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Date: August 18, 2016

To: Interested Parties

From: Curtis J. Cunningham, Interim Administrator,
Division of Long Term Care

A handwritten signature in cursive script, appearing to read "Curtis J. Cunningham".

Subject: Include, Respect, I Self-Direct (IRIS) Conflict-Free Case Management Policy

This memo provides updated and accurate information regarding federal requirement [42 C.F.R. § 441.301\(c\)\(1\)\(vi\)](#), referred to here as the "Conflict-Free Case Management Rule." This regulation states that "Providers of [services] for the individual or those who have an interest in or are employed by a provider of [a service] for the individual must not provide **case management or develop the person-centered service plan.**"

Guardians may provide paid services to IRIS members, in accordance with all applicable federal and state requirements, as well as IRIS program policies.

IRIS Self-Direction Definition

Self-Direction in the IRIS program is limited to two core concepts:

- **Participant—Employer Authority:** The participant (or the participant's representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law or the co-employer of workers.
- **Participant—Budget Authority:** The participant (or the participant's representative) has decision-making authority over a budget for waiver services.

IRIS Case Management Definition

The IRIS consultant (IC) serves as both the developer of the plan and as the beneficiary's case manager under the IRIS self-directed support waiver. This is defined in the IRIS 1915(c) Home and Community-Based Services (HCBS) waiver Appendix C IRIS Consultant Services located at: <https://www.dhs.wisconsin.gov/iris/hcbw.pdf>.

In developing the plan, the IC assists in ensuring the beneficiary's compliance with all applicable federal laws, the terms of the Home and Community Based Services (HCBS) waiver, state Medicaid law regarding financial and functional eligibility, and IRIS program policies and work instructions. The IC's signature on the service plan affirms the IRIS-defined case management responsibilities and the fulfillment of the responsibilities outlined above. The Department of Health Services, however, retains the final approval authority for the individual service plans and the ultimate responsibility for ensuring compliance with all state and federal requirements.

Person-Centered Plan Development

This memo confirms the roles of both the guardian and the IC in development of the Individual Support and Service Plan (ISSP).

The participant or legal decision maker's signature is required on the ISSP to ensure:

- Agreement and willingness to receive the services, as defined.
- Participation and input in the ISSP planning process.
- Supports and services align with the participant's long-term care outcomes and strategies.

The IC's signature is required for review of the ISSP and help in ensuring:

- Compliance with 1915(c) HCBS waiver, including allowable services as defined 1915(c) HCBS 0484, Appendix C.
- Compliance with other applicable federal law (e.g., Fair Labor Standards Act (FLSA)).
- Compliance with state Medicaid law regarding financial and functional eligibility.
- Compliance with IRIS program policies and work instructions, including ensuring that service costs are within the available budget, that rates are usual and customary as related to other long-term care programs, as well as other requirements.
- Authorization of the start of services as defined in the ISSP.

The two distinctions outlined above demonstrate the guardian is neither the case manager, nor the developer of the person-centered plan. Guardians can and will continue to be allowed to be paid service providers in the IRIS Program.

IRIS Program requirements, including the Policy Manual, the IRIS Work Instructions, and other resources, can be found at <https://www.dhs.wisconsin.gov/iris/resources.htm>.