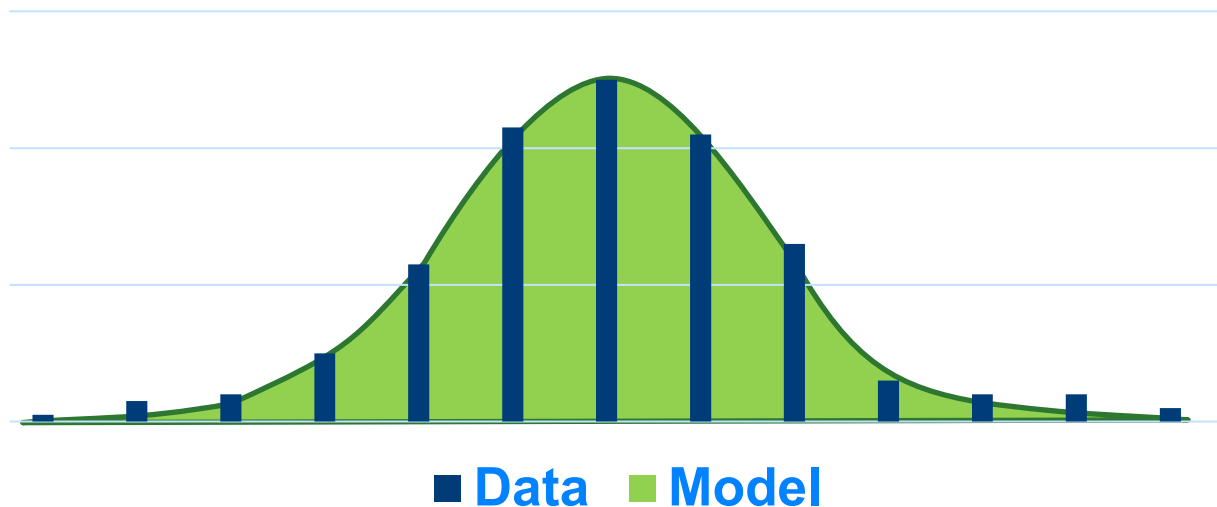
Division of Medicaid Services, Bureau of Rate Setting
Grant Cummings, Bureau Director
Daniel Bush, IRIS Fiscal Management Section Manager
November 26, 2024

Individual Budget Allocation

The Individual Budget Allocation (IBA) is a monthly estimate of the cost to meet most needs for most participants based on Long-Term Care Functional Screen (LTCFS) results.

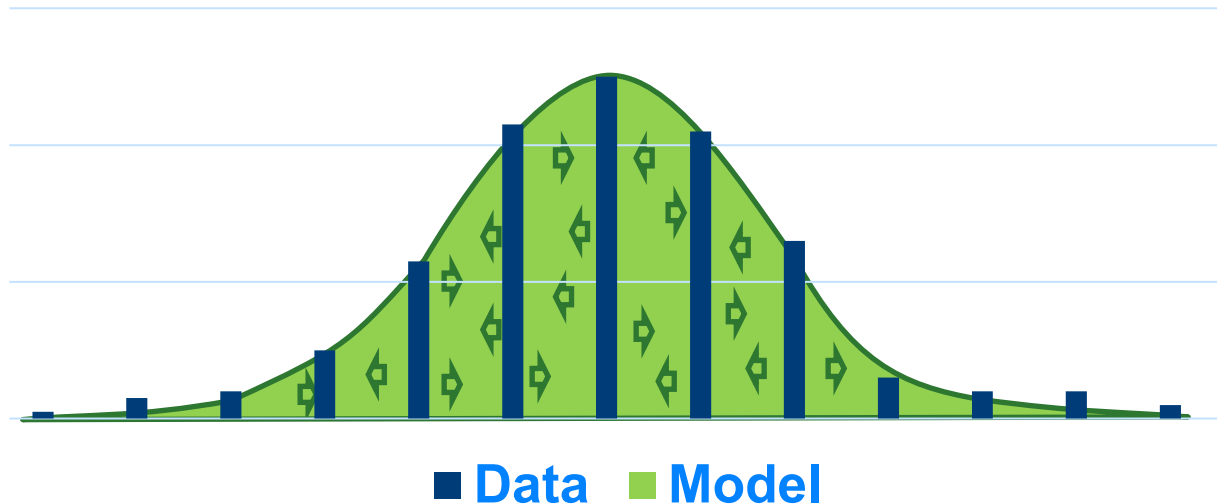
From Model to IBA

1. Model predicts average cost based on need (as measured by LTC Functional Screen)



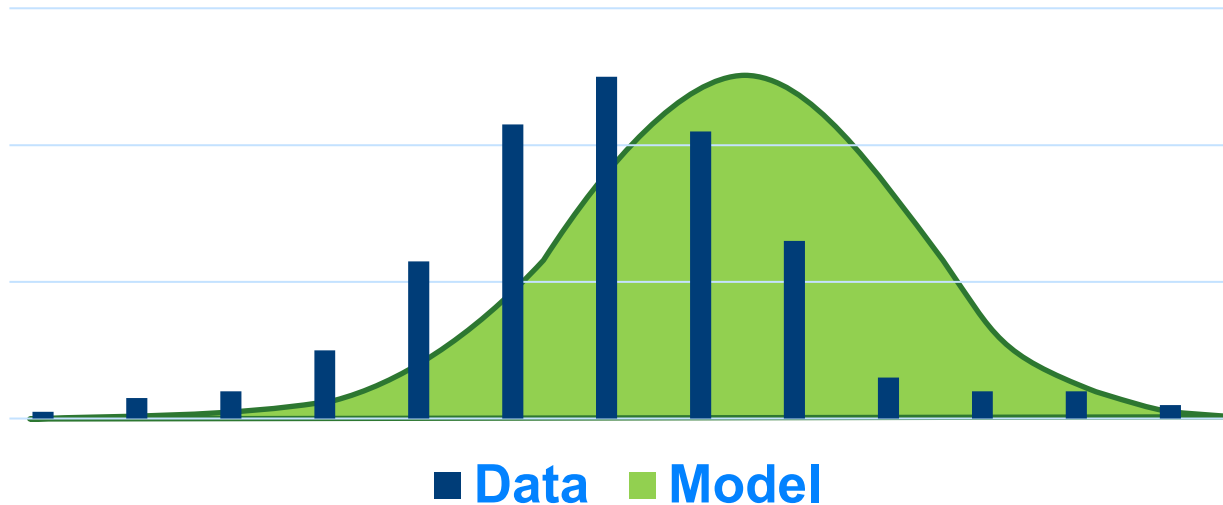
From Model to IBA

2. Regional adjustments account for local variations in service costs



From Model to IBA

3. Scaling factors shift model results to cover most needs for most participants



From Model to IBA

4. Final step is to add increases for:
- Cost trends over time
 - Personal care funding in state budget
 - ARPA 5% rate increase

Another update to this final step is in process to add a 2025 cost increase factor

Important IBA Considerations

- Wisconsin is unique in having an IBA calculation that covers such a broad range of participant needs
- The IBA is about overall averages and similar needs—individual participant experience will vary
- Screen results can change even if the participant does not feel like anything is different from last year

2023 IBA Revision

- New IBA model was developed by consulting actuary from IRIS participant data
- Previous IBA model was from 2013 and based on Family Care member data
- Target: Cover 80% of costs for 90% of participants (same as 2013 model)

IBAs and Budget Amendments

- Budget amendments were created because no IBA model can ever be perfect
- Wisconsin is unique in having such expansive budget amendments
- Budget amendments were never intended to turn IRIS into a funding program, rather than a self-direction program

2024 Budget Amendment Volume

- DHS receiving more budget amendments this year
- Three causes:
 - Normal level of ongoing BAs
 - Expiration of 2023 IBA update “hold harmless”
 - ICAs will be financially liable for over-authorizing services starting in the new year

These are unique to 2024

Takeaways

- IBA is an estimate based on screen results
- The IBA is designed to cover most costs for most participants
- Individual participant experiences will vary
- Added factors increasing budget amendment volume are unique to 2024

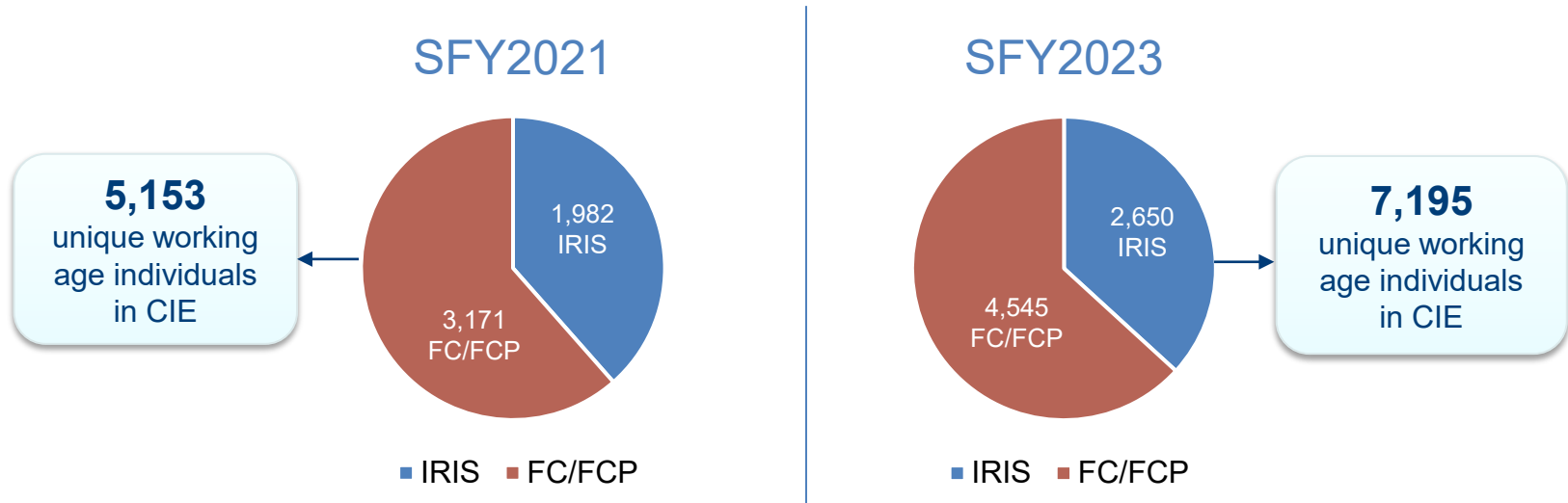


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Competitive Integrated Employment (CIE) Data

Presented to the IRIS Advisory Committee
11/26/2024

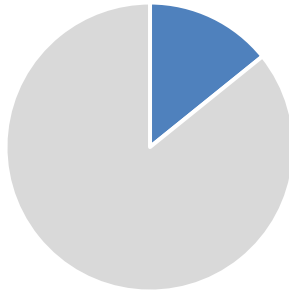
Total Number of Working Age Individuals in CIE enrolled in Family Care/Family Care Partnership & IRIS



Percentage of Total Working Age Population in CIE by Program SFY 2023

IRIS

14.2%



■ IN CIE ■ NOT IN CIE

Family Care

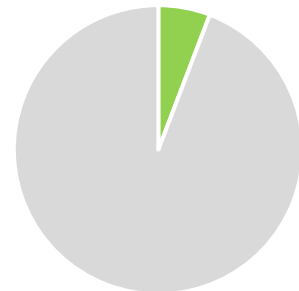
15.3%



■ IN CIE ■ NOT IN CIE

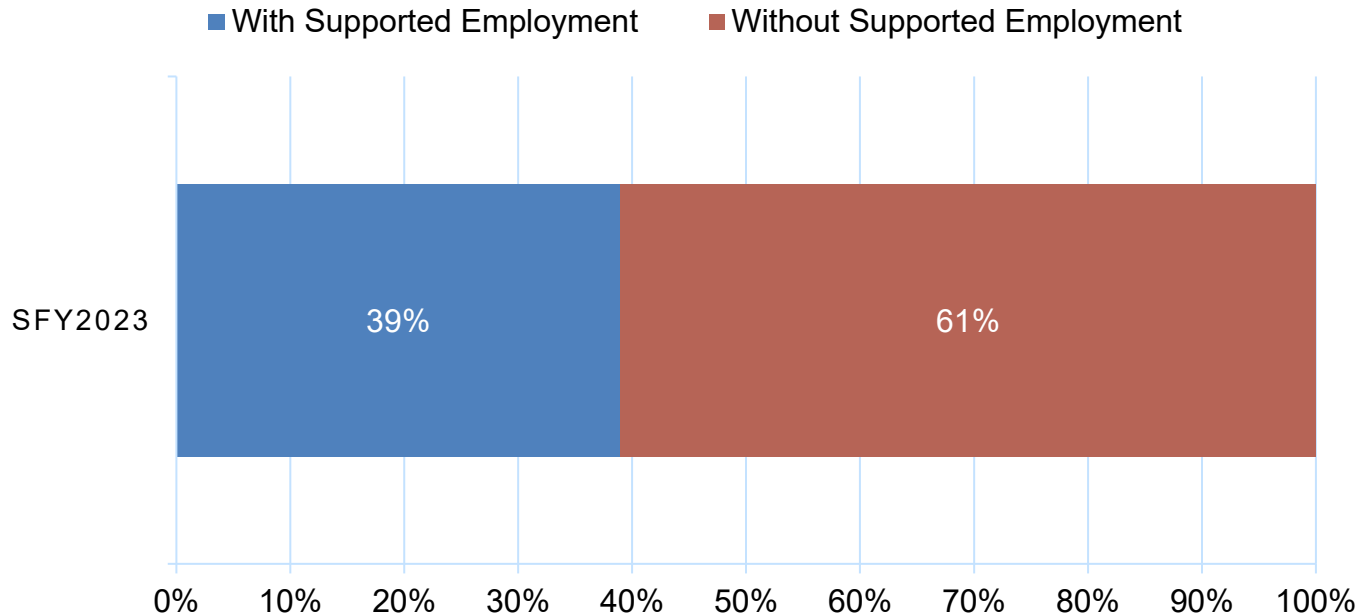
FCP

5.8%



■ IN CIE ■ NOT IN CIE

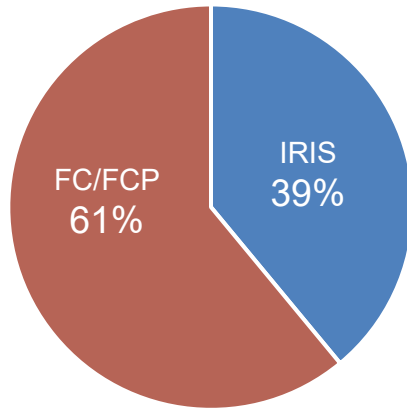
Percent with/without Supported Employment in CIE (2023)



Percent with/without Supported Employment in CIE (2023)

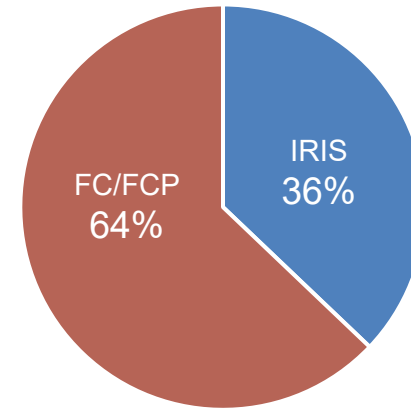
WITH

supported employment



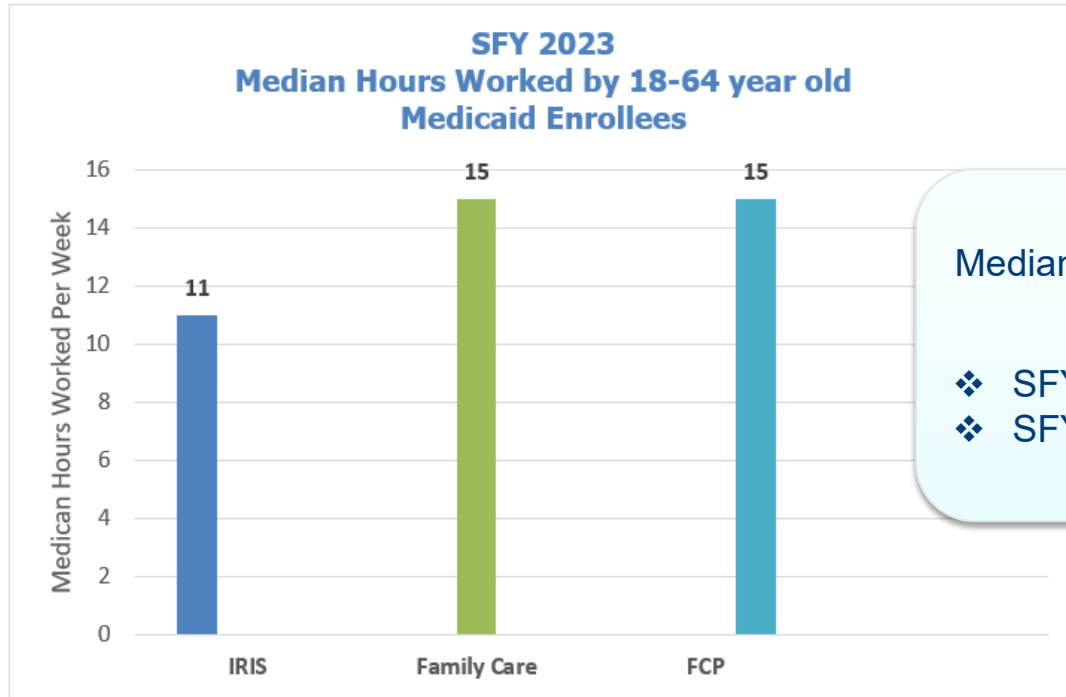
WITHOUT

supported employment



% by program

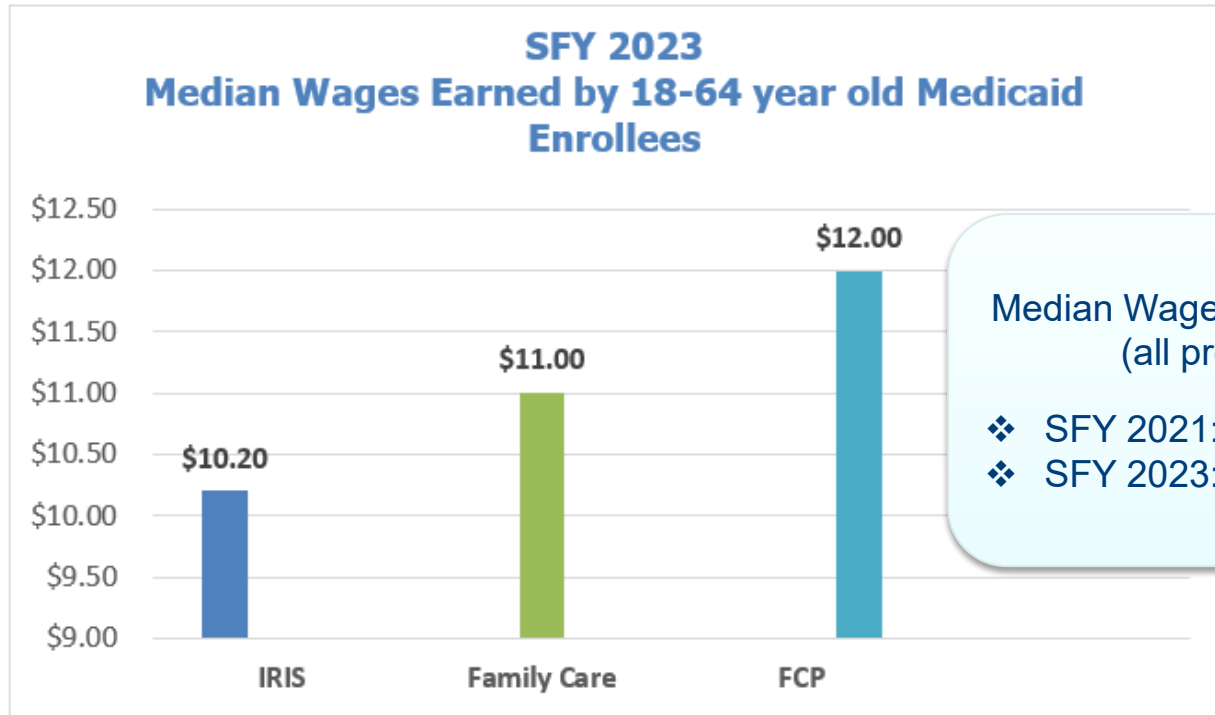
Median Hours Worked in CIE per Week by Program



Median Hours Worked in CIE (all programs)

- ❖ SFY 2021: 12.5 hours
- ❖ SFY 2023: 12.5 hours

Median Wages Earned in CIE by Program



Median Wages Earned in CIE (all programs)

- ❖ SFY 2021: \$9.50 per hour
- ❖ SFY 2023: \$10.57 per hour

Resources

- DMS Reports
 - [Summary of Competitive Integrated Employment \(CIE\) Data State Fiscal Year \(SFY\) 2020-2021](#)
 - CIE Report for SFY 2022-2023 will be posted on the DHS website once completed
 - Data from SFY 2023 is considered preliminary until report is published
- New website
<https://www.dhs.wisconsin.gov/employment-skills/>