



WISCONSIN DEPARTMENT *of* HEALTH SERVICES

IRIS Service Definition Manual

The IRIS program is a Medicaid Home and Community-Based Services (HCBS) waiver program authorized under § 1915(c) of the Social Security Act and approved by the Centers for Medicare and Medicaid Services (CMS). The IRIS Service Definition Manual details the long-term care services and supports covered by the IRIS program and qualifications providers must meet to provide such services and/or supports. Service codes are also included in the appendix.

The content within this handbook is the sole responsibility of the state of Wisconsin's Department of Health Services (DHS). Questions on the information included in this manual should be directed to the IRIS Call Center at 1-888-515-4747.



Contents

DEFINITIONS.....	5
LIVING SITUATION	6
Residential Services (1-2 Bed Adult Family Home).....	6
Residential Services (Other)	7
Housing Counseling.....	8
Relocation- Community Transition Services	9
SUPPORT	10
Supportive Home Care.....	10
Daily Living Skills Training	12
Respite.....	13
IRIS Self-Directed Personal Care	14
Live-in Caregiver	15
Nursing Services	16
Training Services for Unpaid Caregivers.....	18
Consultative Clinical and Therapeutic Services for Caregivers.....	19
Community Transportation.....	20
Home Delivered Meals	21
Definition and Purpose:	21
AIDS, EQUIPMENT, AND SUPPLIES.....	22
Assistive Technology (including Adaptive and Communication Aids).....	22
Specialized Medical Equipment and Supplies	25
Interpreter Services	26
Personal Emergency Response Systems (PERS).....	27
TREATMENT RELATED	28
Counseling and Therapeutic Services	28
Consumer Education and Training	29
DAY SERVICES	31
Adult Day Care	31
Day Services	31

EMPLOYMENT 32

 Supported Employment- Individual 32

 Vocational Futures Planning and Support (VFPS) 36

 Prevocational Services 37

OTHER 40

 Individual Directed Goods and Services 40

 Support Broker Services 41

 Home Modifications 42

 Vehicle Modifications 44

SUPPORTS FOR SELF-DIRECTION 45

 IRIS Consultant Services 45

 Fiscal Employer Agent Services 47

APPENDIX A: SERVICE CODE QUICK REFERENCE GUIDE 49

 NOTE ABOUT REMOTE SERVICE CODES: 49

 LIVING SITUATION 49

 SUPPORT 49

 Supportive Home Care 49

 Daily Living Skills Training 51

 Respite 52

 IRIS Self-Directed Personal Care 53

 Live-In Caregiver 53

 Nursing Services 53

 Training Services for Unpaid Caregivers 53

 Consultative Clinical and Therapeutic Services for Caregivers 54

 Specialized Transportation 54

 Home Delivered Meals 54

AIDS, EQUIPMENT, AND SUPPLIES 54

TREATMENT RELATED 56

 Counseling and Therapeutic Services 56

 Participant Education and Training 57

DAY SERVICES 57



EMPLOYMENT..... 57
OTHER 59

DEFINITIONS

Definition and Purpose: This section defines the goods and/or services covered under the service category including any conditions that apply to the provision of those goods/services.

Exclusions: This section identifies Exclusions for the service category.

Limits on the Amount, Frequency, or Duration: This section identifies any limitations on the amount, frequency, or duration of the services and goods covered under the service category. A limit on the amount of a service may take the form of a maximum allowable expenditure for the service or the maximum number of units of the service that will be furnished during the period of the service plan. A limit on frequency is a limit that restricts the number of units of service that will be furnished during a shorter period of time (for example, per week or per month). A limit on duration is the maximum period of time over which a service will be provided or authorized unless the necessity of the service is re-established.

Participant Employer Authority: This section details if a participant is able to exercise employer authority. This means that the participant is either a common law employer or a co-employer. As a common law employer, a participant is supported to recruit, hire, supervise and direct individual worker(s) who furnishes services or supports, also known as participant-hired workers. As a co-employer, the participant is supported by an agency that functions as the common law employer of workers recruited by the participant. The participant directs the workers and is considered their co-employer (a.k.a., “managing employer”). This approach is sometimes termed the “Agency with Choice FMS model.” For more information on the two participant employer authority models, please refer to the IRIS Policy Manual.

Provider Types and Qualifications: This section details the following:

Provider Type	Provider Title	Qualifications
<p>This column indicates whether the service is provided by an organization, individual, or participant-hired worker. Organization captures agency providers that are entities whose employees furnish the service or from which goods are purchased. An individual provider is defined as a person who is in independent practice and not employed by a provider agency.</p>	<p>This column indicates groupings of providers that provide services or supports. Provider titles vary for each service category.</p>	<p>This column details the criteria that a provider must meet in order to provide the service or support. Criteria may include the following:</p> <ul style="list-style-type: none"> • A license issued under the authority of state or federal law. • A certificate or registration issued by a state agency or other recognized body, or • Other standard, such as industry-set standards, as specified.

Service Codes: This section details applicable service code information:

Service/Good	Code	Modifier	SPC Code	Provider Type
This is a detailed description of the service that includes the type of service and how the service unit is coded for billing (for example, daily, each, 15 minutes, hourly.)	The code is the claim billing code that the service must be billed under and must be submitted on the claim.	The modifier is additional claim billing code information that must be attached.	This code is submitted with the encounter claim and is a state-defined code used for service categorization and grouping.	This refers to what type of provider the code and long service description is applicable. <ul style="list-style-type: none"> • ORG = Provider-organization or vendor. • PHW = Participant-Hired Worker

LIVING SITUATION

Residential Services (1-2 Bed Adult Family Home)

Definition and Purpose:

Residential services are a combination of individually tailored supports, services, treatment, and care provided within a community-integrated residential setting above the level of room and board. Residential services also include collaboration with health care, vocational, or day service providers. The scope of residential services may include performing personal care or supportive home care; however, such activities may not comprise the entirety of the service.

The residential service provider and participant must maintain an agreement which specifies the nature and scope of the services provided. Participants may purchase individual services from separate providers. In these cases, residential service providers must also coordinate with those external service providers. Supportive home care may only be provided by an external party when the care takes place outside of the residential setting.

All services performed by the provider are included in the residential provider’s rate.

The residential provider must immediately report to the local Adult Protective Services unit and/or local law enforcement regarding any incident, situation, or condition that endangers the health or safety of the participant living in the residential setting. All providers of residential services must also communicate with the certifying or licensing agency, the participant’s ICA, and applicable providers, within confidentiality laws, about any critical incidents that occur in the residential setting, as soon as practicable.

Exclusions:

The cost of room and board is excluded from this service category.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider



to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Individual	Certified 1-2 Bed Adult Family Home (AFH)	Certified by the DHS
Organization	Certified 1-2 Bed Adult Family Home (AFH)	Certified by the DHS

Residential Services (Other)

Definition and Purpose:

Residential services are a combination of individually tailored supports, services, treatment, and care provided within a community-integrated residential setting above the level of room and board. Residential services also include collaboration with health care, vocational, or day service providers. The scope of residential services may include performing personal care or supportive home care; however, such activities may not comprise the entirety of the service.

The residential service provider and participant must maintain an agreement which specifies the nature and scope of the services provided. Unless the residential setting is required to provide a service, the participants may purchase individual services from separate providers. In these cases, residential service providers must also coordinate with those external service providers. Supportive home care may only be provided by an external party when the care takes place outside of the residential setting.

All services performed by the provider are included in the residential provider’s rate.

The residential provider must immediately report to the local Adult Protective Services unit and/or local law enforcement regarding any incident, situation, or condition that endangers the health or safety of the participant living in the residential setting. All providers of residential services must also communicate with the certifying or licensing agency, the participant’s ICA, and applicable providers, within confidentiality laws, about any critical incidents that occur in the residential setting, as soon as practicable.

Exclusions:

The cost of room and board is excluded from this service category.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider

to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Licensed Adult Family Home (AFH)	Licensed per Wis. Admin. Code § DHS 88
Organization	Certified Residential Care Apartment Complex (RCAC)	Certified per Wis. Admin. Code § DHS 89

Housing Counseling

Definition and Purpose:

Housing counseling is the provision of information and assistance for participants who are looking to acquire and maintain safe, affordable, and accessible housing in the community. Housing counseling includes exploring home ownership and rental options and individual and shared housing options, including options where the participant lives with his or her family.

Services include:

- Counseling and assistance in identifying housing options;
- Identifying financial resources and determining affordability;
- Identifying preferences of location and type of housing;
- Locating available housing;
- Identifying and assisting in access to financing;
- Explaining the rights and responsibilities of a tenant with disabilities, including how to ask for reasonable accommodations and modifications and how to file a complaint; and
- Planning for ongoing management and maintenance.

Exclusions:

Housing counseling may only be funded through the waiver when otherwise not available through the State Plan, Medicare, or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the general public for free.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider

to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Agency that Meets Qualifications	1) Must have expertise in housing issues; 2) Must have housing counseling or assistance as a part of its mission or regular activities; AND 3) Must not have a direct or indirect financial interest in the property or housing the participant selects.

Relocation- Community Transition Services

Definition and Purpose:

Relocation – Community Transition Services are non-recurring set-up expenses for participants who are transitioning from an institution, family home, or a provider-operated living setting to a community living setting in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those that are necessary to enable the participant to establish a basic household excluding room and board.

These include:

- Security deposits that are required to obtain a lease on an apartment or home;
- Essential household furnishings;
- Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; and
- Moving expenses.

Relocation expenses not specifically described above may be covered if approved by the DHS. Relocation expenses may be covered up to 180 days prior to leaving the institutional setting and enrolling in the waiver but cannot be paid for until the participant is enrolled with a plan start date.

Exclusions:

Relocation expenses may only be funded through the waiver when otherwise not available through the State Plan, Medicare, EPSDT (for participants ages 18-21), or a responsible private or public entity. This service may not duplicate any service that is provided under another waiver service category.

This service category does not cover the furnishing of living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing.

The following are also excluded:

- The cost of room and board including rental or mortgage expenses, food, and regular utility charges.
- Service agreements or extended warranties for appliances or home furnishings; and
- Household appliances or items that are intended for purely diversional/recreational purposes. Housing startup costs require prior approval for purchases exceeding an identified budget amount, or which exceed the participant's budget.

Limits on the Amount, Frequency, or Duration:

None



Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Real Estate Agency	Reputable agency that meets industry standards.
Organization	Home Furnishing Vendor	Reputable agency that meets industry standards.
Organization	Moving Company	Reputable agency that meets industry standards.
Organization	Public Utilities	Reputable agency that meets industry standards.

SUPPORT

Supportive Home Care

Definition and Purpose:

Supportive home care (SHC) is the direct and indirect assistance with daily functions and individualized needs, to promote improved functioning and safety in a participant’s home and community.

SHC services are comprised of supports or tasks such as:

- Companion or attendant supports which are necessary for participant safety at home and in the community. This may include observation or indirect assistance with the following: assure appropriate self-administration of medications, meal preparation, bill payment, communication, schedule and/or attend appointments, completion of activities detailed in occupational or physical therapy treatment plans, arrangement and/or usage of transportation, and personal assistance in non-employment related community activities.
- Chore services which assist the participant to maintain their home environment in a clean, sanitary, and safe manner. Intermittent major household tasks that must be performed seasonally or in response to some natural or other periodic event are also covered.
- Routine care which is the performance of personal services, including various activities of daily living or instrumental activities of daily living.

Retainer payments are covered under this service category for both medical and non-medical circumstances. More information regarding the retainer payment policy can be found in the IRIS Policy Manual.

This service also covers the cost of community involvement supports. Community involvement supports assist the participant with engagement in community-integrated events and activities, through the coverage of associated expenses for support staff to accompany a participant, specifically when a participant’s attendance is dependent on staff

accompaniment. This is limited to the worker's expense only; the participant portion of the expense is the responsibility of the participant.

Exclusions:

When routine care is provided, incidental personal care activities may not comprise the entirety of the service. When personal care is available to the participant through the Medicaid State Plan, it must be utilized prior to the use of any routine care under this service category.

This service may not duplicate any service that is provided under another waiver service category. This service category also excludes the following:

- Live-in Caregiver services;
- Representative payee services; and
- Payroll bonuses.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is afforded the option of exercising employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers. Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
PHW	Participant-hired Worker	Participants assure that providers have the ability and qualifications to provide this service, including a minimum of two years of experience with the target population in providing this service or similar service.
Organization	Supportive Home Care Agency or Home Health Care Agency	IRIS Support Services Provider Training Standards https://www.dhs.wisconsin.gov/publications/p03071.pdf



Daily Living Skills Training

Definition and Purpose:

Daily Living Skills Training services is the provision of education and skill development to the participant to teach or improve the skills involved to independently perform routine daily activities, including skills to increase the participant's independence and participation in community life. This service may include teaching money management, home care maintenance, parenting skills, driving evaluation and lessons, information technology training, food preparation, mobility training, self-care skills, and the skills necessary for accessing and using community resources.

Daily Living Skills Training services may involve training the participant or the natural support person to assist the participant.

This service is designed to allow a participant to meet assessed long-term care related outcomes in a time frame necessary to learn the identified skill and is not intended to provide substitute task performance.

Accordingly, the participant's progress towards obtaining the daily living skill and outcome identified on the participant's ISSP may be monitored by both the DHS and the participant's ICA. Monitoring ensures the efficacy of the training.

Exclusions:

Daily Living Skills Training may only be funded through the waiver when otherwise not available through the State Plan, Medicare, or under another waiver service category.

Limits on the Amount, Frequency, or Duration:

Daily Living Skills Training is available up to 8 hours per day.

Participant Employer Authority:

The participant is afforded the option of exercising employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers.

Similarly to agency providers, participant-hired workers must meet the qualifications outlined below.

For more information on participant employer authority, refer to the IRIS Policy Manual.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
PHW	Daily Living Skills Trainer	Services Provider Training Standards https://www.dhs.wisconsin.gov/publications/p03071.pdf
Organization	Daily Living Skills Training Agency	IRIS Support Services Provider Training Standards https://www.dhs.wisconsin.gov/publications/p03071.pdf

Respite

Definition and Purpose:

Respite services are services provided for a participant on a short-term basis to ease the participant's family or other primary caregiver(s) from daily stress and care demands. Respite services may be provided in an institution such as a certified Medicaid setting (hospital, nursing home) or other licensed facility. Respite services may also be provided in a residential facility such as a certified or licensed adult family home, licensed community-based residential facility, certified residential care apartment complex, in the participant's own home, or the home of a respite service provider.

Exclusions:

The receipt of Respite services precludes the participant from receiving other waiver services such as Adult Day Care, Nursing Services, and Supportive Home Care on the same day the participant receives Respite Services, unless clear documentation exists that service delivery occurred at distinct times from Respite Services regardless of how the Respite payment is structured.

The cost of room and board is excluded, except when provided as part of Respite Services furnished in a facility approved by the State that is not a private residence or a residential care complex.

This service may not duplicate services otherwise provided through the Medicaid State Plan or under another waiver service category.

Respite may only be funded through the waiver when otherwise not available through the State Plan, Medicare, or under another waiver service category.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is afforded the option of exercising employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers.

Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Supportive Home Care Agency	IRIS Support Services Provider Training Standards https://www.dhs.wisconsin.gov/publications/p03071.pdf
Organization	1-2 Bed Adult Family Home	Certified as 1-2 Bed AFH by DHS and Wis. Admin. Code § DHS 82 for Barrett Homes
Organization	Residential Care Apartment Complex (RCAC)	Wis. Admin. Code § DHS 89
Organization	Personal Care Agency	Wis. Admin. Code § DHS 105.17
Organization	Hospital	Wis. Admin. Code § DHS 124
Organization	Nursing Home	Wis. Admin. Code § DHS 132 and Wis. Admin. Code § DHS 134
Organization	Community-Based Residential Facility	Wis. Admin. Code § DHS 83
Organization	3-4 Bed Adult Family Home	Wis. Admin. Code § DHS 88
PHW	Individual Respite Provider / Participant Hired Worker	IRIS Support Services Provider Training Standards https://www.dhs.wisconsin.gov/publications/p03071.pdf

IRIS Self-Directed Personal Care

Definition and Purpose

IRIS self-directed personal care (IRIS-SDPC) allows the IRIS participant to self-direct their personal care instead of obtaining services from a certified Medicaid personal care agency (MAPC). IRIS-SDPC allows the participant to select individual providers, participant-hired workers, provide their direct care. DHS contracts with a single vendor to operate the IRIS-SDPC services.

The IRIS-SDPC agency registered nurse completes an assessment to determine the number of personal care hours available to the participant each month. The assessment collects information regarding an individual's ability to accomplish activities of daily living (ADL), medically oriented tasks (MOT), and the individual's need for personal care worker assistance with these activities in the home. The assessment is completed in a face-to-face home visit in the participant's home and establishes the time needed for a worker to perform the personal care tasks. The nurse obtains a physician's order supporting the amount of care documented in the assessment. The nurse and the participant develop a person-centered plan for personal care services called "My Cares."

The nurse consults with the participant on specific, care-related questions that surface. The time needed for a worker to perform the personal care tasks, documented in the assessment and supported by the physician's order, includes the maximum monthly hours for which the participant may employ and schedule a personal caregiver.

Exclusions:

Legal representatives and non-limited guardians may not provide this service to a participant that they represent.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:



The participant is afforded the option of exercising employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers.

Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
PHW	Participant-hired Worker	Participant-hired workers may provide services only after the receipt of sufficient training regarding the personal care worker-related tasks through an employer-provided orientation. The participant-hired workers must also meet all other employment eligibility requirements.

Live-in Caregiver

Definition and Purpose:

Live-in Caregiver is the payment of rent and food costs reasonably attributable to an unrelated, live-in personal caregiver residing in the participant’s household. The service is intended to meet the needs of participants requiring assistance with ADLs to ensure adequate functioning in the home and to permit safe access to the community.

Exclusions:

Legally Responsible Persons, Relative, or Legal Guardian cannot serve as allowable providers of Live-in Caregiver services.

The Live-in Caregiver service is not available in situations where the participant lives in the provider’s home (i.e. the lease or deed is in the name of the provider of Medicaid services).

Excludes training provided to a participant intended to improve the participant’s ability to independently perform routine daily living tasks, which may be provided as Daily Living Skills Training.

Live-in Caregiver services may only be funded through the waiver when otherwise not available through the State Plan, Medicare, or under another waiver service category.

Limits on the Amount, Frequency, or Duration:

None



Participant Employer Authority:

The participant is afforded the option of exercising employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers.

Similarly to agency providers, participant-hired workers must meet the qualifications outlined below. For more information on participant employer authority, refer to the IRIS Policy Manual.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
PHW	Participant-hired Worker	Live-in Caregivers may provide services only after the receipt of sufficient training and employer-orientation.

Nursing Services**Definition and Purpose:**

Nursing Services is “professional nursing” as defined in Wisconsin’s Nurse Practice Act, Wis. Stat. § 441.

Nursing services are medically necessary, skilled nursing services that may only be provided safely and effectively by an advanced practice nurse, a registered nurse, or a licensed practical nurse who is working under the supervision of a registered nurse.

The nursing services provided must be within the scope of the Wisconsin Nurse Practice Act, consistent with the participant’s self-directed Individual Support and Service Plan (ISSP), and not otherwise available to the member under the Medicaid state plan or through Medicare.

Professional skilled nursing means the observation or care of the ill, injured, or infirm, or for the maintenance of health or prevention of illness of others, that requires substantial nursing skill, knowledge, training, or application of nursing principles based on biological, physical, and social sciences.

Nursing services may include periodic assessment of the participant’s medical condition when the condition requires a skilled nurse to identify and evaluate the need for medical intervention or monitor and/or modify the medical treatment services provided by non-professional care providers. Services may also include regular, ongoing monitoring of a participant’s fragile or complex medical condition as well as the monitoring of a participant who has a history of non-adherence with medication or other medical treatment needs.

Delegation of nursing tasks to less skilled personnel shall be in accordance with Wis. Stat. § 441, Wis. Admin. Code § N 6, and the Wisconsin Nurses Association’s Guidelines for Registered Nurse Delegation to Unlicensed Assistive Personnel.



These services are provided when nursing services are identified as needed in a participant’s plan of care and furnished under the approved Medicaid State Plan or through Medicare and plan limits are exhausted or when nursing services are not covered under the Medicaid State Plan or through Medicare.

Prior authorization is required. The IRIS Nurse Consultant Team reviews the need for nursing services to ensure the participant’s needs exceed the State Plan benefit limitations. The results of the review serve as the prior authorization for this service. The DHS may review all prior authorizations.

Exclusions:

Exclusion includes services available through the Medicaid State Plan. This service may not duplicate services otherwise provided through the Medicaid State Plan or under another waiver service category.

Participants aged 18-21 must receive this service through the State Plan per EPSDT.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Agency-directed Registered Nurse/LPN	Wis. Stat. § 441
Individual	Individual RN or LPN	Wis. Stat. § 441



Training Services for Unpaid Caregivers

Definition and Purpose:

This service is the provision of training services for individuals who provide uncompensated care, training, companionship, supervision, or other supports to participants.

Training includes instruction about treatment regimens and other services that are included in the participant's Individual Support and Service Plan (ISSP), use of equipment specified in the ISSP, and guidance to safely maintain the member in the community.

Training must be aimed at assisting the unpaid caregiver in meeting the needs of the participant. All training for individuals who provide unpaid support to the participant must be included in the ISSP and must directly relate to the individual's role in supporting the participant.

This service includes, but is not limited to, online or in-person training; conferences; or resource materials on the specific disabilities, illnesses, or conditions that affect the member. The purpose of the training is for the caregiver to learn more about member's condition, what to expect, and how to provide the best care for someone with that specific condition. For example, training could be provided on how to effectively care for a member with dementia.

Training includes registration costs and fees associated with formal instruction in areas that are relevant to the needs identified in the ISSP.

Exclusions:

Training Services for Unpaid Caregivers may only be funded through the waiver when otherwise not available through the State Plan, Medicare, or under another waiver service category.

This service may not be provided in order to train paid caregivers and excludes payment for lodging and/or meal expenses incurred while attending a training event or conference.

Excludes teaching self-advocacy, which is covered under Consumer Education and Training Services.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.



Provider Type	Provider Title	Qualifications
Organization	Training/Service Agency	This training must be provided by licensed, certified, or accredited professionals who maintain current credentials in their field of practice. For example, training could be provided by registered nurses, licensed mental health professionals, or licensed therapists.
Organization	Professional Services	This training must be provided by licensed, certified, or accredited professionals who maintain current credentials in their field of practice. For example, training could be provided by registered nurses, licensed mental health professionals, or licensed therapists.

Consultative Clinical and Therapeutic Services for Caregivers

Definition and Purpose:

Clinical and therapeutic services assist unpaid caregivers and/or paid support staff in carrying out the participant's treatment/support plans and are necessary to improve the participant's independence and inclusion in their community.

The service includes assessments, development of home treatment plans, support plans, intervention plans, training and technical assistance to carry out the plans, consultation with providers and potential providers, and monitoring of the participant and the provider in the implementation of the plans. This may be provided in the individual's home or in the community, as described in the participant's service plan.

Exclusions:

None

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Counseling/Therapy Organization	License: Wis. Stat. § 448 Wis. Admin. Code § DHS 61.35 Certificate: Wis. Stat. § 448 Wis. Stat. § 440.312 Wis. Admin. Code § DHS 61.35 Other Standard: Meets Industry Standards
Individual	Individual Counselor or Therapist	License: Wis. Stat. § 448 Wis. Admin. Code § DHS 61.35 Certificate: Wis. Stat. § 448 Wis. Stat. § 440.312 Wis. Admin. Code § DHS 61.35 Other Standard: Meets Industry Standards

Community Transportation

Definition and Purpose:

Community Transportation is the transport of a participant to and from a waiver service, place of employment, or community service, activity, or resource. The cost of community transportation is covered in accordance with Internal Revenue Service policy as outlined in the participant’s Individualized Services and Support Plan (ISSP). Community Transportation is offered in addition to medical transportation required under 42 C.F.R. 431.53 and transportation services under the State Plan, defined in 42 C.F.R. 440.170(a) (if applicable) and does not replace them.

Exclusions:

Transportation services may only be funded through the waiver when the services are not provided by a legally responsible third-party, such as school, private insurance, or a public entity. Whenever possible, family, neighbors, friends, community agencies, or local government programs that can provide this service without charge should be prioritized and utilized.

Community transportation may only be funded through the waiver when otherwise not available through the State Plan, Medicare, EPSDT (for participants ages 18-21), or a responsible private or public entity. This service may not duplicate any service that is provided under another waiver service category.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is afforded the option of exercising employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers.

Similarly to agency providers, participant-hired workers must meet the qualifications outlined below.

For more information on participant employer authority, refer to the IRIS Policy Manual.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Mass Transit Provider	Must be considered a mass transit as defined under: <ul style="list-style-type: none"> • Wis. Stat. § 85.20 • Wis. Stat. § 85.23
Organization	Taxi or Common Motor Carrier	Must be considered a taxi or common motor carrier as defined under: <ul style="list-style-type: none"> • Wis. Stat. § 194
Organization	Specialized Transportation Provider	Must be considered specialized transportation as defined under: <ul style="list-style-type: none"> • Wis. Stat. § 85.21 • Wis. Stat. § 85.22
PHW	Participant-hired Worker	Must have the following: <ul style="list-style-type: none"> • Valid driver's license appropriate to the type of transportation being provided. • Adequate insurance coverage including liability auto insurance.

Home Delivered Meals**Definition and Purpose:**

Home delivered meals are meals provided to participants who are unable to prepare or obtain nourishing meals without assistance, including those who may be unable to manage a special diet recommended by their physician. Home delivered meal costs may include the costs associated with the purchase and planning of food, nutrition services, supplies, equipment, labor and transportation to deliver one or two meals a day. Home delivered meals may not constitute a "full nutritional regimen" (3 meals per day).



Exclusions:

Home Delivered Meals may only be funded through the waiver when otherwise not available through the State Plan, Medicare, or under another waiver service category. This service does not include payment for meals at federally subsidized nutrition sites.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Restaurants	Wis. Admin. Code Ch. ATCP 75
Organization	Aging Network Agency	Wis. Stat. § 46.82(3)
Organization	Hospitals or Nursing Homes	Wis. Admin. Code § DHS 124 Wis. Admin. Code § DHS 132 Wis. Admin. Code § DHS 134

AIDS, EQUIPMENT, AND SUPPLIES

Assistive Technology (including Adaptive and Communication Aids)

Definition and Purpose:

Assistive technology is an item, piece of equipment, software or application, service dog, or product system – whether acquired commercially, modified, or customized – that is used to increase, maintain, or improve functional capabilities of participants. This service category includes assistive technology typically referred to as adaptive or communication aids. This service category also includes extended warranties, cost of maintenance, ancillary supplies, software, and equipment necessary for the proper functioning of assistive technology.

Assistive technology also includes services that directly assist a participant in the acquisition or use of assistive technology, such as:

- Services consisting of purchasing, leasing/renting, or otherwise providing for the acquisition of assistive technology for participants;
- Services consisting of designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology;
- Coordination and use of necessary therapies, interventions, or services with assistive technology, such as therapies, interventions, or services associated with other services in the ISSP;

- Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and
- Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.

Assistive technology also includes the purchase of a service dog. A service dog is defined as a dog that is individually trained by a reputable provider experienced in providing structured training for service dogs to do work or perform tasks for the participant that are directly related to the participant’s disability. Costs are limited to the following:

- Purchase of a service dog;
- Post-purchase training that is necessary to partner a service dog with the participant owner; and
- Ongoing maintenance costs of a service dog that include preventative, acute, and primary veterinary care and items necessary for the service dog to perform its task or work.

Service dog costs must be consistent with program policy. Acquisition of all assistive technology including the use of assessments is subject to program policy consistent with this service definition. Assistive technology may be purchased, new or used, or leased to the participant. All assistive technology must meet all the applicable standards of manufacture, safety, design and installation such as Underwriters Laboratory and Federal Communication Commission.

Exclusions:

Assistive technology and services may only be funded through the waiver when otherwise not available through the State Plan, Medicare, EPSDT (for participants ages 18-21), or a responsible private or public entity. This service may not duplicate any service that is provided under another waiver service category.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Type Title	Qualifications
Individual	Independent Practice Veterinarian	Must meet licensure requirements defined under: Wis. Stat. § 89.06
Organization	Veterinary Clinic	Must meet licensure requirements defined under: Wis. Stat. § 89.06



Individual	Qualified Health Care Professional	<p>A “qualified health care professional” as defined under Wis. Admin. Code § DHS 107.24 means any of the following:</p> <ul style="list-style-type: none"> • A physician or physician assistant licensed under subch. II of ch. 448, Stats. • A physical therapist licensed under subch. III of ch. 448, Stats. • An occupational therapist licensed under subch. VII of ch. 448, Stats. • A chiropractor licensed under ch. 446, Stats.
Organization	Qualified Health Care Professional Agency	<p>Must be an agency employing “qualified health care professionals.”</p> <p>A “qualified health care professional” as defined under Wis. Admin. Code § DHS 107.24 means any of the following:</p> <ul style="list-style-type: none"> • A physician or physician assistant licensed under subch. II of ch. 448, Stats. • A physical therapist licensed under subch. III of ch. 448, Stats. • An occupational therapist licensed under subch. VII of ch. 448, Stats. • A chiropractor licensed under ch. 446, Stats.
Individual	Service Dog Trainer or Provider	Must be a reputable and experienced individual.
Organization	Service Dog Training or Provider Agency	Must be a reputable and experienced agency.
Organization	Authorized Durable Medical Equipment and Medical Supply Vendor	<p>Must meet criteria defined under:</p> <ul style="list-style-type: none"> • Wis. Admin. Code § DHS 105.40 and • Wis. Admin Code § DHS 107.24.
Organization	Other Assistive Technology Vendor	<p>Must meet the following criteria:</p> <ul style="list-style-type: none"> • Reputable vendor;

		<ul style="list-style-type: none"> • Items purchased must meet a reasonable buyer expectation of quality and performance; and • Must meet and be installed according to all the applicable standards of manufacture, safety, design and installation such as Underwriters Laboratory and Federal Communication Commission
--	--	---

Specialized Medical Equipment and Supplies

Definition and Purpose:

Specialized medical equipment and supplies include items or devices necessary to maintain the participant’s health, manage a medical or physical condition, improve or maintain functioning, or enhance independence. This includes electronic medication management devices. The costs of maintenance and warranty for such medical equipment and supplies may also be covered under this service category.

All specialized medical equipment and supplies require a qualified health care professional’s order. All specialized medical equipment and supplies must meet all the applicable standards of manufacture, safety, design and installation such as Underwriters Laboratory and Federal Communication Commission.

Exclusions:

This service category excludes those items that are not of direct medical or remedial benefit to the participant. Items not regulated by the federal Food and Drug Administration (FDA) as nutritional or dietary supplements are excluded unless specifically covered under the Medicaid state plan.

This service category may only be funded through the waiver when otherwise not available through the State Plan, Medicare, EPSDT (for participants ages 18-21), or a responsible private or public entity. This service may not duplicate any service that is provided under another waiver service category.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.



Provider Type	Provider Title	Qualifications
Organization	Authorized Durable Medical Equipment and Medical Supply Vendor	Must meet criteria defined under: <ul style="list-style-type: none"> • Wis. Admin. Code § DHS 105.40 and • Wis Admin Code § DHS 107.24
Organization	Licensed Pharmacy	Must meet licensure requirements defined under: Wis. Stat. § 450
Organization	Other Vendor	Reputable vendor that meets industry standards

Interpreter Services

Definition and Purpose:

Interpreter services are provided to participants who are Deaf or Hard of Hearing or who have hearing, speech, or vision impairments and require interpretation to communicate.

Exclusions:

This service category does not cover interpreter services provided by a spouse, relative, or guardian. Interpreter services may only be funded when it is not the responsibility of the service provider, IRIS consultant agency, Fiscal employer agent, or another party to provide this service or it is not available through the State Plan, Medicare, EPSDT (for participants ages 18-21), or a responsible private or public entity. This service may not duplicate any service that is provided under another waiver service category. Waiver funds may not be used to purchase this service if it is provided to the general public for free.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Interpretation agency that employs licensed Sign Language Interpreters for the Deaf or Hard of Hearing	Must meet licensure requirements defined under: Wis. Stat. § 440.032
Individual	Licensed Sign Language Interpreter for the Deaf or Hard of Hearing	Must meet licensure requirements defined under: Wis. Stat. § 440.032

Organization	Interpretation, Facilitation, or Translation Agency	Must be able to interpret effectively, accurately, and impartially both receptively and expressively, using necessary specialized vocabulary.
Individual	Interpreter, Facilitator, or Translator	Must be able to interpret effectively, accurately, and impartially both receptively and expressively, using necessary specialized vocabulary.

Personal Emergency Response Systems (PERS)

Definition and Purpose:

Personal Emergency Response System (PERS) is a service that provides a direct telephonic or other electronic communications link between someone living in the community and health professionals to secure immediate response and assistance in the event of a physical, emotional, or environmental emergency. This service may include devices and services necessary for operation of PERS when those devices and services are otherwise not available.

This service may also include installation, upkeep and maintenance of devices or systems as appropriate.

Exclusions:

Personal Emergency Response Systems (PERS) may only be funded through the waiver when otherwise not available through the State Plan, Medicare, or under another waiver service category.

The IRIS program excludes funding for the installation and/or monthly cost of landline service when a landline currently exists.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	PERS Vendor	UL Standards for electronic devices or FCC regulations for telephonic devices.

TREATMENT RELATED

Counseling and Therapeutic Services

Definition and Purpose:

Counseling and therapeutic services is the provision of professional, treatment-oriented services, resources, or interventions to maintain or improve participant health, welfare, or functioning in the community. This service addresses a participant's identified personal, social, physical, medical, behavioral, emotional, cognitive, mental, or substance abuse treatment needs and is recommended by a mental health professional or qualified health care professional. A "qualified health care professional" as defined under Wis. Admin. Code § DHS 107.24 means any of the following:

- A physician or physician assistant licensed under subch. II of ch. 448, Stats.
- A physical therapist licensed under subch. III of ch. 448, Stats.
- An occupational therapist licensed under subch. VII of ch. 448, Stats.
- A chiropractor licensed under ch. 446, Stats.

These services include aging or disability adjustment and adaptation counseling, interpersonal therapy, recreational therapy, music therapy, art therapy, aquatic therapy, massage therapy, nutritional counseling, medical counseling, behavioral counseling, weight counseling, and grief counseling. Costs directly associated with any counseling or therapies received are included in this service. Services not specifically described above may be covered, if approved by the DHS.

This service also covers the participant's direct expense related to health club memberships and camps. These expenses may not be recreational or diversional in nature. This must be demonstrated on the participant's service plan.

Exclusions:

This service category excludes the following:

- Inpatient services;
- Services provided by a physician; and
- Attendant costs, to assist participants in attending counseling and therapeutic sessions.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Counseling/Therapy Organization	License: Wis. Stat. § 448 Wis. Admin. Code § DHS 61.35 Certificate: Wis. Stat. § 448 Wis. Stat. § 440.312 Wis. Admin. Code § DHS 61.35 Other Standard: Meets Industry Standards
Individual	Individual Counselor or Therapist	License: Wis. Stat. § 448 Wis. Admin. Code § DHS 61.35 Certificate: Wis. Stat. § 448 Wis. Stat. § 440.312 Wis. Admin. Code § DHS 61.35 Other Standard: Meets Industry Standards
Organization	Camp	American Camp Association (ACA) accreditation
Organization	Fitness Center	Meets standards per Wis. Admin. Code § DHS 100.178

Consumer Education and Training

Definition and Purpose:

Consumer education and training services are designed to help participants develop self-advocacy skills, support self-determination, exercise civil rights, and acquire skills needed to exercise control and responsibility over services and supports.

Self-advocacy skills enable participants to communicate wants and needs, make informed decisions, and develop trusted supports with whomever they can share concerns.

The consumer education and training service includes education and training for participants, their caregivers, and legal representatives that is directly related to developing such skills.

Covered expenses may include enrollment fees, books and other educational materials, and transportation related to participation in training courses, conferences, and other similar events.

Exclusions:

Consumer Education and Training services may only be funded through the waiver when otherwise not available through the State Plan, Medicare, or under another waiver service category. This service excludes educationally related services available under Individuals with Disabilities Education Act (IDEA) (20 U.S.C. §1401 et seq) or other relevant funding sources.

Excludes education/training costs exceeding \$2500 per participant annually.

Excludes all forms of college tuition.

Excludes payment for hotel and meal expenses while participants or their legal representatives attend allowable training/education events.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Education and Training Agency	Competent and qualified providers of consumer education and training with expertise in problem solving, self-advocacy skills development, self-determination, community integration, financial management, and decision-making.
Individual	Personal Assistant, Teacher	Competent and qualified providers of consumer education and training with expertise in problem solving, self-advocacy skills development, self-determination, community integration, financial management, and decision-making.

DAY SERVICES

Adult Day Care

Definition and Purpose:

Adult Day Care services are the provision of services for part of a day in a non-residential group setting to participants who need an enriched social or health-supportive experience or need assistance with activities of daily living, supervision and/or protection.

Services may include personal care and supervision, light meals, medical care, and transportation to and from the day care site. Transportation between the participant's place of residence and the adult day care center may be provided as a component part of adult day care services. The cost of this transportation is included in the rate paid to providers of adult day care services. Meals provided as part of adult day care may not constitute a "full nutritional regimen" (3 meals per day).

Exclusions:

Adult Day Care may only be funded through the waiver when otherwise not available through the State Plan, Medicare, or under another waiver service category. Adult day care cannot be provided within a substitute care setting.

Limits on the Amount, Frequency, or Duration:

Adult day care is available up to 8 hours per day.

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Adult Day Care Provider	Wis. Stat. § 49.45

Day Services

Definition and Purpose:

Day Services are the provision of regularly scheduled activities in a non-residential setting, separate from the participant's private residence or other residential living arrangement, such as assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills that enhance social development and develop skills in performing routine daily activities and full community citizenship. Activities and environments are designed to foster the acquisition of skills, and to build positive social behavior and interpersonal competence, greater independence, and personal choice.

Day Services enable the participant to attain or maintain his or her maximum potential and shall be coordinated with any needed therapies in the ISSP, such as physical, occupational, or speech therapy. For participants with degenerative



conditions, day service activities may include training and supports to maintain skills and functioning and to slow regression, rather than acquiring new skills or improving existing skills. Day Services may also be used to provide retirement activities. As some participants get older they may no longer desire to work and may need supports to assist them in meaningful retirement activities in their communities.

Day Services must be provided in a variety of settings in the community except for the participant’s residence. Day Services may take place in stores, restaurants, libraries, parks, recreational facilities, community centers, or any other place in the community. Services must be provided in integrated community settings that meet HCBS requirements.

Transportation may be provided between a participant's place of residence and the site of day service activities or between day service activities sites (in cases where the participant receives day services in more than one place) as a component part of day services activities. Meals provided as part of these services shall not constitute a “full nutritional regimen” (3 meals per day). Personal care/assistance may be a component part of Day services as necessary to meet the need of participants, but may not comprise the entirety of the service. Participants who receive Day Services may also receive educational, supported employment, and prevocational services. Day Services may not provide for the payment of services that are vocational in nature (i.e., for the primary purpose of producing goods or performing services).

Exclusions:

Day Services may only be funded through the waiver when otherwise not available through the State Plan, Medicare, or under another waiver service category.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Adult Day Center Services/Treatment	Wis. Admin. Code § DHS 61

EMPLOYMENT

Supported Employment- Individual

Definition and Purpose:

Supported Employment – Individual is the provision of ongoing supports and services to participants who need intensive on-going support to obtain and maintain an individual job in competitive integrated employment. The outcome of this



service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

This service can be provided through different models and includes vocational/job-related discovery or assessment, participant-centered employment planning, work incentive benefits counseling, job placement, job supports, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instruction, job coaching, training and planning, asset development, career advancement services, and tools/equipment needed to work effectively. Other workplace supports include services not specifically related to job skill training, but that enable the participant to successfully integrate into the job setting.

This service also includes supports to establish or maintain self-employment, which includes aiding the participant to identify potential business opportunities; assistance in the development of a business plan, including identifying potential sources of business financing and developing a business; identification of the supports that are necessary in order for the participant to operate the business; and ongoing assistance, counseling and guidance once the business has been launched. The cost of transportation for a participant to get to and from a supported employment site may be included in the reimbursement paid to the supported employment provider, or may be covered and reimbursed under specialized transportation, but not both. All providers of transportation shall ensure that the provider qualifications for specialized transportation are met.

Personal Care provided to a participant by their personal care worker during the receipt of supported employment services may be included in the reimbursement paid to the supported employment provider, or may be covered and reimbursed under personal care, but not both. All providers of personal care shall ensure that the provider qualifications for personal care are met.

Exclusions:

This service category excludes the following:

- Supports for the performance of volunteer work;
- Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment;
- Payment for supervision, training, support and adaptations typically available to other non-disabled workers filling similar positions in the business; and
- Services provided in facility-based work settings or other types of vocational services furnished in specialized facilities that are not part of general community work places.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is afforded the option of exercising employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers.

Similarly to agency providers, participant-hired workers must meet the qualifications outlined below.

For more information on participant employer authority, refer to the IRIS Policy Manual.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
PHW	Participant-hired worker	<p>Participants assure that providers have the ability and qualifications to provide this service, including a minimum of two years of experience with the target population in providing this service or similar services.</p> <p>Providers should meet National APSE’s Supported Employment Competencies relevant to the particular aspect(s) of supported employment being provided.</p> <p>For self-employment, providers must have knowledge of the unique needs/preferences of the participant and knowledge of self-employment best practices.</p> <p>In addition, the provider must comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA).</p>
Organization	Supported Employment Agency	<p>Providers must meet National APSE’s Supported Employment Competencies relevant to particular aspect(s) of supported employment being provided.</p> <p>For self-employment, providers must have knowledge of the unique needs/preferences of the participant and knowledge of self-employment best practices.</p> <p>The provider must comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA).</p>

Supported Employment- Group

Definition and Purpose:

Supported Employment - Group are services and training activities provided in regular business, industry and community settings for group of two (2) to eight (8) workers receiving supported employment. Supported employment must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities. The outcome of this service is sustained paid employment and work experience leading to further



career development and individual integrated community-based employment for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

This service includes vocational/job-related discovery or assessment, participant-centered employment planning, benefits support, job placement, job supports, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instruction, job coaching, training and planning, asset development, career advancement services, and tools/equipment needed to work effectively. Other workplace supports include services not specifically related to job skill training, but that enable the waiver participant to successfully integrate into the job setting.

The cost of transportation for a participant to get to and from a small group supported employment site may be included in the reimbursement paid to the supported employment provider, or may be covered and reimbursed under specialized transportation, but not both. All providers of transportation shall ensure that the provider qualifications for specialized transportation are met.

Personal care provided to a participant by their personal care worker employee during the receipt of supported employment services may be included in the reimbursement paid to the supported employment provider, or may be covered and reimbursed under personal care, but not both. All providers of personal care shall ensure that the provider qualifications for personal care are met.

Exclusions:

This service category excludes the following:

- Supports for the performance of volunteer work;
- Incentive payments made to an employer to encourage or subsidize the employer’s participation in supported employment;
- Payment for supervision, training, support, or adaptations typically available to other non-disabled workers filling similar positions in the business; and
- Services provided in facility-based work settings or other types of vocational services furnished in specialized facilities that are not part of general community work places.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.



Provider Type	Provider Title	Qualifications
Organization	Prevocational Provider, Supported Employment Agency, or Community Rehabilitation Program (CRP)	<p>Community Rehabilitation Centers (CRPs) are required to be federally identified 14(c) certificate holders through U.S. Department of Labor.</p> <p>Other providers should maintain the following credentials: Providers must meet National APSE’s Supported Employment Competencies relevant to particular aspect(s) of supported employment being provided.</p> <p>For self-employment, providers must have knowledge of the unique needs/preferences of the participant and knowledge of self-employment best practices.</p> <p>The provider must comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA).</p>

Vocational Futures Planning and Support (VFPS)

Definition and Purpose

Vocational Futures Planning and Support (VFPS) is a person-centered, team-based comprehensive employment planning and support service that provides assistance for participants to obtain, maintain, or advance in employment or self-employment/microenterprise. VFPS includes the development of an employment plan is based on:

- An individualized determination of strengths, needs; and interests;
- Analysis of the participant’s barriers to work, including an assistive technology pre-screen or in-depth assessment;
- Identification of the assets the participant brings to employment;
- Benefits analysis and support;
- Resource team coordination;
- Career exploration and employment goal validation;
- Job seeking support, with an emphasis on competitive, integrated employment opportunities; and,
- Job follow-up and long-term support.

When this service is provided, the participant’s case management record must contain activity reports, completed by the appropriate VFPS Team member(s), within thirty (30) days of completing a particular service strategy. When ongoing support is provided, monthly ongoing support reports must be completed by the provider of the ongoing support and provided to the participant.

Exclusions:

VFPS may only be covered by the waiver when not covered by the State Plan or a responsible private or public entity. Waiver funds may not be used to purchase this service if it is otherwise provided to the general public for free.



Additionally, VFPS excludes services funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1401(16 and 17)). VFPS may only be funded through the waiver when otherwise not available through the State Plan, Medicare, EPSDT (for participants ages 18-21), or a responsible private or public entity. This service may not duplicate any service that is provided under another waiver service category. Waiver funds may not be used to purchase this service if it is provided to the general public for free.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Vocational and Futures Planning Service Provider	All VFPS team members shall be qualified professionals that maintain the skills and knowledge typically acquired through the completion of an advanced degree in human services or an equivalent combination of education and experience, with ongoing training and technical assistance appropriate to their specific specialty.

Prevocational Services

Definition and Purpose:

Prevocational services are services that provide learning and work experiences, including volunteer work, where the participant can develop general, on-the-job-task-specific skills that contribute to employability within paid employment in integrated community settings. Prevocational services should be provided in the most integrated setting preferred by the participant, and may be provided in a variety of community locations. Participants receiving prevocational services must have integrated employment related goals with clearly defined benchmarks in their participant-centered services and support plan; the general habilitation activities must be designed to support such employment goals. Competitive integrated employment is considered to be the successful outcome of prevocational services.

These services should involve strategies that enable the participant to attain the highest possible wage and level of work in the most integrated setting that aligns with the participant’s interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines. These services develop and teach general skills that lead to employment including, but not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace



problem solving skills and strategies; general workplace safety and mobility training. Participants who receive prevocational services during some days or parts of days may also receive supported employment, educational, or day services at other times.

Project SEARCH is a covered service under this category.

Prevocational services occur over a defined period of time and with specific outcomes to be achieved, as determined by the participant and their IRIS consultant through an ongoing participant-centered planning process and only until integrated community employment can be obtained. Employment related outcomes are a part of the participant-centered planning process, which is a participant-directed process and must include identifying the participant's long-term employment goals. Participants must receive the necessary tools, resources, and information to make an informed decision relative to choosing supports and services, including integrated employment, to meet their employment outcomes. This must occur annually and be documented in the participant's record. If the individual has not successfully achieved and maintained integrated employment within two years, although demonstrable, reasonable and continued progress has been made, the participant and IRIS consultant determine what actions have successful or unsuccessful and develop a new action plan.

Participation in prevocational services is not a required pre-requisite for supported employment services.

Prevocational service providers offering compensated work must be in accordance with applicable Federal laws and OSHA health and safety regulations, which prohibit unpaid contract work or engaging in training that involves doing unpaid contract work.

The cost of transportation for a participant to get to and from prevocational service sites may be included in the reimbursement paid to the prevocational service provider, or may be covered and reimbursed under community transportation, but not both. All providers of transportation shall ensure that the provider qualifications for community transportation are met.

Personal care provided to a participant by their personal care worker employee during the receipt of prevocational services may be included in the reimbursement paid to the prevocational service provider, or may be covered and reimbursed under personal care, but not both. All providers of personal care shall ensure that the provider qualifications for personal care are met.

Exclusions:

This service category excludes the following:

- Services provided in sheltered workshop settings, where individuals are supervised for the primary purpose of producing goods or performing services; and
- Services that do not contribute to the participant's work experience, work skills, or work-related knowledge that leads to paid integrated employment in the community.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.



Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Prevocational Provider, Community Rehabilitation Programs (CRPs), or Supported Employment Agency	<p>Community Rehabilitation Centers (CRPs) are required to be federally identified 14(c) certificate holders through U.S. Department of Labor.</p> <p>Other providers should maintain the following credentials:</p> <ol style="list-style-type: none"> 1. Providers must adhere to 42 CFR § 440.180(c)(2)(i), including, if the participants receive prevocational services they are compensated at less than 50 % of minimum wage. 2. Services must be reviewed semi-annually to determine if progress is being made toward achieving community-based integrated employment goals and if prevocational services remain the most appropriate for the participant. 3. There shall be a direct service staff person or persons who possesses skills and knowledge that typically would be acquired through: <ol style="list-style-type: none"> a. College coursework or a bachelor’s degree in one of the human services; or b. A minimum of 2 years of academic, technical or vocational training consistent with the type of work to be supervised; or c. A minimum of 2 years of experience in a work situation related to the type of work supervised; 4. Additional staff or consultants who are knowledgeable and skilled in adapting or modifying equipment and environments, and the application of special equipment for persons with physical disabilities shall be available, as needed. 5. Prevocational Services shall include remunerative work including supervision and instruction in work tasks and observance of safety principles in a realistic work atmosphere. A realistic work atmosphere is most effectively provided within a community job site setting, whenever possible. 6. Information concerning health and special work considerations of participants is clearly communicated in writing to supervisory personnel. 7. Vocational counseling shall be available. 8. The provider must maintain provisions either within its parent organization or through cooperative agreements with the Division of Vocational Rehabilitation or other job placing agencies, for the placement of any individuals served into integrated community jobs. Individuals shall be informed of the availability of placement and supported employment services in the integrated competitive industry.

		<p>9. The provider must maintain payroll sub-minimum wage certificates and other records for each participant employed in compliance with the Fair Labor Standards Act.</p> <p>10. The provider must provide the participant with effective and accessible grievance and complaint procedures.</p> <p>11. The provider must also offer supported employment services.</p>
--	--	---

OTHER

Individual Directed Goods and Services

Definition and Purpose:

Individual Directed Goods and Services refers to services, equipment, or supplies that addresses or enhances the participant’s opportunity to achieve their long-term support need, but is not already coverable under another service category.

The service, equipment, or supply must not be captured under an exclusion of another service category. Each service, equipment, or supply selected must clearly address a long-term support need documented in the ISSP and meet the additional following requirements:

1. The participant is reasonably unable to obtain the good or service from another source; and
2. At least one of the following:
 - a. The item or service must decrease the need for other Medicaid services (Medicaid State Plan or waiver services); or
 - b. Promote or maintain inclusion in the community; or
 - c. Increase or maintain the participant’s safety in the home environment.

Individual Directed Goods and Services are purchased from the participant-directed budget. Any service, equipment or supply included under this service definition is subject to review by the DHS, prior to service authorization and utilization.

Exclusions:

Experimental or prohibited treatments are excluded.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is afforded the option of exercising employer authority under this service category. This means that the participant may function as the common law employer or co-employer of individual employees called participant-hired workers. This relationship only pertains to participant-hired workers and does not apply to agency providers.

Similarly to agency providers, participant-hired workers must meet the qualifications outlined below.

For more information on participant employer authority, refer to the IRIS Policy Manual.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider



to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
PHW	Participant-hired worker	Meets applicable industry standards.
Organization	Home Health Care Agency, Supportive Home Care Agency, Aging Network Agency, Education and Training Agency, or Other Merchants or Contractors	Meets applicable industry standards.

Support Broker Services

Definition and Purpose:

A support broker is an individual who assists participants to fulfill identified long-term care needs and outcomes by providing the participant with flexible and individualized support.

Support brokers must be knowledgeable of the IRIS program, of the typical kinds of needs of persons in the participant’s target group, and of other local community-integrated services and resources available to the participant. The participant and the IRIS consultant agencies are responsible to assure that a support broker selected by the participant has the appropriate knowledge.

Support brokers are subject to criminal background checks and must be independent of any other waiver service provider.

Exclusions:

Participant employer authority and budget authority responsibilities may not be delegated to this service. This service may not duplicate services otherwise provided through the Medicaid State Plan or provided under another waiver service category including ICA services or FEA Services.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Individual	Individual Support Broker	An individual may be considered a qualified support broker only when they demonstrate adequate knowledge of the unique needs/preferences of the participant and the participant’s specific target group, and they have knowledge of the local service delivery system and local resources available to the participant. The participant can decide the amount and type of training they require of the Support Broker.
Organization	Support Broker Agency	An individual may be considered a qualified support broker only when they demonstrate adequate knowledge of the unique needs/preferences of the participant and the participant’s specific target group, and they have knowledge of the local service delivery system and local resources available to the participant. The participant can decide the amount and type of training they require of the support broker.

Home Modifications

Definition and Purpose:

Home modifications are physical adaptations to the private residence of a participant or participant’s family that ensure the health, welfare, and safety of the participant and enable the participant to function with greater independence in the home. These are generally permanent fixtures and/or changes to the physical structure of the home. This service category also includes cost of materials, services, permits and inspections, maintenance, and extended warranties necessary for a home modification.

Home modifications and services include:

- Accessible alerting systems for smoke/fire/carbon monoxide;
- Adaptive door bells, locks, and/or security items, systems, or devices;
- Adaptive lighting;
- Bathroom adaptations for bathing, showering, toileting, and personal care needs;
- Cameras;
- Fences;
- Flush entries and leveled thresholds;
- Heating, cooling, or ventilation systems;
- Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the health, welfare, and safety of the participant;
- Kitchen counter, sink, and other cabinet modifications (including brackets for appliances);
- Outside railing to safely access the home;
- Plumbing or electrical adaptations related to approved modifications;
- Raised electrical switches and sockets;
- Ramps from street, sidewalk, or house;
- Slip-resistant flooring;
- Stair gliders and stair lifts;

- Surface protection;
- Swing-clear and expandable offset door hinges;
- Track lift systems;
- Vertical lifts; and
- Widened doorways, landings, and hallways.

Modifications not specifically described above may be covered if approved by the DHS.

Acquisition of all modifications, including use of independent assessments, is subject to program policy consistent with this service definition. All modifications are required to comply with applicable local and state housing or building codes and are subject to any inspection required by the municipality responsible for administration of the codes.

Modifications may be made up to 180 days prior to leaving the institutional setting and enrolling in the waiver but cannot be paid for until the participant is enrolled with a plan start date.

Exclusions:

This service category excludes modifications:

- That are of general home maintenance and upkeep and are not specifically related to home modifications;
- Made to living arrangements that are owned or leased by agency providers of other waiver services;
- That do not meet standards of manufacture, design, and installation; and
- That add to the total square footage of the home, except when necessary to complete a modification and shown to be the most cost effective option.

Home modifications may only be funded through the waiver when otherwise not available through the State Plan, Medicare, EPSDT (for participants ages 18-21), or a responsible private or public entity. This service may not duplicate any service that is provided under another waiver service category. Waiver funds may not be used to purchase this service if it is provided to the general public for free.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Carpenters, Electrical Contractors, Electricians, Elevator Contractors, General/Dwelling Contractor, HVAC Contractor, Plumbers, Professional Engineers	Providers must meet licensure, certification, registration, and/or other standard requirements as specified by industry standards and state statute.
Individual	Carpenter, Electrical Contractor, Electrician, Elevator Contractor, General/Dwelling Contractor, HVAC Contractor, Plumber, Professional Engineers	Providers must meet licensure, certification, registration, and/or other standard requirements as specified by industry standards and state statute.

Vehicle Modifications

Definition and Purpose:

Vehicle modifications are physical adaptations to the vehicle that is the participant's primary means of transportation. Vehicle modifications accommodate the specialized needs of a participant and enable the participant to function with greater independence in the community. This service category also includes the cost of materials, services, inspections, maintenance, and extended warranties necessary for a vehicle modification.

Vehicle modifications and services include:

- Customized devices necessary for the participant to be transported safely in the community, including tie-downs and wheelchair docking systems;
- Driver control devices, including hand controls and pedal adjusters;
- Inspections required for a modification;
- Interior alterations to seats, head and leg rests, and belts;
- Modifications needed to accommodate a participant's sensitivity to sound, light or other environmental conditions;
- Portable ramps when the sole purpose of the ramp is for the participant to access the vehicle;
- Raising the roof or lowering the floor to accommodate wheelchairs;
- Vehicular lifts, platforms, carriers, and curbsiders.

Modifications not specifically described above may be included if approved by the DHS.

Acquisition of all modifications, including use of independent assessments, is subject to program policy consistent with this service definition. All vehicle modifications must meet all the applicable standards of manufacture, safety, design and installation such as Underwriters Laboratory and Federal Communication Commission.

Exclusions:

This service category excludes:

- Modifications to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the individual;
- Modifications to vehicles that are owned or leased by agency providers of waiver services;
- Modification costs that exceed the value of the vehicle to be modified;

- Purchase or lease of a vehicle, (however, this service category can be used to fund the portion of a new or used vehicle purchase that directly relates to the cost of accessibility adaptations;) and
- Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications.

Vehicle modifications may only be funded through the waiver when otherwise not available through the State Plan, Medicare, EPSDT (for participants ages 18-21), or a responsible private or public entity. This service may not duplicate any service that is provided under another waiver service category.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Motor Vehicle Modifier	Providers must be: <ul style="list-style-type: none"> • Registered as a “vehicle modifier” with the National Highway Traffic Safety Administration (49 CFR 595.6); • Meet requirements outlined in 49 CFR section 595.7; and • Install equipment according to the manufacturer’s requirements and instructions.

SUPPORTS FOR SELF-DIRECTION

IRIS Consultant Services

Definition and Purpose:

IRIS consultant services are resources, information, and services provided to the participant and/or legal representative by an IRIS consultant agency (ICA) to assist the participant and/or legal representative in identifying immediate and long-term needs and outcomes, developing options to meet those needs and outcomes, and to gain access to needed waiver and other State plan services and supports. Additionally, the participant and/or legal representative is also assisted to gain access to other identified medical, social, rehabilitation, vocational, educational, and other services as needed, regardless of the funding source for the services to which access is gained.



To assist the participant and/or legal representative with IRIS consultant services, ICA staff carries out activities which include:

- Providing comprehensive IRIS program orientation and skills training regarding self-direction, provider and participant-hired worker selection, and participant spending and individual budget management;
- Providing assistance with regards to the self-directed planning process and its application;
- Creation and long-term maintenance of the participant Individual Support and Service Plan (ISSP) and associated service authorizations;
- Monitoring and effectively assuring participant health and welfare;
- Performance, as needed, of routine level of care re-evaluations and maintenance of long-term care and Medicaid eligibility;
- Explanation of participant rights and the appeals and grievance processes;
- Facilitating the liaison between the participant and/or legal representative and the participant's financial management services provider;
- Providing insights to the participant about problem solving, conflict resolution, hiring, managing, and terminating participant-hired workers; and
- Recognizing, remediating, and reporting critical events.

Exclusions:

Except Indian Health Care Providers (IHCP), all providers of IRIS consultant services cannot also provide other Wisconsin long-term care HCBS waiver services to the same participant. IRIS consultant services does not include direct coordination of services or the hiring, management, scheduling, training, or termination of participant-hired workers or other service providers. This service may not duplicate services otherwise provided through the Medicaid State Plan or provided under another waiver service category.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Indian Health Care Provider (IHCP)	Indian Health Care Provider as defined by the American Recovery and Reinvestment Act of 2009
Organization	IRIS Consultant Agency (ICA)	Providers must first be certified by the State Medicaid Agency as fiscal employer agents. Once certified, fiscal employer agents must have a current contract with the State Medicaid Agency.



Fiscal Employer Agent Services

Definition and Purpose:

Fiscal employer agent services are financial management services provided to all participants by fiscal employer agents. Fiscal employer agents assist the participant and/or legal representative to exercise employer authority by facilitating employment of participant-hired workers by the participant, or common law employer.

As the participant's employer agent, the responsibilities performed include:

- Assistance with completion of required documentation for newly hired workers including verification of citizenship or legal authority to work status and all other federal and state requirements,
- Verification that workers and other providers selected by the participant meet program provider qualifications including reviewing criminal and caregiver history and ensuring Medicaid provider agreements are signed and maintained,
- Collection and processing of worker timesheets consistent with the participant's ISSP, and
- Operation of a payroll service including withholding garnishments and taxes from workers' pay, providing workers' compensation insurance, filing and paying federal and state taxes, utilizing a DHS-approved EVV system to evaluate and provide service compensation (for applicable services), and distribution of payroll checks.

Fiscal employer agents also assist the participant and/or legal representative to exercise budget authority by managing and directing the disbursement of funds contained in the participant's budget. This includes:

- Tracking of the participant's budget and expenditure activity,
- Receipt and disbursement of funds for the payment of waiver services authorized in the participant's ISSP, including the processing and payment of invoices for goods and services, and
- Preparation and provision of periodic reports on budget and expenditure activity to the participant, the DHS, and other entities specified by the DHS.

Fiscal employer agents also assist the participant to maintain enrollment by collecting required IRIS participant Medicaid post eligibility cost share payments, when applicable.

Exclusions:

Fiscal employer agent services do not include the recruitment, training and supervision of workers, and provision of emergency backup staff. This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan. Fiscal employer agents cannot also provide any other Wisconsin long-term care waiver service to the same participant.

Limits on the Amount, Frequency, or Duration:

None

Participant Employer Authority:

The participant is not afforded employer authority for this service category.

Provider Types and Qualifications:

To be selected and paid for providing IRIS services, providers must demonstrate they meet the specified qualifications at the time of service provision. Participants may further specify additional qualifications and/or requirements for a provider



to meet. Unless otherwise specified, verification of provider qualifications is done prior to service provision and annually thereafter, if applicable.

Provider Type	Provider Title	Qualifications
Organization	Fiscal Employer Agent	Providers must first be certified by the State Medicaid Agency as fiscal employer agents. Once certified, fiscal employer agents must have a current contract with the State Medicaid Agency.

APPENDIX A: SERVICE CODE QUICK REFERENCE GUIDE

This guide includes the service description, unit type, code, and any applicable modifiers for each service category described in this manual.

Service Codes: This section details applicable service code information:

Service/Good	Code	Modifier	SPC Code	Provider Type
This is a detailed description of the service that includes the type of service and how the service unit is coded for billing (for example, daily, each, 15 minutes, hourly.)	The code is the claim billing code that the service must be billed under and must be submitted on the claim.	The modifier is additional claim billing code information that must be attached.	This code is submitted with the encounter claim and is a state-defined code used for service categorization and grouping.	This refers to what type of provider the code and long service description is applicable. <ul style="list-style-type: none"> • ORG = Provider-organization or vendor. • PHW = Participant-Hired Worker

NOTE ABOUT REMOTE SERVICE CODES:

Remote service codes are included in this appendix with the unique modifier of “95.” **Remote service codes will not be in effect until January 1, 2022.**

LIVING SITUATION

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
1-2 Bed Adult Family Home Service (Daily)	00240				202.11	ORG
3-4 Bed Adult Family Home Service (Daily)	00241				202.22	ORG
Residential Care Apartment Complex (RCAC) Service Fee (Daily)	00670				711.02	ORG
Housing Counseling Service (Hourly)	T2013	UD			610.00	ORG
Housing Counseling Service Remote (Hourly)	T2013	UD	95		610.00	ORG
Relocation - Community Transition Services (Each)	T2038				106.03	ORG

SUPPORT

Supportive Home Care

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Chore Service Supportive Home Care Non Live-in (15 minutes)	S5120	U1			104.24	PHW
Routine Supportive Home Care Non Live-in (15 minutes)	S5125	U1			104.23	PHW



Routine Supportive Home Care Non Live-in (15 Minutes) (EVV Live-in)	S5125	U1	KX		104.23	PHW
Routine Supportive Home Care Non Live-in Remote (15 minutes)	S5125	U1	95		104.23	PHW
Companion Supportive Home Care Non Live-in (15 minutes)	S5135	U1			104.17	PHW
Companion Supportive Home Care Non Live-in Remote (15 minutes)	S5135	U1	95		104.17	PHW
Routine Supportive Home Care Service Live-in (15 minutes)	S5125	KX			104.23	PHW
Routine Supportive Home Care Service Live-in (15 minutes) (EVV Non Live-In)	S5125				104.23	PHW
Companion Supportive Home Care Live-in (15 minutes)	S5135	KX			104.17	PHW
Chore Service Supportive Home Care Live-in (15 minutes)	S5120	KX			104.24	PHW
Chore Service Supportive Home Care Non Live-in Remote (15 minutes)	S5120	U1	95		104.24	PHW
Chore Service Supportive Home Care (15 minutes)	S5120				104.24	ORG
Chore Service Supportive Home Care Remote (15 minutes)	S5120	95			104.24	ORG
Routine Supportive Home Care (15 minutes)	S5125				104.23	ORG
Routine Supportive Home Care Remote (15 minutes)	S5125	95			104.23	ORG
Companion Supportive Home Care (15 minutes)	S5135				104.17	ORG
Companion Supportive Home Care Remote (15 minutes)	S5135	95			104.17	ORG
Routine Supportive Home Care Service (Daily)	S5126				104.13	ORG
Routine Supportive Home Care Service Remote (Daily)	S5126	95			104.13	ORG
Routine Supportive Home Care Service (Daily)(EVV Live-in)	S5126	KX			104.13	ORG
Routine Attendant Supportive Home Care Service (Nightly)	S5131	UJ			104.10	ORG
Routine On-Call Attendant Supportive Home Care Service (Daily)	S5131	UD			104.10	ORG
Routine Special Payment Rate for Attendant Supportive Home Care (Each)	S5131	TV			104.10	ORG
Routine Attendant Supportive Home Care Service Remote (Nightly)	S5131	UJ	95		104.10	ORG
Companion On-Call Companion Supportive Home Care Service (Daily)	S5136	UD			104.17	ORG
Companion Supportive Home Care Service (Nightly)	S5136	UJ			104.17	ORG
Companion Supportive Home Care Service Remote (Nightly)	S5136	UJ	95		104.17	ORG
Chore Service Supportive Home Care (Each)	S5121	U7			104.14	ORG
Chore Service Supportive Home Care Remote (Each)	S5121	U7	95		104.14	ORG

Medication Reminder Service, Non-Face to Face (Monthly)	S5185				112.46	ORG
Overtime for Chore Service Supportive Home Care (15 minutes)	S5120	TU			104.24	PHW
Overtime for Chore Service Supportive Home Care Remote (15 minutes)	S5120	TU	95		104.24	PHW
Overtime for Companion Supportive Home care (15 minutes)	S5135	TU			104.17	PHW
Overtime for Companion Supportive Home care Remote (15 minutes)	S5135	TU	95		104.17	PHW
Overtime for Routine Supportive Home Care (15 minutes)	S5125	TU			104.23	PHW
Overtime for Routine Supportive Home Care Remote (15 minutes)	S5125	TU	95		104.23	PHW
Retainer Payment for Chore Service Supportive Home Care (medical reason) (Each)	S5121	CG			104.14	PHW
Retainer Payment for Companion Supportive Home Care (medical reason) (Each)	S5136	CG			104.17	PHW
Retainer Payment for Routine Supportive Home Care Service (Medical Reason) (Each)	S5126	CG			104.13	PHW
Retainer Payment for Chore Service Supportive Home Care (non-medical reason) (Each)	S5121	CG	UC		104.14	PHW
Retainer Payment for Companion Supportive Home Care (non-medical reason) (Each)	S5136	CG	UC		104.17	PHW
Retainer Payment for Routine Supportive Home Care Service (Non-Medical Reason) (Each)	S5126	CG	UC		104.13	PHW
Community Involvement Support Reimbursement (Each)	S5121	UN			104.14	PHW

Daily Living Skills Training

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Daily Living Skills Training Non Live-In (15 minutes)	T2017	U1			110.00	PHW
Daily Living Skills Training Non Live-In Remote (15 minutes)	T2017	U1	95		110.00	PHW
Daily Living Skills Training Live-In (15 minutes)	T2017				110.00	PHW
Daily Living Skills Training Live-In (15 minutes)	T2017	KX			110.00	PHW
Daily Living Skills Training (15 minutes)	T2017				110.00	ORG
Daily Living Skills Training Remote (15 minutes)	T2017	95			110.00	ORG
Daily Living Skills Training Service (Daily)	T2012				110.00	ORG
Daily Living Skills Training Service Remote (Daily)	T2012	95			110.00	ORG

Overtime for Daily Living Skills Training (15 Minutes)	T2017	TU	U1		110.00	PHW
Overtime for Daily Living Skills Training Remote (15 Minutes)	T2017	TU	U1	95	110.00	PHW

Respite

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Respite in Other Setting Non Live-in (15 minutes)	T1005	U1			103.99	PHW
Respite in Other Setting Non Live-in Remote (15 minutes)	T1005	U1	95		103.99	PHW
Respite in Participants Home Non Live-in (15 minutes)	T1005	U1			103.26	PHW
Respite in Participants Home Non Live-in Remote (15 minutes)	T1005	U1	95		103.26	PHW
Respite in Other Setting Live-in (15 minutes)	T1005	KX			103.99	PHW
Respite in participants home Live-in (15 minutes)	T1005	KX			103.26	PHW
Respite in Participants Home (15 minutes)	T1005				103.26	ORG
Respite in Participants Home Remote (15 minutes)	T1005	95			103.26	ORG
Respite in Other Setting (15 minutes)	T1005				103.99	ORG
Respite in Other Setting Remote (15 minutes)	T1005	95			103.99	ORG
Respite Service in participants home (Nightly)	S9125	UJ			103.26	ORG
Respite Service in participants home Remote (Nightly)	S9125	UJ	95		103.26	ORG
Residential Respite / Substitute Care Service (Hourly)	00669				103.22	ORG
Residential Respite / Substitute Care Service (Daily)	00663				103.22	ORG
Respite Service Provided in Other Setting (Daily)	H0045				103.99	ORG
Respite Service Provided in other setting (Nightly)	H0045	UJ			103.99	ORG
Respite Service Provided in other setting Remote (Nightly)	H0045	UJ	95		103.99	ORG
Special Payment Rate for Respite provided in other setting (Holidays/weekends)(Each)	H0045	TV			103.99	ORG
Special Rate for Respite in Participants Home (Holidays and Weekends)(Each)	S9125	TV			103.26	ORG
Respite Service in participants home (Daily)	S9125				103.26	ORG
Respite Service in participants home Remote (Daily)	S9125	95			103.26	ORG
Overtime for Respite in participants home (15 minutes)	T1005	TU			103.26	PHW

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Overtime for Respite in participants home Remote (15 minutes)	T1005	TU	95		103.26	PHW
Overtime for Respite provided in other setting (15 minutes)	T1005	TU			103.99	PHW
Overtime for Respite provided in other setting Remote (15 minutes)	T1005	TU	95		103.99	PHW

IRIS Self-Directed Personal Care

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
IRIS Self-Directed Personal Care Services Live-in (15 Minutes)	T1019	KX			105.32	PHW
IRIS Self-Directed Personal Care Services Live-in (15 Minutes) (EVV Non Live-in)	T1019				105.32	PHW
IRIS Self-Directed Personal Care Services Non Live-in (15 Minutes)	T1019	U1			105.32	PHW
IRIS Self-Directed Personal Care Services Non Live-in (15 minutes)	T1019	U1	KX		105.32	PHW
IRIS Self-Directed Personal Care Services (15 Minutes)	T1019				105.32	ORG
SDPC RN Authorized Personal Protective Equipment (Each)	T1020				105.32	ORG

Live-In Caregiver

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Lodging Expenses for Live-in Caregiver (Daily)	S9976				104.88	PHW
Meals Expense for Live-in Caregiver (Daily)	S9977				401.00	PHW

Nursing Services

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Nursing Services provided by RN (Hourly)	S9123				710.00	ORG
Nursing Services provided by RN (Daily)	T1030				710.00	ORG
Nursing Services provided by LPN (Hourly)	S9124				710.00	ORG
Nursing Services provided by LPN (Daily)	T1031				710.00	ORG

Training Services for Unpaid Caregivers

Service Codes



Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Training Services for Unpaid Caregivers (Each)	S5116	HS			113.20	ORG
Training Services for Unpaid Caregivers Remote (Each)	S5116	HS	95		113.20	ORG
Training Services for Unpaid Caregivers (15 Minutes)	S5115	HS			113.20	ORG
Training Services for Unpaid Caregivers Remote (15 Minutes)	S5115	HS	95		113.20	ORG

Consultative Clinical and Therapeutic Services for Caregivers

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Consultative Clinical and Therapeutic Services for Caregivers (Family Member) (Each)	S5111	UK			113.10	ORG
Consultative Clinical and Therapeutic Services for Caregivers (Non-Family Member) (Each)	S5116	UK			113.10	ORG
Consultative Clinical and Therapeutic Services for Caregivers (Family Member) (15 Minutes)	S5110	UK			113.10	ORG
Consultative Clinical and Therapeutic Services for Caregivers (Non Family) (15 Minutes)	S5115	UK			113.10	ORG

Specialized Transportation

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Community Transportation (Miles)	S0215	RI			107.21	PHW
Community Transportation Trip (Each)	T2003	RI			107.20	ORG
Community Transportation Trip or Pass for Participant's Attendant (Each)	T2001	RI			107.20	ORG
Community Transportation Pass (Each)	T2004	RI			107.20	ORG
Community Transportation (Miles)	S0215	RI			107.21	ORG

Home Delivered Meals

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Home Delivered Meal Cost (Each)	S5170				402.00	ORG

AIDS, EQUIPMENT, AND SUPPLIES

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Purchase of Assistive Technology (Each)	T2028	UN			112.99	ORG

Purchase of Assistive Technology Remote (Each)	T2028	UN	95		112.99	ORG
Purchase of Used Assistive Technology (Each)	T2029	UN			112.58	ORG
Purchase of Used Assistive Technology Remote (Each)	T2029	UN	95		112.58	ORG
Purchase of Specialized Medical Supplies (Each)	T2028				112.99	ORG
Purchase of Specialized Medical Supplies Remote (Each)	T2028	95			112.99	ORG
Purchase of Specialized Medical Equipment (Each)	T2029				112.58	ORG
Purchase of Specialized Medical Equipment Remote (Each)	T2029	95			112.58	ORG
Purchase of Electronic Medication Management Device (Each)	T1505				112.55	ORG
Purchase of Electronic Medication Management Device Remote (Each)	T1505	95			112.55	ORG
Rental of Electronic Medication Management Device (Each)	T1505	RR			112.55	ORG
Installation of Electronic Medication Compliance Management (Each)	T2038	U5			112.55	ORG
Ongoing Telephone line costs for Medication Compliance Management (Each)	T2035	U5			112.55	ORG
Purchase of Communication Aid (Each)	E1399				112.47	ORG
Purchase of Communication Aid Remote (Each)	E1399	95			112.47	ORG
Interpreter Service Expense (Each)	T1013				112.47	ORG
Interpreter Service Expense Remote (Each)	T1013	95			112.47	ORG
Installation and Test Fee for Personal Emergency Response System (PERS) (Each)	S5160				112.46	ORG
Monthly Service Fee for Personal Emergency Response System (PERS) (Monthly)	S5161				112.46	ORG
Monthly Service Fee for Personal Emergency Response System Remote (PERS) (Monthly)	S5161	95			112.46	ORG
One time Purchase of Personal Emergency Response System (Each)	S5162				112.46	ORG
One time Purchase of Personal Emergency Response System Remote (Each)	S5162	95			112.46	ORG
Installation and Testing Fees for Electronic Support Equipment (video, movement, sound) (Each)	S5160				112.46	ORG
Installation and Testing Fees for Electronic Support Equipment Remote (video, movement, sound) (Each)	S5160	95			112.46	ORG

TREATMENT RELATED

Counseling and Therapeutic Services

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Counseling and Therapeutic Service (Hourly)	99429				507.03	ORG
Counseling and Therapeutic Service Remote (Hourly)	99429	95			507.03	ORG
Counseling and Therapeutic Session Expense (Each)	T1999				507.04	ORG
Counseling and Therapeutic Session Expense remote (Each)	T1999	95			507.03	ORG
Counseling and Therapeutic Day Camp (Daily)	T2037	U9			103.99	ORG
Counseling and Therapeutic Day Camp Remote (Daily)	T2037	U9	95		103.99	ORG
Recreation/Community Day Camp (Daily)	T2037				103.99	ORG
Recreation/Community Day Camp Remote (Daily)	T2037	95			103.99	ORG
Counseling and Therapeutic Service in an Overnight Camp (Each)	T2036				103.99	ORG
Counseling and Therapeutic Service in an Overnight Camp Remote (Each)	T2036	95			103.99	ORG
Behavior Treatment Therapy (15 Minutes)	H0004				507.19	ORG
Behavior Treatment Therapy Remote (15 Minutes)	H0004	95			507.19	ORG
Alternative Therapy Session (Each)	S8990				507.99	ORG
Alternative Therapy Session Remote (Each)	S8990	95			507.99	ORG
Massage Therapy (15 Minutes)	97124				507.11	ORG
Massage Therapy Remote (15 Minutes)	97124	95			507.11	ORG
Occupational Therapy in the Participants Home (Daily)	S9129				507.12	ORG
Occupational Therapy in the Participants Home Remote (Daily)	S9129	95			507.12	ORG
Physical therapy in the home (Daily)	S9131				507.11	ORG
Physical therapy in the home Remote (Daily)	S9131	95			507.11	ORG
Nutritional Counseling Session (Each)	S9470				507.14	ORG
Nutritional Counseling Session Remote (Each)	S9470	95			507.14	ORG
Speech Therapy Session (Each)	92507				507.13	ORG
Speech Therapy Session Remote (Each)	92507	95			507.13	ORG
Weight Management Counseling Session (Each)	S9449				507.99	ORG
Weight Management Counseling Session Remote (Each)	S9449	95			507.99	ORG
Fitness Class (Each)	S9451				403.03	ORG
Fitness Class Remote (Each)	S9451	95			403.03	ORG
Health Club Membership Fee (Annual)	S9970	U2			403.03	ORG
Initial Health Club Membership Fee (Each)	S9970	U3			403.03	ORG

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Health Club Membership Fee (Monthly)	S9970	U1			403.03	ORG
Annual Health Club Membership Fee (Each)	S9970	U2			403.03	ORG

Participant Education and Training

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Consumer Education and Training Individual Session (Each)	S9445				113.00	ORG
Consumer Education and Training Group Session (Each)	S9446				113.00	ORG

DAY SERVICES

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Adult Day Care (15 Minutes)	S5100				102.00	ORG
Adult Day Care Service (Daily)	S5102				102.00	ORG
Adult Day Care Specialized Service (Daily)	S5105				102.00	ORG
Adult Day Care Specialized Services (15 Minutes)	S5105	U8			102.00	ORG
Community-Based Day Services (15 Minutes)	T2021	UA			706.00	ORG
Community-Based Day Services Remote (15 Minutes)	T2021	UA	95		706.00	ORG
Facility-Based Day Services (15 Minutes)	T2021	UB			706.00	ORG
Facility-Based Day Services Remote (15 Minutes)	T2021	UB	95		706.00	ORG
Community-Based Day Service (Daily)	T2020	UA			706.00	ORG
Community-Based Day Service Remote (Daily)	T2020	UA	95		706.00	ORG
Facility-Based Day Service (Daily)	T2020	UB			706.00	ORG
Facility-Based Day Service Remote (Daily)	T2020	UB	95		706.00	ORG

EMPLOYMENT

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Supported Employment in Integrated Setting Non Live-in (1-2 Persons) (15 minutes)	T2019	UN	U1		615.00	PHW
Supported Employment in Integrated Setting Non Live-in Remote (1-2 Persons) (15 minutes)	T2019	UN	U1	95	615.00	PHW
Supported Employment in Integrated Setting Live-in (1-2 Persons) (15 minutes)	T2019	UN			615.00	PHW

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Supported Employment in Integrated Setting Live-in Remote (1-2 Persons) (15 minutes)	T2019	UN	95		615.00	PHW
Supported Employment in Integrated Setting (1-2 person) (15 minutes)	T2019	UN			615.00	ORG
Group Supported Employment (3-8 Persons) (15 Minutes)	T2019	UP			615.00	ORG
Group Supported Employment Remote (3-8 Persons) (15 Minutes)	T2019	UP	95		615.00	ORG
Group Supported Employment (3-8 Persons) (Each)	T2018	U7	UP		615.00	ORG
Group Supported Employment Remote (3-8 Persons) (Each)	T2018	U7	UP	95	615.00	ORG
Supported Employment in Integrated Setting (1-2 Persons) (Each)	T2018	U7	UN		615.00	ORG
Supported Employment in Integrated Setting Remote (1-2 Persons) (Each)	T2018	U7	UN	95	615.00	ORG
Supported Employment in Integrated Setting (1-2 Persons) (Daily)	T2018	UN			615.00	ORG
Supported Employment in Integrated Setting Remote (1-2 Persons) (Daily)	T2018	UN	95		615.00	ORG
Group Supported Employment (3-8 Persons) (Daily)	T2018	UP			615.00	ORG
Group Supported Employment Remote (3-8 Persons) (Daily)	T2018	UP	95		615.00	ORG
Work Incentive Benefits Counseling Session (Each)	T2018	U6			615.00	ORG
Work Incentive Benefits Counseling (15 Minutes)	T2019	U6			615.00	ORG
Work Incentive Benefits Counseling Group Session (3-8 Persons) (15 Minutes)	T2019	U6	UP		615.00	ORG
Work Incentive Benefits Counseling Group Session (3-8 Persons) (Each)	T2018	U6	U7	UP	615.00	ORG
Vocational Futures Planning Service (15 Minutes)	T2038	HJ	U8		114.00	ORG
Vocational Futures Planning Service Remote (15 Minutes)	T2038	HJ	U8	95	114.00	ORG
Vocational Futures Planning Service (Each)	T2038	HJ	U9		114.00	ORG
Vocational Futures Planning Service Remote (Each)	T2038	HJ	U9	95	114.00	ORG
Community-Based Prevocational Service (15 Minutes)	T2015	U8	UA		108.10	ORG
Community-Based Prevocational Service Remote (15 Minutes)	T2015	U8	UA	95	108.10	ORG
Facility-Based Prevocational Service (15 Minutes)	T2015	U8	UB		108.10	ORG
Facility-Based Prevocational Service Remote (15 Minutes)	T2015	U8	UB	95	108.10	ORG
Community-Based Prevocational Service (Daily)	T2014	U7	UA		108.10	ORG

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Community-Based Prevocational Service Remote (Daily)	T2014	U7	UA	95	108.10	ORG
Facility-Based Prevocational Services (Each)	T2014	U7	UB		108.10	ORG
Facility-Based Prevocational Services Remote (Each)	T2014	U7	UB	95	108.10	ORG
Project SEARCH Program Fee (15 Minutes)	T2015	HB	U8		108.10	ORG
Project SEARCH Program Fee Remote (15 Minutes)	T2015	HB	U8	95	108.10	ORG
Project SEARCH Program Fee (Hourly)	T2015	HB			108.10	ORG
Project SEARCH Program Fee Remote (Hourly)	T2015	HB	95		108.10	ORG
Project SEARCH Program Fee (Each)	T2014	HB	U7		108.10	ORG
Project SEARCH Program Fee Remote (Each)	T2014	HB	U7	95	108.10	ORG
Project SEARCH Program Fee (Days)	T2014	HB			108.10	ORG
Project SEARCH Program Fee Remote (Days)	T2014	HB	95		108.10	ORG
Facility-Based Prevocational Service (Daily)	T2014	U7	UB		108.10	ORG
Facility-Based Prevocational Service Remote (Daily)	T2014	U7	UB	95	108.10	ORG
Overtime for Supported Employment in Integrated Setting (1-2 persons) (15 Minutes)	T2019	UN	TU		615.00	PHW

OTHER

Service Codes

Service/Good	Code	Modifier 1	Modifier 2	Modifier 3	SPC Code	Provider Type
Individual Directed Goods and Services (Each)	T5999				109.00	ORG
Individual Directed Goods and Services Remote (each)	T5999	95			109.00	ORG
Individual Directed Goods and Services (each)	T5999				109.00	PHW
Individual Directed Goods and Services Remote (each)	T5999	95			109.00	PHW
Support Broker Services (15 Minutes)	T2041				619.00	ORG
Support Broker Services Remote (15 Minutes)	T2041	95			619.00	ORG
Home Modification (Each)	S5165				112.56	ORG
Vehicle Modification (Each)	T2039				112.57	ORG
Accessibility Assessment (Invoice only – FEA use)	97755				999.00	ORG