



A Wisconsin Self-Directed Supports Program

Participant Handbook



**Designed to Help You
Live The Life You Want with
The Support You Need**

How This Handbook Can Help You

You are the expert on your own life. You know better than anyone what is important to you and what supports you need. IRIS is available to help you achieve your goals and live your life the way you want.

Participating in IRIS does not mean doing things all by yourself — you will have others to help you along the way. This handbook describes who is available to help you, and offers ideas and tips for building your own Support and Service Plan. It also explains your responsibilities in IRIS. IRIS is for adults who have a physical or a developmental disability and elders with frail health. People with guardians or representatives are welcome to choose IRIS.



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IRIS - Include, Respect, I Self-Direct.

IRIS is a Medicaid funded, long-term care program offered by the Wisconsin Department of Health Services. IRIS is available in counties where Family Care operates. In IRIS, you choose your own goods, supports and services and are in charge of your own Support and Service Plan.

IRIS is grounded in the Principles of Self-Determination:

- **Freedom** to decide how you want to live your life
- **Authority** over a specific budget amount
- **Support** to organize resources in ways that are meaningful to you
- **Responsibility** for your wise use of public dollars
- **Confirmation** of your important leadership as an advocate



Part of living a self-determined life means you choose:

- What goods, supports and services you need to help you live the life you want
- When you want those goods, supports and services
- Who will provide those goods, supports and services
- Where you want the goods, supports and services provided
- How to use your IRIS monthly allocation effectively and wisely



Help is Available in IRIS

You are not alone. The Wisconsin Department of Health Services contracts with the **IRIS Consultant Agency** and the **IRIS Financial Services Agency** to assist you.¹ The Consultant Agency helps you with planning your goods, supports and services, and the Financial Services Agency handles IRIS accounting and bill paying (see page 9 for information on the Financial Services Agency). You may also look to friends, family, support brokers or other trusted people for the help you need.

The IRIS Consultant Agency

The IRIS Consultant Agency:

- Operates a 24-hour IRIS Service Center
- Trains and oversees IRIS Consultants around the state
- Administers the Self-Directed Personal Care Option

The IRIS Service Center:

You can call the IRIS Service Center toll free at 1-888-515-4747. The phone line is answered 24 hours a day, 7 days a week. The Service Center:

- Answers any questions you may have about IRIS
- Reviews the Support and Service Plan you develop, and signs off when all requirements are met
- Updates your plan as you request

¹ IRIS Consultant Agency and IRIS Financial Services Agency assistance is provided at no cost to your plan.

IRIS Consultants

Everyone in IRIS has an IRIS Consultant. Consultants are caring and creative people who value the independence, choice, freedom and responsibility that IRIS provides. Consultants are knowledgeable about the services in your area.

Your consultant is required to meet with you a few times each year. You may choose to have more meetings if you need additional help. You also choose where and when to meet.

Your consultant will:

- Listen to what you want your life to be like
- Help you figure out how to meet your goals
- Help you design a plan that fits into your allocation
- Make sure all the paperwork is done
- Assist you to update your plan
- Help you stay eligible for Medicaid and IRIS

Consultants can also help you:

- Find workers, service providers and items
- Find places to buy equipment and other supplies
- Explore job opportunities
- Develop an emergency back up plan to keep you safe
- Locate a support broker
- Measure how well your plan is working



Choosing Your IRIS Consultant

The IRIS Consultant Agency will send you information about the IRIS Consultants who are available in your area. You may communicate with the Consultants before making a choice. Before you decide, you may want to ask:

- How many other people have you worked with in IRIS?
- How much do you know about services in my community?
- Are you comfortable working with people like me? (If it is important to you to find a Consultant who understands your culture, your disability, etc.)
- How soon could we meet to get started on my plan?
- What days and times are you available to meet with me?

The Consultant you choose will contact you to set up the first meeting. If you wish to change Consultants, contact the IRIS Consultant Agency.²

Your First Meeting

At your first meeting, your Consultant will take time to get to know you and learn about what is important to you.

Your Consultant will also explain some of the things you need to know about IRIS, such as:

- How you use IRIS to help you live the life you want
- How your individual budget works
- Your opportunities and responsibilities within IRIS
- How to contact the Service Center and the IRIS Financial Services Agency
- How to make a complaint if you are not satisfied with something
- How to stay eligible for IRIS and Wisconsin Medical Assistance

² If you or someone you know would like to become an IRIS Consultant, contact the recruiter at the IRIS Consultant Agency by calling 1-888-515-4747.

The IRIS Financial Services Agency

Once the Service Center reviews and signs off on your completed Support and Service Plan, a copy is sent to the Financial Services Agency. Your plan provides needed information about your selected services, what bills to pay, who will be receiving payment and for what amounts. The Financial Services Agency will:

- Collect and account for your monthly Medicaid cost share or spend down if you are required to pay one and send you a monthly report listing your payments
- Assist with verifying provider qualifications, and help you make written provider agreements
- Send payments you authorize to the businesses or agencies listed on your plan that provide you with goods, supports and services
- Provide you with assistance, including processing paperwork and time sheets, when you employ workers directly (see page 18 for information on hiring workers)
- Contact you and the IRIS Consultant Agency if you request something to be paid that is not listed in your plan
- Send you a monthly budget report listing all payments made from your plan and the money that has not been spent
- Closely coordinate with the Consultant Agency and the Department of Health Services



See the Financial Services Agency materials for specific information on Worker's Compensation Insurance, Unemployment, determining contractor status, having a non-payroll item paid, and Medicaid cost shares and spend down payments.

Creating My Support and Service Plan

Support and Service Plans are Important

All IRIS Participants have a written Support and Service Plan. Your plan is based on your goals and how you want to live your life. Your Support and Service Plan lists:

- The goods, supports and services you choose
- The people or agencies you select to provide the goods, supports and services you choose
- Where those supports will be provided
- The amount of money your plan will spend on each item or support

When you build your plan, think about the things that will maintain or improve the quality of your life such as:

- The things that are the most important to you
- The goods, supports and services you will need each month
- The goods, services and supports you may need once or just a few times during the year
- The unpaid supports and services you may be able to use
- The number of workers you need and the type of support they will provide
- Your interest in being the employer of your workers or using an agency to hire workers (see page 18 for information on hiring workers)
- Your emergency back-up plan, including who will help when your worker is not available
- How you will know your plan is working

Money Available to Purchase Goods, Supports and Services

Your **IRIS allocation** is the amount of money you have each month to spend on goods, supports and services.

Wisconsin uses a computer program called “The Functional Screen” for everyone who may need long-term care services from IRIS or other long-term care programs. A worker from the Aging and Disability Resource Center will ask you questions about your abilities and support needs. The Functional Screen uses the answers you provide to determine if you are eligible for IRIS.

The Functional Screen also estimates what it will cost to meet your needs. The allocation amount can be adjusted if needed (see the following section). You will be told the amount of your monthly IRIS allocation before you choose IRIS.

Your Functional Screen is updated at least once each year. You should ask for an update to your Functional Screen if your health or ability changes, and the change will last for more than three months.

Your allocation is based on your Functional Screen, not on what you previously spent on goods and services. If you do not spend all of your allocation, **this does not necessarily mean that your allocation will be reduced the next year.**³

When Additional Money is Needed for My Plan

Your **IRIS budget** is the cost of the goods, supports and services listed in your plan. Your budget is flexible. You may use more in some months and less in others as long as the services are listed on your plan. You may also shift budgeted dollars between services listed on your plan at any time. You may set aside money for purchases up to 12 months in the future as long as those goods, supports and services are listed on your Support and Service Plan.

IRIS has a process to make sure that your allocation includes enough money to purchase necessary goods, supports and services. If you have tried to create a plan within your IRIS allocation and find it is not enough, then your IRIS Consultant prepares and submits an Allocation Adjustment request to the Department of Health Services for review and approval.

³ If you are transferring from a CIP, COP or Brain Injury Waiver Program, your county care manager/support and service coordinator will explain your long-term care options, including informing you of the amount of your monthly IRIS allocation.

There may also be times when you need to purchase a one-time item or service, such as a home modification or piece of equipment, that is covered by IRIS but will not fit into your allocation. Or, you may find that you need a short-term increase in your supports or services. In these situations, your IRIS Consultant prepares and submits an Exceptional Expense request to the Department of Health Services for review and approval.

In either situation, you may write your own request and submit it to your IRIS Consultant. There are a few things to keep in mind when requesting funds for an Exceptional Expense or Allocation Adjustment:

- Describe why the approach you propose is the most cost-effective way to meet your long term care needs.
- When possible, your request should include three written cost estimates for the items or services being requested.
- Remodeling and building projects must meet local building codes.
- Wait for approval before purchasing any goods, supports or services included in the request.
- Plan to submit a bill for the items to the Financial Services Agency. Checks are made payable to the provider, which prevents the need for reimbursement.



Getting My Plan Started

Based on your goals, you decide what goods, supports and services will help you achieve the things that are important to you. In considering what is most important, answer the following questions:

What goods, supports and services will my plan include?

You will want to include the goods, supports or services that make a difference in your quality of life. You will also want to make sure you are finding them for the best price.

Someone else in the IRIS program may be looking for some of the same help you are. If you are interested in sharing information you have learned about specific goods, supports and services, tell your Consultant who can share it with others.

Can I get any of the things I need for free?

Yes. Your friends and family can help you, or they may know other people who can. In addition, your IRIS Consultant can link you to other people who use IRIS who may be interested in bartering, or sharing workers or goods.

Your IRIS Consultant has tools to help you think about and design your Support and Service Plan. You decide whether or not to use them and whether you would like your IRIS Consultant to help you. These planning tools are not required, but may help you decide what is important to include in your plan.

When Supports Are Needed Right Away

Occasionally people's lives and situations require that they get started in IRIS right away. For example, some individuals' Medicaid eligibility begins when their IRIS plan starts. If you need goods, supports or services immediately, your IRIS Consultant can help you make a temporary plan. The Service Center then makes sure you can get started as quickly as possible. You may adjust your plan at any time after you begin IRIS.

NOTE: *If you are transferring into IRIS from a Family Care or CIP/COP, Brain Injury or Children's Long-term Support Waiver program, your existing plan will continue as it is until your new IRIS plan goes into effect. Your services will not be interrupted while you develop your IRIS plan.*

Customized Goods and Services

Customized Goods and Services refers to a service, support or good that addresses your assessed long-term support need, enhances your opportunities to achieve outcomes related to living arrangements, relationships, community inclusion, work and functional or medical status with respect to a long-term support need. Each service, support or good selected must address a long-term support need and must meet all of the following four criteria and at least one of the criteria as stated in the second list of criteria:

- The item or service is designed to meet an assessed long-term support need related specifically to your functional, vocational, medical or social needs and also advances your desired outcomes in your IRIS Service Plan;
- The good, support or service is documented on your Support and Service Plan;
- The good, support or service is not prohibited by Federal and State statutes and regulations or guidance including the State's Procurement Code;
- The good, support or service is not available through another source and is not aversive or experimental in nature.

Each service, support or good selected must also meet at least one of the following criteria:

- The good, support or service will maintain or increase your safety in the home or community environment;
- The good, support or service will decrease or prevent increased dependence on other Medicaid-funded services to meet a long-term support need;
- The good, support or service will maintain or increase your functioning related to your disability; or
- The good, support or service will address a long-term support need and will maintain or increase your access to or presence in the community

Other Goods, Supports and Services Available

In addition to your unpaid supports, and any Customized Goods and Services you choose, other goods, supports and services may be in the following IRIS service categories:⁴

- Adaptive Aids
- Adult Day Care
- Adult Family Home (1-2 bed)*; (3-4 bed)†
- Communication Aids
- Community-Based Residential Facility
- Consumer Education and Training
- Counseling and Therapeutic Resources
- Customized Goods and Services*
- Daily Living Skills Training*
- Day Services
- Home Delivered Meals
- Home Modifications
- Housing Counseling
- Housing Start-Up
- IRIS Self-Directed Personal Care*
- Nursing*
- Personal Emergency Response System
- Pre-Vocational Services
- Residential Care Apartment Complex (Assisted Living Facility)
- Relocation Related
- Respite*
- Specialized Medical Equipment and Supplies
- Support Broker†
- Supported Employment*
- Supportive Home Care*
- Transportation*
- Vocational Futures Planning

Note Key

- * Your qualified spouse, relative, or guardian may provide these items.
- † Excludes decision makers.

⁴ IRIS funds may be used only after other insurance, Medicare or your Medicaid ForwardHealth Card are determined to be unable to pay for the good, support or service.

IRIS Self-Directed Personal Care

IRIS Participants who are eligible for personal care services may receive their personal care from either a Medicaid Personal Care Agency or through IRIS Self-Directed Personal Care. Personal Care hours are in addition to your monthly IRIS allocation. Details about this service option are available from the IRIS Service Center.

Goods, Supports and Services NOT Covered in IRIS

IRIS is designed to keep you in control of your life. However, there are goods, supports, and services that cannot be purchased with IRIS funds, including:

- Goods or services covered by health insurance, your Medicaid ForwardHealth Card, or Medicare
- Goods or services that are the responsibility of another agency (such as educational services for persons up to age 21 years, and vocational services provided by the Wisconsin Department of Vocational Rehabilitation)
- Your room and board, including your rent, mortgage payment or utilities
- Experimental goods and/or treatments⁵
- Goods, supports and services that are not directly related to your long-term care related goals or needs, or those that are intended to benefit others

Completing Your Plan: How Your IRIS Consultant Can Help

You can develop your Support and Service Plan by yourself or with others. Your Consultant or the Service Center will help you as much as you request. The Service Center reviews all plans to make sure they meet IRIS program standards. If your plan does not meet the standards, the Service Center or your IRIS Consultant will contact you to discuss your options.

Once your plan is reviewed and the IRIS Service Center signs off, you will receive a letter that informs you of your IRIS start date. A copy of the letter is sent to your county Income Maintenance Office, your local Aging and Disability Resource Center and to the IRIS Financial Services Agency. If you are transferring from a managed care organization, the Service Center will send it a copy of this letter).

⁵ Your IRIS Consultant can help you determine what goods, supports or services are considered experimental.

IRIS Timeline

Please refer to the timeline below for an illustration of the planning process and the time associated with each step.

What Happens	When it Happens
1. IRIS receives reference from an Aging and Disability Resource Center.	Your referral date
2. An Orientation Consultant contacts you.	Within three days of your referral date
3. An Orientation Consultant meets with you, explains the IRIS program, and helps you start developing a plan for the supports and services you need.	Within 14 days of your referral date
4. You choose your IRIS Consultant from the selection provided by your Orientation Consultant. The IRIS Consultant will work with you to provide support and assistance while you are in the program. You and your IRIS Consultant will finalize and submit your supports and services plan to IRIS.	Within 30 days of your orientation
5. Your supports and services plan is reviewed and approved by IRIS. Your IRIS start date is determined. Note: Services and supports cannot begin until your plan is approved. Approved workers cannot begin work until your start date arrives.	Within 10 days of submission
6. Your start date arrives. Your enrollment process is complete. Your supports and services can begin on this date. Your approved workers begin work on this date. Note: Your workers cannot start working until they have completed the required employee paperwork and pass the background checks.	Within 10 days of Support and Service Plan approval

Making Your Plan Happen

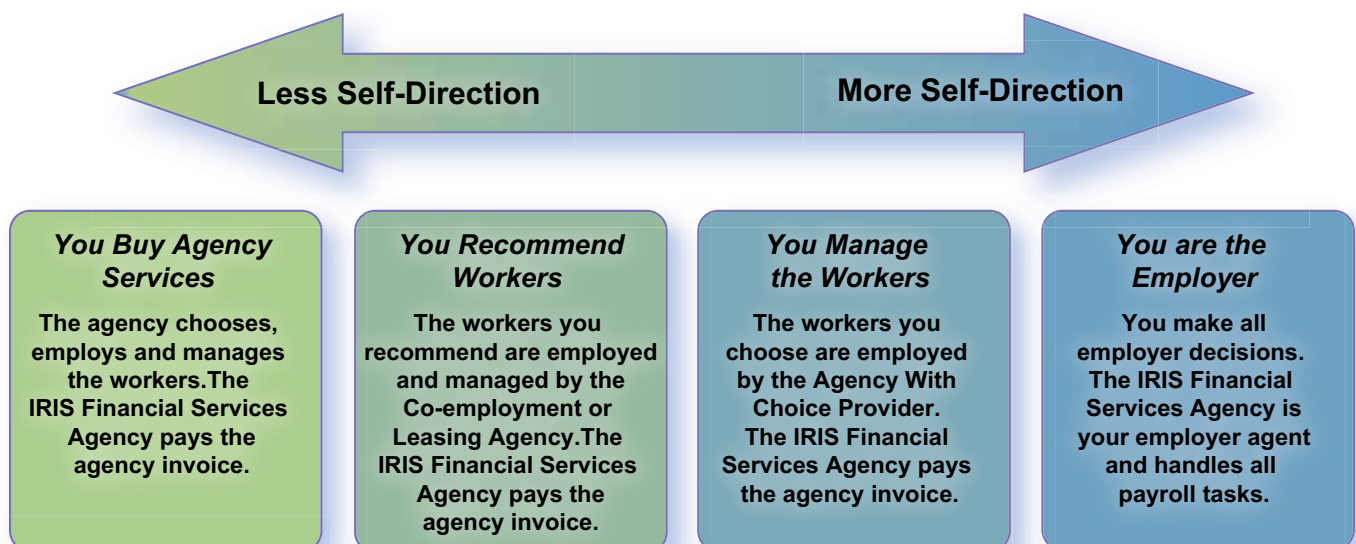
You can begin to arrange the services, supports and goods in your plan while the IRIS Consultant Agency is reviewing your plan. However, you cannot begin services until the review is complete. If you have a temporary plan, your services can begin on the start date of your temporary plan.

Obtaining Workers

There are several ways to obtain workers to provide services such as supportive home care, respite, job coaching or personal care. You have different rights and responsibilities based on the option you choose. You may:

1. Be an employer and hire workers directly (the Financial Services Agency serves as your employer agent and pays workers from submitted time sheets)
2. Manage the workers you choose with assistance from an Agency with Choice Provider
3. Recommend workers to be hired and managed by a co-employment or leasing agency
4. Use a provider agency to supply the services you need using the workers they have on staff

Options for Obtaining Workers or Attendants



Things to Consider When Hiring Workers

Answering these questions may help you decide what you are looking for in the workers you choose to hire:

- Do I need more than one worker to help me?
- How often do I want help? Part-time or full-time?
- What time of day and what days of the week do I need help?
- Can the worker's time be flexible?
- What hourly pay will the worker receive?
- Does my allocation amount allow any worker benefits?
- What exactly do I need the worker to do?
- How do I want the work done?
- Does the worker need to be able to drive me places?
- How will I handle the training the worker needs?
- Do I prefer someone with a particular maturity level?
- Does the worker need to be strong for lifting or transfers?
- Do I need different workers to help me with different things?
- Do I want the worker to be a friend, a neighbor, or a family member?
- Is a person I know and who wants to help me the best worker for the job?

Once you know what you are looking for in a worker, you will want to find the best worker to do the job. Your IRIS Consultant and the Financial Services Agency can help you. Good places to find a worker include:

- People you already know, including your family and friends
- Local organizations for elders or people with disabilities
- Church, synagogue or place of worship
- Local college or university
- Employment agency and Job Service

- Local newspaper
- Bulletin board at local organizations
- Worker registry

You may want to place an advertisement online or in the newspaper's Help Wanted section.

Placing a Help Wanted Advertisement

Find out how much money you need to spend on an ad. You may use your IRIS allocation to pay for the cost of an ad. Your Help Wanted ad should include:

- A description of the hours you want someone to work
- A general description of what you want a worker to do
- Instruction on how to apply for the job

Don't put more information than is needed in your ad. For example, do not include your address or mention that you live alone. It is a good idea to require each applicant to complete a written application. IRIS will provide you a sample job application and job description if you need one.

A job application should include information on the applicant's:

- Name, address, phone number
- Training or educational background
- Skills and work experience
- References
- Authorization to check references
- Certification of truthfulness
- Signature



Interviewing Job Applicants

You may want to conduct a brief telephone interview with interested applicants prior to interviewing them in person. Make sure you ask questions about their past work history, how they plan on getting to work, whether they are able to perform specific job duties, and how they would handle specific situations.

One of the first steps to take when scheduling an in-person interview is to decide where the interview should take place. If you are not comfortable interviewing in your home, decide on a different place to meet the person. You may want to meet in a public place such as a library, coffee shop or restaurant. You may also arrange to have a friend be with you at the interview.

Interviews should cover some basic topics:

- Tell the applicant about the job and what you want them to do for you
- Tell them about any household pets in case they have pet allergies
- Ask open-ended questions instead of those that can be answered “yes” or “no”
- Talk about when you need a worker to start
- Discuss the time sheet requirements, and how the IRIS Financial Services Agency serves as employer agent, handles all payroll, payroll taxes and withholdings
- Discuss the job’s hourly pay, benefits and how raises are obtained
- Let the person ask some questions
- Tell them a caregiver and criminal background check is required
- If they have not already given you one, ask the applicant for a list of references with contact information so you can contact their previous employers
- Make certain the applicant understands that **you are the employer** - not IRIS, your IRIS Consultant, the Consultant Agency, nor the Financial Services Agency

Some questions to ask during an interview:

- What kind of experience do you have?
- What are you looking for in a job?
- What motivates you to do your job well?
- What skills do you have that would help you do this job?
- How do you plan to get to work?

Don't forget to thank the person for their time. Let them know when you expect to make your decision, and how you will notify them of your decision.

IMPORTANT TIP - Some questions you should **NOT** ask during an interview:

- How old are you?
- How much do you weigh?
- Are you married or do you have a life partner?
- Do you have children? Or Are you planning to have more?
- Are you dating anyone?
- Have your wages ever been garnished?
- Do you have a disability?
- How often do you drink alcohol?
- What is your religion?



Checking References

Checking previous or current employer references can give you insight on how the applicant you are considering might actually work out. To check references, call the people listed as references and ask about the applicant.

Some good questions are:

- How do they know the applicant?
- What kind of work did the applicant do for them?
- What are the applicant's strengths?
- What are the applicant's weaknesses?
- Would they hire the applicant again? Why or why not?
- Does the applicant show up on time?
- Does the applicant show up regularly?
- Does the applicant call when they will be late or may not be able to work?
- Does the applicant bring personal problems to the job?
- Does the applicant drink alcohol or do drugs on the job, or come to work impaired?
- On a scale of 1-10, did the applicant do the job that was required of them? Ask them to explain their ranking.

Ask questions related to the qualities you want in a worker. For example, is the applicant honest? Does the applicant respect other people?



Completing the Caregiver and Criminal Background Check

The IRIS Financial Services Agency completes criminal background checks on your workers for you. You will receive an information packet, which includes the paperwork your workers must complete and sign. The forms are returned to the Financial Services Agency. Staff at this agency will notify you of the background check results. They are also available to talk with you about results that include a criminal conviction record.

Some serious convictions may disqualify an applicant from being your employee and having wages paid with IRIS funds. Worker wages cannot be paid with IRIS funds until all worker screening and set up is complete.

Making the Job Offer

Based on what you have learned about the applicant, make the best decision you can about whether the worker is right for you. If you decide to hire the person, call and let the individual know you want to hire them for the job. Restate what the job pays. If the person accepts your job offer, decide on a starting date.

You may want to let the people you didn't hire know that you selected someone else. You don't need to tell them why they were not selected. Simply explain that you chose someone with skills that better fit your needs. You may wish to notify them by sending a letter. Be certain your selected applicant accepts the job before informing any applicant you did not choose.

As quickly as possible after your decision to hire, have the selected individual complete the new hire forms the IRIS Financial Services Agency will provide to you:

- Form I-9 (to demonstrate work eligibility)
- Wage and Hour Agreement
- Form W-4 (for income tax withholding purposes)
- Medicaid Provider Agreement

Send these completed forms, along with a copy of the worker's Social Security card, to the IRIS Financial Services Agency. Your Consultant or staff at the Financial Services Agency will help you complete these forms if you need help.

Benefits for Your Workers

You may use your IRIS allocation to purchase benefits such as health insurance, paid vacation time, or Workers' Compensation Insurance. Workers' Compensation Insurance protects workers who could be hurt on the job. The Financial Services Agency or your IRIS Consultant can provide more information about purchasing benefits for your worker(s).

Deciding if Your Plan is Working

You are the best person to decide if your IRIS plan is working or if it needs to change. You might want to consider questions like:

- Am I any closer to reaching my goals?
- Do I work at the job I want with the hours I want?
- Am I involved in my community as I choose?
- Do I spend time doing the things I enjoy?
- Do I spend enough time with the people I care about?
- Are my workers doing things the way I want them to be done?
- How does my plan improve my life?



Changing Your Plan

You may change your Support and Service Plan to match a change in your needs. Call or send an email your IRIS Consultant, or contact the IRIS Service Center directly to update your plan. Changes to your plan are not effective until the update has been approved by the IRIS Service Center.

The Annual Review

Your eligibility for IRIS will must be verified each year. The verification includes:

- Your Medicaid financial eligibility, which is conducted by your county Income Maintenance office.
- Your Medicaid functional eligibility. The IRIS Consultant Agency will notify you in advance of this date and will schedule a meeting with you to review your Long term Care Functional Screen which documents your continued Medicaid functional eligibility.
- Meeting with your IRIS Consultant to discuss your IRIS Support and Service Plan.

Staying Healthy and Safe

IRIS is a Medicaid Waiver program and is obligated to ensure the health and safety of all IRIS Participants. It is your responsibility to report any incident that you know or suspect has endangered you or any IRIS Participant.

The following are examples of reportable incidents and include actions done by others such as family, friends, caregivers, service providers, or persons in your community:

- Abuse or Neglect
- Crimes
- Death
- Falls or Injuries
- Hospitalization
- Medical or Health Emergency
- Medication Errors
- Misuse of Finances
- Property Damage

If you know or suspect any of these incidents occurred, contact your IRIS Consultant or the IRIS Information Center as soon as possible, within the next 24 hours. If time has passed since an incident occurred, you should still report it.

If you or someone you know is being abused or neglected, call your local Law Enforcement or County Adult Protective Services office to make a report. In addition, notify the IRIS Service Center of the critical incidents that occur.

Your Responsibilities in IRIS

You have some important responsibilities to fulfill to ensure your success with IRIS. Help is available to help you meet your responsibilities. Your responsibilities include:

- Participating in the IRIS orientation provided by your Consultant and the Financial Services Agency
- Working in cooperation with the IRIS Consultant you choose, and letting them know how much help you want
- Building an IRIS Support and Service Plan that meets your goals
- Listing all of the IRIS-paid goods, supports and services on your plan
- Arranging to get the goods, supports and services you need, and to keep certain records of the services you receive
- Making an emergency backup plan
- Providing information to the Financial Services Agency so people and companies that provide you services, supports or goods are paid after services are received
- Reporting critical incidents to the IRIS Service Center (see page 26)
- Reporting hospitalizations, nursing home or institutional admissions to the IRIS Service Center
- Maintaining your IRIS program eligibility, including your Medicaid functional and financial eligibility
- Paying any required Medicaid monthly cost share or spend down amount (see page 28)
- Making sure your providers complete Medicaid Provider and Service Agreement Forms
- Allowing IRIS access to information it needs to maintain your eligibility or to serve your long-term care related needs

Employer Responsibilities When You Hire Your Own Workers

- Letting the Financial Services Agency know if you would like to participate in the Employer Skills Training programs they offer
- Reviewing the employer start-up packet provided
- Reviewing the employee start-up packet with each of your employees
- Determining your workers' pay rate, time off and any benefits
- Determining whether to purchase Worker's Compensation insurance
- Completing and submitting all required employer and employee start-up paperwork to the Financial Services Agency before your employee begins working
- Managing and supervising your workers
- Completing and approving your workers' time sheets and submitting them to the Financial Services Agency twice per month for payroll

Your Monthly Medicaid Cost Share or Spend Down Payment

If your Medicaid eligibility requires that you pay a monthly cost share or spend down payment, it is your responsibility to pay that amount each month to remain eligible for Medicaid and IRIS. Your county Income Maintenance Office will inform you if you are required to make a monthly payment. Failing to make these required payments places your Medicaid and IRIS eligibility at risk. Cost share and spend down payments are due at the beginning of each month, and should be sent to the IRIS Financial Services Agency. If you have questions about making a cost share or spend down payment, please contact IRIS at 1-888-515-4747.

Make cost share and spend down payments payable to **IRIS**, and send them to:

IRIS
2020 W. Wells Street
Milwaukee, WI 53233

Filing Complaints and Grievances

If you have a complaint or grievance about IRIS, please contact the IRIS Service Center at info@Wisconsin-IRIS.com or call 1-888-515-4747 and ask to speak with a Participant Services Specialist.

You may obtain assistance from an Ombudsman, who will help investigate and resolve IRIS-related issues. The IRIS Ombudsmen is available through Disability Rights Wisconsin at three regional offices:

Madison

131 W. Wilson Street, Suite 700
Madison, WI 53703
608-267-0214
TTY: 888-758-6049
Fax: 608-267-0368
Toll Free: 800-928-8778

Milwaukee

6737 W. Washington Street, Suite 3230
Milwaukee, WI 53214
414-773-4646
TTY: 888-758-6049
Fax: 414-773-4647
Toll Free: 800-708-3034

Rice Lake

217 W. Knapp Street
Rice Lake, WI 54868
715-736-1232
TTY: 888-758-6049
Fax: 715-736-1252
Toll Free: 877-338-3724

Complaints and grievances not settled with the IRIS Consultant Agency, Financial Services Agency, or Ombudsman may be directed to the Wisconsin Department of Health Services:

Department of Health Services

1 West Wilson Street, Room 418
Madison, WI 53703
608-266-1865
TTY: 888-701-1251
Email: DHSIRIS@wisconsin.gov
Website: <http://www.dhs.wisconsin.gov/bdds/IRIS/>

Leaving the IRIS Program

You may choose to leave the IRIS program at any time. Please contact the IRIS Service Center to help you with this process. You can also contact your local Aging and Disability Resource Center. You may return to IRIS provided you remain eligible and meet your program responsibilities.

For Answers to Your Questions or for More Information

Contact IRIS if you would like additional assistance.

The IRIS Service Center

Voice and TTY: 1-888-515-IRIS (4747)

Fax: 1-608-255-0898

Email: info@Wisconsin-IRIS.com

Website: www.Wisconsin-IRIS.com



Glossary of Terms

ALLOCATION/IRIS ALLOCATION

An estimate of the money needed to fund your ongoing services that excludes one-time or high-cost items. Your allocation is based on your Long-Term Care Functional Screen, and can be raised if needed. The amount of your allocation will be shared with you before you choose IRIS.

INDIVIDUAL BUDGET

The cost of IRIS-funded services as listed in your Support and Service Plan.

IRIS – INCLUDE, RESPECT, I SELF-DIRECT

Wisconsin's self-directed supports program through which you self-manage your long-term care goods, supports and services within your IRIS allocation. IRIS funding pays for the goods, supports and services you choose related to your outcomes. IRIS serves as an alternate choice to managed long-term care programs.

IRIS CONSULTANT/CONSULTANT

A trained individual in your community who helps you understand IRIS requirements; helps you develop and implement a Support and Service Plan; and provides assistance as you request.

IRIS CONSULTANT AGENCY

The agency under contract with the Department of Health Services to handle day-to-day IRIS operations; train and supervise IRIS Consultants; review Support and Service Plans; operate the IRIS Service Center with a 24/7 toll-free telephone number (1-888-515-4747); and answers questions you, families, providers and others may have. The Management Group, Inc. serves as this contract agency.

IRIS FINANCIAL SERVICES AGENCY

The agency under contract with the Department of Health Services to handle employer agent functions; pay the workers you hire and other providers; collect cost share and spend down payments; complete expenditure reporting; and help you monitor your IRIS spending. Milwaukee Center for Independence, Inc. serves as this contract agency (1-888-515-4747).

IRIS PARTICIPANT

The person using the IRIS program. Includes Wisconsin frail elders, and adults with a physical or developmental disability, who meet the eligibility criteria. In IRIS, **you** are the participant, and you choose to self-manage your long-term care goods, supports and services.

IRIS SELF-DIRECTED PERSONAL CARE

IRIS Participants eligible for Medicaid Personal Care may self-direct their personal care or receive agency-based Medicaid personal care.

IRIS SUPPORT AND SERVICE PLAN

A written plan you develop, either alone or with help, that lists the goods, supports and services you choose to meet your goals and long-term care needs; the cost of services; their frequency; and the provider of each service. Unpaid goods and supports, as well as any Medicaid-funded services you receive, are also listed on your plan.

MEDICAID

Also called Title XIX, Title 19 and MA is a state and federal funding program that can purchase certain health-related goods, supports and services.

SELF-DETERMINATION

A broad concept that means you have control of your life and are a valued citizen in society. Self-determination is based on five basic principles:

- 1. Freedom** to decide how you want to live your life
- 2. Authority** over a specific budget amount
- 3. Support** to organize resources in ways that are meaningful to you
- 4. Responsibility** for your wise use of public dollars
- 5. Confirmation** of your important leadership as an advocate

SERVICE CENTER

See IRIS Consultant Agency.

WISCONSIN DEPARTMENT OF HEALTH SERVICES

The State of Wisconsin Department that sponsors IRIS. The Federal Centers for Medicaid and Medicare Services authorize IRIS through Section 1915(c) of the Social Security Act.



Notes



For More Information about IRIS:

Wisconsin Department of Health Services IRIS Website:
www.dhs.wisconsin.gov/bdds/IRIS

IRIS Contact Information:

Call: 1-888-515-IRIS (4747)

Email: *info@Wisconsin-IRIS.com*

Visit the IRIS website: *www.Wisconsin-IRIS.com*

IRIS is sponsored by the ***Wisconsin Department of Health Services***