





Tell Me More About... IRIS

What is IRIS?

IRIS—which stands for Include, Respect, I Self-Direct—is a program that allows you to direct your own services and supports. IRIS recognizes that you are the decision-maker in your life, including determining your daily activities and the types of support or assistance you need to meet your long-term care needs. IRIS is grounded in the core values of self-determination. These values include:

- Freedom to decide how you want to live your life.
- Authority over your individualized budget.
- Support to organize resources in ways that are life enhancing and meaningful to you.
- Responsibility for your planned use of public funds.
- Recognition of the contribution you make to your community.
- Confirmation of the important role of self-advocacy.

How does IRIS work?

Overview

Self-directing your long-term care services offers you a way to select and manage the services and supports that best meet your individual needs and goals. In IRIS, you are expected to manage an individualized budget that is based on your unique needs. As a participant in the IRIS program you will select your own providers for the services, supports, and goods that meet your long-term care goals and outcomes. IRIS participants are expected to manage their individualized budgets and stay within the approved service authorization.

People who live in a community-based residential facility (CBRF) or nursing home are not eligible for IRIS while living in those settings.

You are responsible for purchasing services within an individualized budget amount.

The amount of funding available for your plan will be determined by the results of a tool called the Long-Term Care Functional Screen (LTCFS). A worker at the aging and disability resource center (ADRC)







The service plan will be developed using a person-centered process that builds on your preferences, choices, and abilities.

or a tribal aging and disability resource specialist (ADRS) will ask you questions about your abilities, strengths, and needs. The worker will enter your information into the LTCFS to determine your functional eligibility.

The information collected in the LTCFS will determine your budget estimate. The budget estimate represents the funds available to create your individual IRIS plan to meet your long-term care needs. Your IRIS consultant agency (ICA) will provide and discuss the budget estimate with you, help you develop your IRIS plan, and provide expertise and support to ensure that your long-term needs will be met. If your budget estimate amount does not cover all of your long-term care service needs, your ICA will assist you in identifying additional ways to meet your needs. This may include a request for additional funds.

You can receive home and community-based services.

The providers of supports and services to IRIS participants receive payment through a fiscal employer agent (FEA). The IRIS program includes a wide array of home and community-based long-term care services. Services not covered in IRIS may be paid through your Medicaid card, if eligible.

You can plan your own care.

Each person who chooses to participate in IRIS selects an ICA. This agency oversees and supports a network of IRIS consultants. The IRIS consultant will introduce you to the IRIS program and the concept of self-direction, as well as guide you through plan development and the final steps in the IRIS enrollment process. The consultant will work with you, and any other person you may choose to assist you, to develop and approve your initial IRIS plan. This plan is developed by prioritizing your long-term care goals, health, and safety, and identifying natural and paid supports. The consultant will ensure that necessary paperwork is completed and will provide you with ongoing assistance and support after you enroll in the program. These services are contracted by the State of Wisconsin at no cost to the IRIS participant.

You will hire your own workers.

There are several ways to obtain workers to provide services such as supportive home care, respite care, job coaching, or personal care. Individuals who select IRIS have different rights and responsibilities based on the options they choose.





Participants in the IRIS program have the option to exercise employer authority. Employer authority gives participants the ability to serve as the employer of record, including having their own federal employer identification number. Participants choosing to exercise employer authority rights have the responsibility to recruit, hire, train, supervise, and manage their participant-hired workers.

Participants who do not wish to exercise employer authority work with their ICA to identify provider agencies to support the participant's outcomes and goals.

In both instances, the FEA is responsible for provider setup and the issuance of payment for services.

You oversee your self-directed personal care.

The care provided to an IRIS participant by their participant-hired worker is called self-directed personal care (SDPC). This care specifically refers to the assistance provided in the areas of bathing, toileting, dressing, transferring, feeding, and related tasks. SDPC provides flexibility in where the care is provided and also allows the participant to hire a spouse as a caregiver.

When selecting IRIS, participants eligible for personal care also have the option of choosing agency-based personal care or self-directing their own personal care. If you choose to use the SDPC option, you will manage personal care hours that are in addition to the IRIS budget. The personal care hour amount is determined by using the same screening tool used for agency-based personal care.

Additional key points:

- You have the same employer authority with SDPC services as you do with IRIS services.
- You will have flexibility to coordinate personal care with supportive home care, transportation, and other services, and you may use your SDPC hours for personal care in the community.
- You may choose a representative to assist you in directing your SDPC services.

Please note that SDPC is not available when you live in a group residential setting, such as an adult family home. In addition, you cannot participate in agency-based personal care through your Medicaid ForwardHealth card and SDPC at the same time.

my notes and questions