

IRIS Waiver Renewal 2026-2030



Wisconsin Department of Health Services
Division of Medicaid Services, Bureau of Programs and Policy

Long Term Care Advisory Council
July 8, 2025

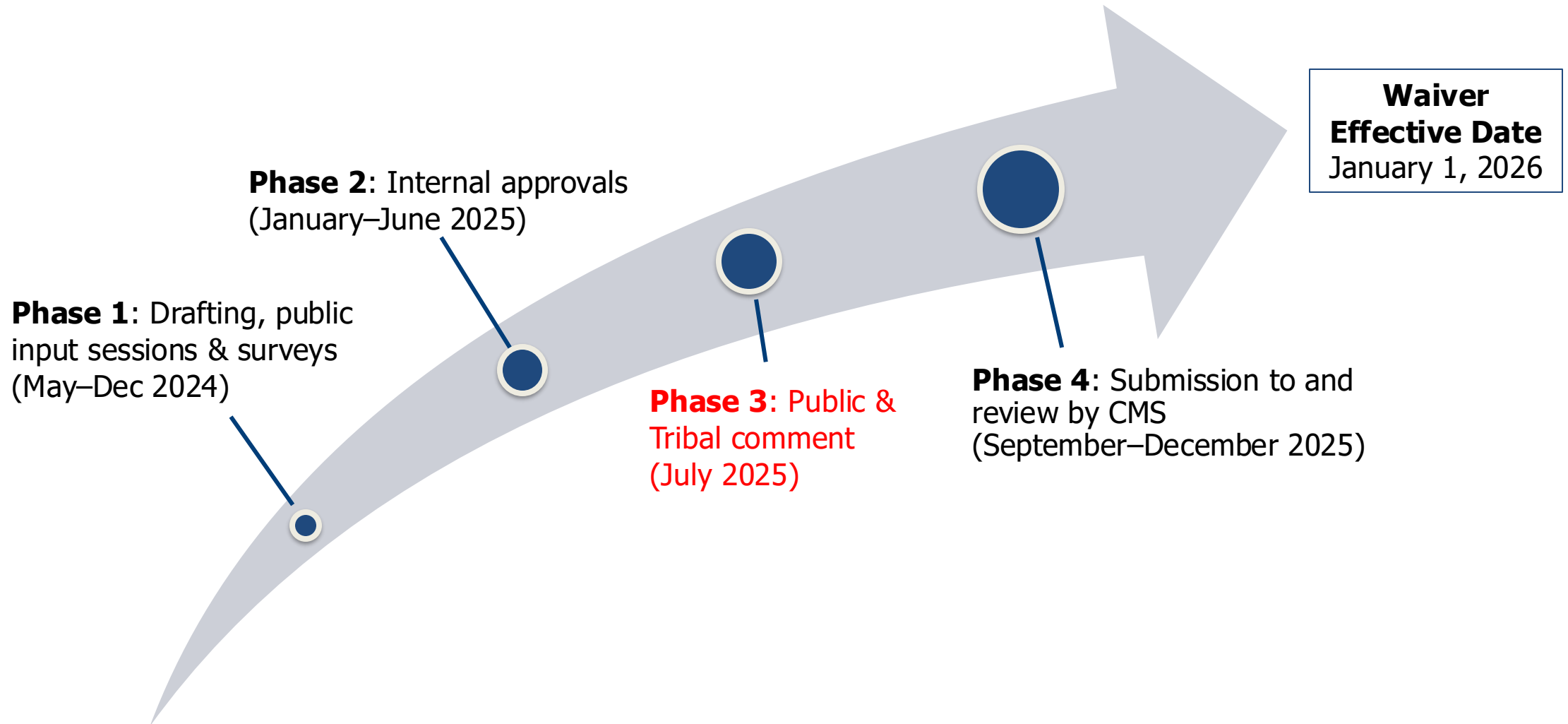
Agenda

- IRIS waiver background
- Waiver renewal timeline
- IRIS feedback themes
- Key changes in proposed waiver
- Discussion
- Next steps

IRIS Waiver Background

- IRIS serves more than 27,000 people in Wisconsin.
- IRIS is a 1915(c) Home and Community-Based Services (HCBS) waiver.
 - 1915(c) HCBS waivers are applications to the federal government that allow DHS to have Medicaid programs like the IRIS program.
 - IRIS' continued success is dependent on DHS successfully responding to CMS waiver questions and following federal guidelines.
- 1915(c) HCBS waivers need to be renewed and approved by CMS every five years.
- The IRIS program's waiver is due for renewal by December 31st, 2025.

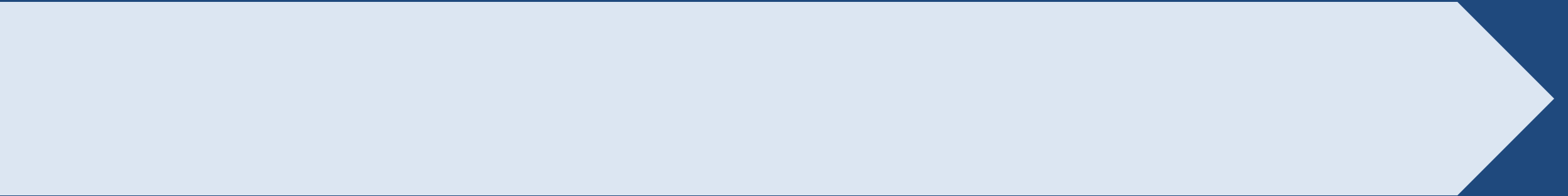
Waiver Renewal Timeline



Feedback Themes

Services	Expansion of services and providers across the state
Transportation	More reliable, accessible, flexible, and convenient options
Cultural Competency	Resources for culturally competent and inclusive services to ensure care is tailored to the diverse needs of individuals
Integrity	More robust oversight to ensure participants have tools needed to self-direct, manage funds, and receive quality care
Housing	More assistance with finding affordable, safe, and accessible housing
Self-Direction	Provide clearer guidance and support for the self-direction service delivery model

Key changes in proposed waiver



Administrative Changes

Updates made across the waiver:

- Focus on accuracy and clarity within current practices
- Address CMS waiver application updates
- Align with CMS, other states, and other Wisconsin long-term care programs

Administrative Changes

Service title updates:

- Counseling, Therapeutic, and Wellness Services (previously Counseling and Therapeutic Services)
- Day Habilitation (previously Day Services)
- Environmental Accessibility Adaptation (previously Home Modifications)
- Individual Supported Employment (previously Supported Employment- Individual)
- IRIS Consultant Agency Services (previously IRIS Consultant Services)
- Small Group Supported Employment (previously Supported Employment- Group)
- Virtual Monitoring and Emergency Response Systems (previously Personal Emergency Response Systems [PERS])
- Vocational Futures Planning and Support (previously Vocational and Futures Planning)

Key Changes

- **Housing Counseling** – Added service list to broaden the scope and added a collaborative assessment to determine participant's housing needs and preferences.
- **Environmental Accessibility Adaptations (Home Modifications)** – Updated to align with CMS and other adult LTC programs.
- **Relocation-Community Transition Services** – Added a service to help coordinate relocation activities with the participant, as well as added pre-move cleaning and household preparation.

Key Changes

- **Competitive Integrated Employment (CIE) Exploration (New!) –** Added new separate category to reflect current practices and align across other adult long-term care programs.
- **Individual Supported Employment –** Restructured category to reflect extensive employment activities including CIE Discovery.
- **Life Skills Training and Education (New!) –** Combined previous service categories Daily Living Skills Training (DLST) and Consumer Education and Training (CET).
 - Included existing services and added a service to reflect other adult LTC programs.
 - Increased limit from \$2,500 to \$3,000.

Key Changes

- **Community Transportation** – Broadened transportation options for participants.
 - Added transportation network companies (TNCs) like Uber and Lyft.
 - Clarified that transportation coverage includes public transit tickets and fare cards.
- **Assistive Technology** – Moved Interpreter Services and allowable provider types to this category. Included coverage for devices for remote service delivery.
- **Virtual Monitoring and Emergency Response Systems** – Modified service category to include virtual monitoring activities.

Key Changes

- **Respite** – Clarified language to address service scope and purpose to align with other states.
 - Defined “primary caregiver” and who is allowed to provide respite.
 - Clarified room and board is not covered to align with Wisconsin children’s programs and other states.
- **Participant-Hired Worker Training (New!)** – Hours for existing workers to train new staff are coverable under this service.
- **Counseling, Therapeutic, and Wellness Services** – Added culturally appropriate counseling, therapeutic, and wellness services and provider types.

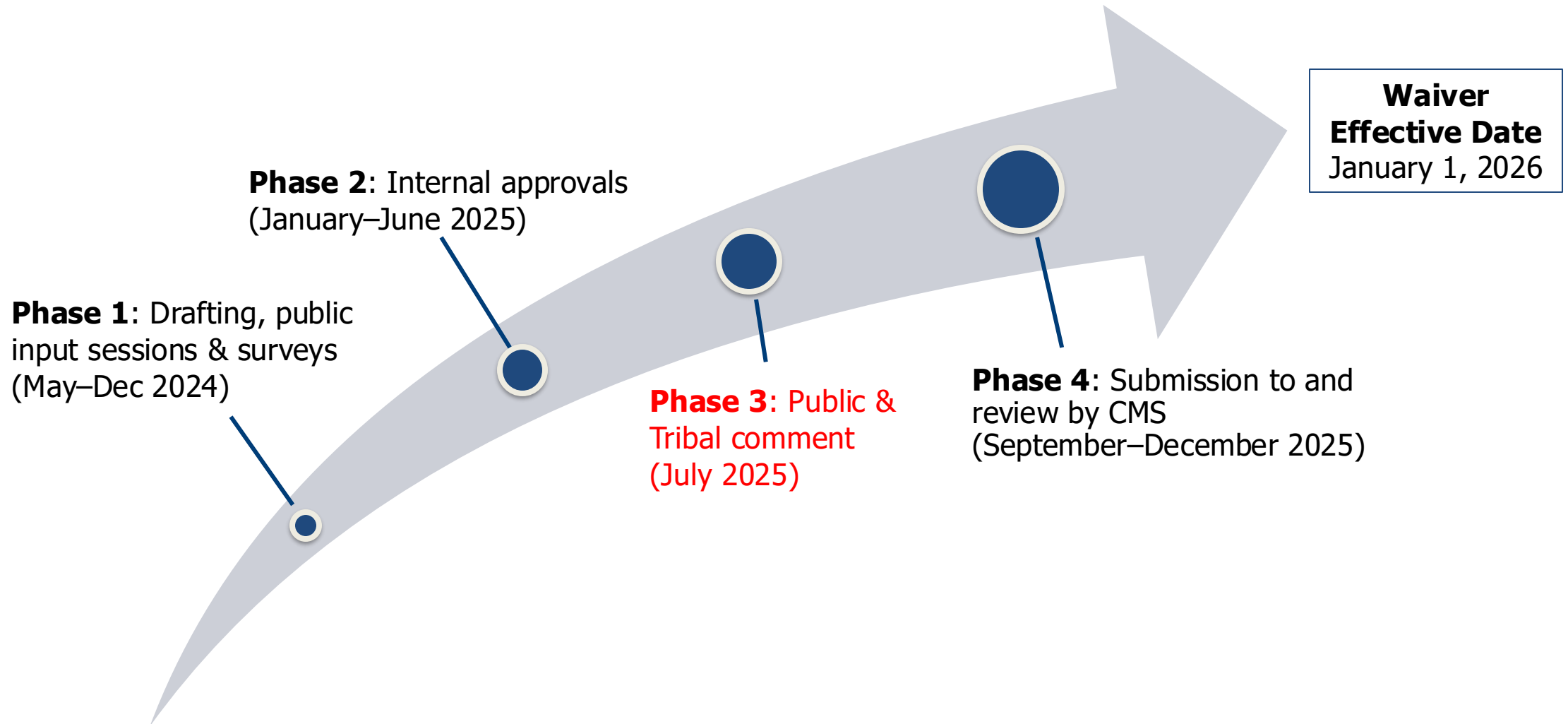
Key Changes

- **Clarification of roles, responsibilities, and terms in IRIS** – To enhance program integrity, make sure participants receive the most effective support, and avoid duplication of roles, clear definitions have been included.
 - Clarified support broker service definition to “provide support to participants about maintaining a variety of public assistance benefits (i.e., energy assistance programs, FoodShare, etc.).”
 - IRIS consultant agency (ICA) staff are required to meet all competency requirements.
 - Clarified self-direction based on CMS requirements, which include a person-centered planning process, a written plan, information and support, and required self-direction role and responsibilities.

Discussion

Questions?

Waiver Renewal Timeline



Next Steps

- Public comment period: July 9 – August 8, 2025
- Submit comments to DHS by:
 - Email: DHSDMSIRISRenewal@dhs.wisconsin.gov
 - Mail: Wisconsin Department of Health Services
Division of Medicaid Services
Bureau of Programs and Policy
Attn: IRIS 1915(c) Waiver Renewal
PO Box 309
Madison, WI 53701-0309
- Find more information on the IRIS waiver renewal webpage
www.dhs.wi.gov/iris/waiver-renewal.htm

Thank You!

www.dhs.wi.gov/iris/waiver-renewal.htm

Medicaid Purchase Plan (MAPP) Premium Payment Updates

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July 8, 2025

Long Term Care Advisory Council



MAPP Premium Payment Changes

- DHS is making four key changes to how MAPP members will pay premiums:
- Allowing an additional month to pay
- Aligning initial and ongoing premium payment methods
- Allowing recurring payments to be managed online
- Preventing duplicate payments



More Time to Pay MAPP Premiums

- DHS is implementing what had been referred to as a “grace month,” which gives members more time to pay premiums.
- Coverage will not end for non-payment until the end of the month after the month the premium is due.



Non-Payment Example

- Bonnie applies for MAPP on February 10 and pays the February premium.
- A premium statement is sent to Bonnie for the March premium.
- Bonnie does not pay the March premium.
- A premium statement is sent to Bonnie for March and April with a cover letter telling her the premium is past due and coverage will end if she doesn't pay.
- Bonnie does not pay March or April.
- Bonnie is sent a notice at April adverse action that her MAPP coverage is ending April 30.



Late Payment Example 1

- Bonnie does not pay March or April premiums.
- On April 12, Bonnie pays the March premium.
- Bonnie is sent a premium statement for April and May with a past-due premium cover letter.



Late Payment Example 2

- Bonnie does not pay March or April premiums.
- Bonnie is sent a notice at April adverse action that her MAPP coverage is ending April 30.
- On April 27, Bonnie pays the March premium.
- Bonnie is sent a premium statement for April and May.



Re-enrolling After Closure

- Once MAPP benefits have ended, past due premiums are no longer owed.
- To re-enroll in MAPP, an initial premium(s) would be required.
- If re-enrolling more than a calendar month after benefits closed, a new application may also be required.



Re-enrolling After Closure Example

- Bonnie does not pay March or April premiums and MAPP ends April 30.
- To re-enroll in MAPP in May, May's premium is required as an initial payment.
- To re-enroll in MAPP after May, a new application and initial premium(s) are required.



MAPP in the Meantime

- Until these changes are in place,
 - We will continue to charge MAPP premiums.
 - Members are expected to pay premiums each month.
 - We will continue to not disenroll MAPP members **for non-payment of premiums.**
- Around 86% of MAPP members are paying premiums.



Questions and Answers



Long Path Charge & Action Items

Tuesday, July 8, 2025



Long Path Charge Action Items

■ Short-Term Goals (2025)

- Identify resources including personnel needs, partnerships, etc.
- Gather and review current information that exists within the state and country (DOT, WHEDA, Aging Plan, Dementia Community Conversations, SHIP, local reports, etc.)
- Identify barriers to independent living to be included in the MPA-D



Multi-Sector Plan for Aging and Disability - MPAD

- A Multisector Plan for Aging is a 10-year blueprint that protects the futures of aging Americans by creating a coordinated system for restructuring state and local policies to address their unique needs. By implementing age-friendly policies and infrastructure at the community level, these plans encourage healthy, active, and connected living for older adults.



Components

- Stakeholder and Consumer Engagement
 - MPAs involve diverse stakeholders, including aging/disability groups, non-traditional partners, and consumers, who come together to develop and implement the MPA.
- State-Led
 - MPAs are spearheaded by the state, and can be authorized through legislation, a governor's executive order, or a decree/declaration.



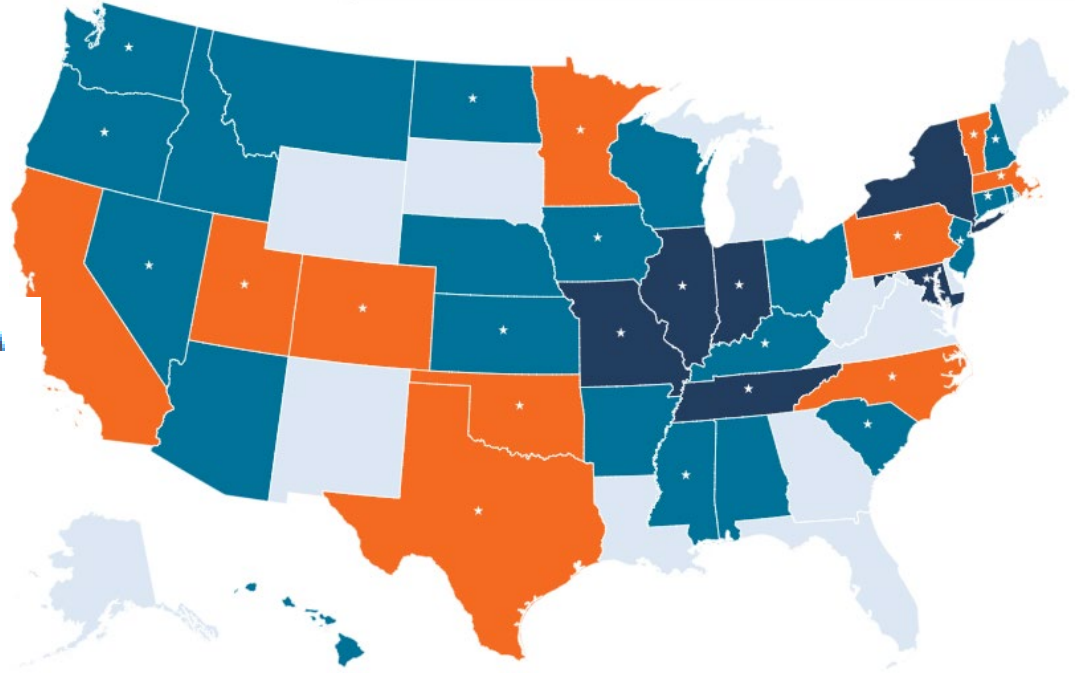
Components (2)

- **Cross-Agency Development and Accountability**
 - While an MPA is typically led by one agency, it requires input and collaboration from various agencies and departments across the state.
- **Broad Focus on Aging Throughout the Lifespan**
 - MPAs not only address the state's current population of older adults; they also help states plan and prepare for the aging of all individuals in the state, now and in the future.

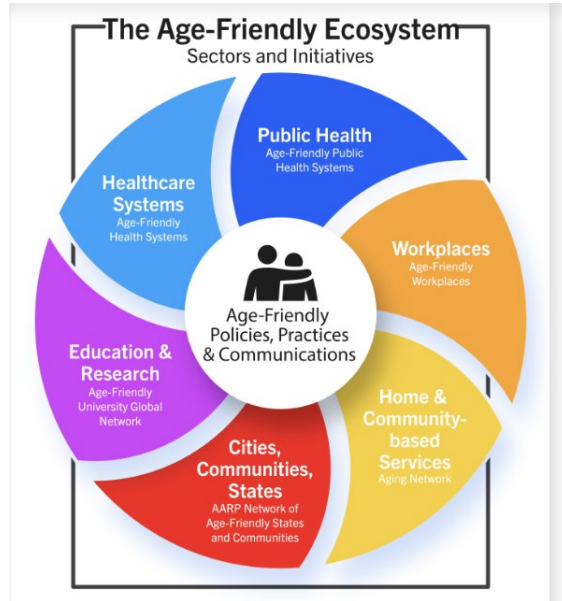


MPA-D Country Wide

- ★ MPA learning collaborative
- Authorization
- Implementing or refreshing an MPA
- Interested or actively planning



Age-Friendly



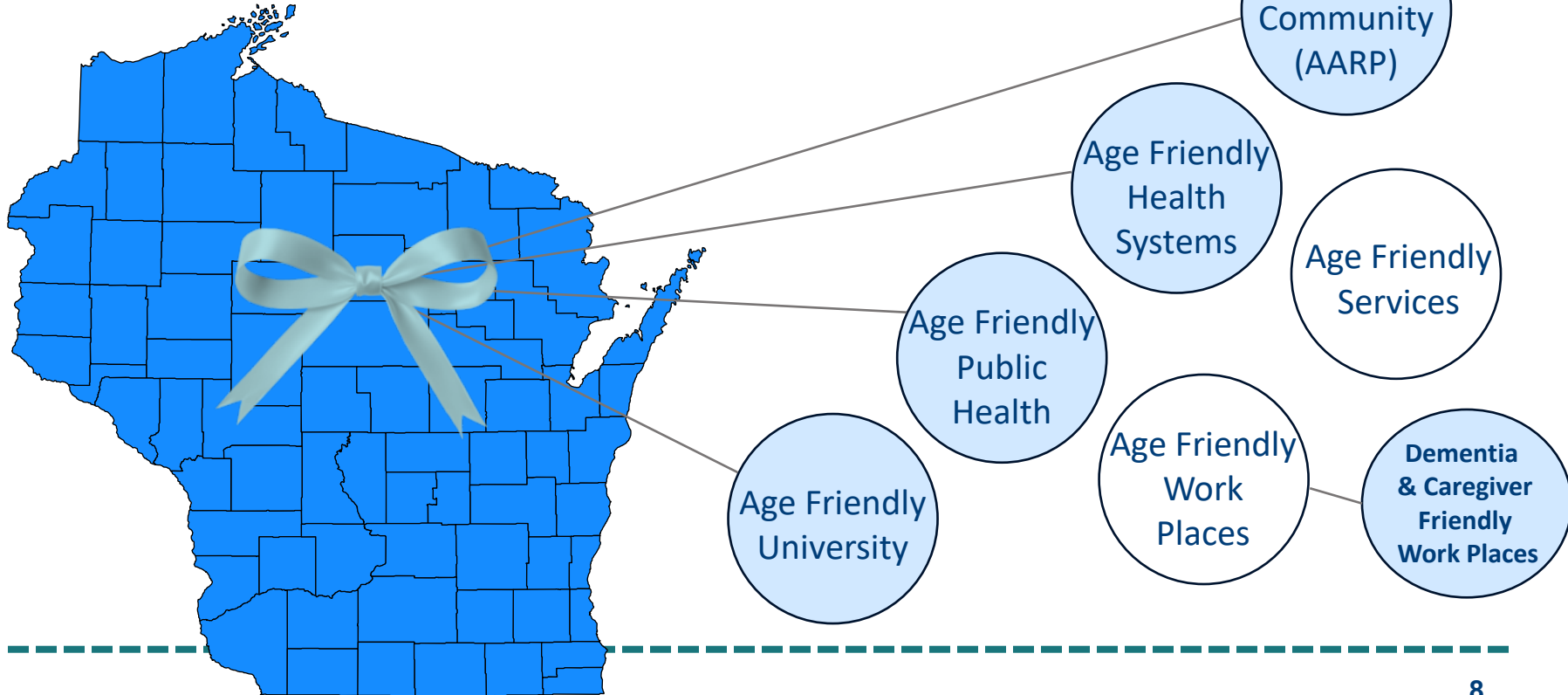
John A. Hartford Foundation:
<https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly/age-friendly-ecosystem>



World Health Organization's Age-Friendly Cities & Communities Designation in 2006
[9789240068698-eng.pdf](https://www.who.int/publications-detail/9789240068698-eng)



Age Friendly Wisconsin





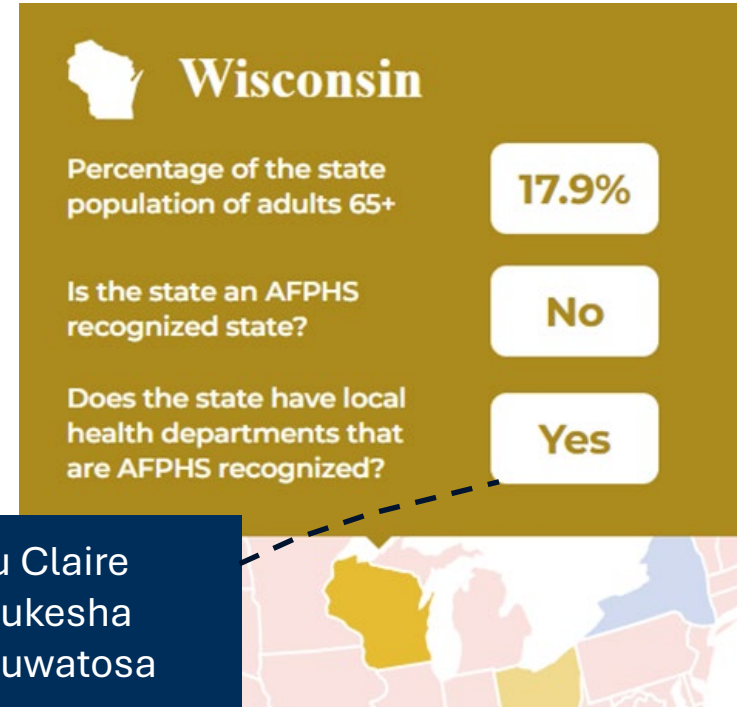
Age-Friendly Communities

- Designed to promote the health, well-being, and social inclusion of older adults.
 - The **AARP Network** of Age-Friendly States and Communities supports the work of local, regional and state governments as they prepare for the nation's changing demographics. Established in 2012, the network includes towns, cities, counties and states that have made a commitment to being more livable for people of all ages, and especially older adults.
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Age-Friendly Public Health

- Creating and leading policy, systems, and environmental changes
- Connecting and convening multi-sector stakeholders
- Coordinating existing supports and services
- Collecting, analyzing and translating relevant data
- Communicating important public health information
- Complementing existing health promoting programs





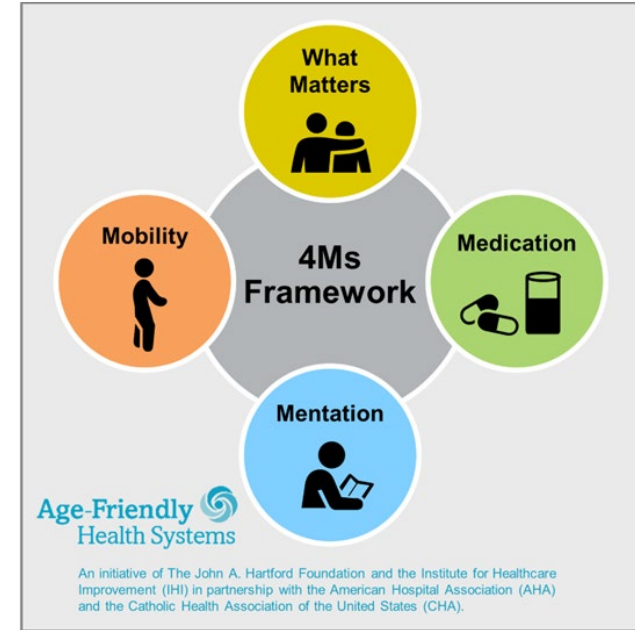
Age-Friendly Health Systems

- A statewide consortium led by the Wisconsin Geriatric Education Center (WGEDC) through Marquette University
- Age-Friendly Health Systems
 - Follow an essential set of evidence-based practices in a framework known as the 4Ms;
 - Cause no harm; and
 - Align with What Matters to the older adult and their family caregivers.



Age-Friendly Health Systems (2)

- **What Matters:** Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.
- **Medication:** If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.
- **Mentation:** Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.
- **Mobility:** Ensure that older adults move safely every day in order to maintain function and do What Matters.





Age-Friendly University

- **Led by the Age-Friendly University Global Network**

The Age-Friendly University Global Network is a movement that aims to shape how we live and work by increasing educational opportunities across the life span.

- **University of Wisconsin-La Crosse (UWL) and University of Wisconsin-Superior (UWS)** are Wisconsin universities recognized as Age-Friendly Universities (AFU). UWL was the first university in Wisconsin to attain the designation. UWS was recognized for its commitment to serving the educational needs of all lifelong learners, including older adults.



What works best in Wisconsin?

Method	PRO	CON
Multi-Sector Plan for Aging and Disability MPA-D	• Governor or Legislature initiated (authority helpful?) • Clear roadmap to follow	• Governor or Legislature initiated (too political?) • BADR Resource Capacity • Led by the State vs. local communities
Age and Disability Friendly Wisconsin	• Age Friendly models already exist • Innovation in coordinating models statewide and integrating disability • DHS as convener and coordinator amplifying and spreading existing models • BADR Resource Capacity	• More information needed to determine interest/willingness • Access to state policy and funding may be reduced without leadership from the Governor



Council Discussion/Next Steps



Thank you!

Protecting and promoting
the health and safety of
the people of Wisconsin



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Workforce Charge & Action Items

Tuesday, July 8, 2025



Workforce Charge Action Items

■ Short-Term Goals (2025)

○ 1. Policy & Funding Advocacy

- Goal: Secure sustainable investment and legislative support for workforce initiatives.
 - The Long Term Care Advisory Council (LTCAC) will support the Governor's 2025–27 biennial budget, which includes critical funding for all direct care workforce initiatives.
 - Align all workforce activities with budget priorities to ensure long-term support and measurable impact.



Workforce Recommendations

■ Short-Term Goals (2025)

○ 2. Recruitment & Career Awareness

- Goal: Attract new talent into the direct care workforce through educational pipelines and targeted outreach.
 - Expand and build upon the WisCaregiver Careers High School, Tech College and University initiative, making it a statewide model for early-career engagement.
 - Engage underrepresented populations, including refugees and immigrants, through community outreach and awareness campaigns.



Council Discussion/Next Steps



Thank you!

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