2026

in Control® Wisconsin

What's New in the 2026-2030 Version of IRIS?

TIPS FOR PARTICIPANTS & FAMILIES

Introduction

In December 2025, the federal Center for Medicare and Medicaid Services (CMS) sent the Wisconsin Department of Human Services (DHS) the final version of the Medicaid Waiver Agreement which will define how the IRIS Program will operate during the 5-year period of 2026 to 2030. It's 299 pages long - - for IRIS participants and advocates who want to read it, here is the link to DHS' announcement of the New Waiver (which contains a link to the full document):

https://www.dhs.wisconsin.gov/iris/waiver-renewal.htm

However, it's challenging to identify the differences between the New Waiver and the 2021-2025 Waiver, since the new or revised language is not highlighted in the text. This paper was created by *In Control Wisconsin*, a statewide organization that promotes self-direction opportunities for people in Wisconsin's long-term support system. The purpose of the paper is to provide a shorter, easier-to-understand analysis of the New Waiver which highlights opportunities for IRIS participants to enhance their IRIS plans and their self-direction experience. The paper also includes examples of setbacks in the New Waiver and Recommendations from advocacy groups which DHS decided not to include in the New Waiver.

The analysis of the positive and negative implications of the New Waiver solely reflects the opinions of *In Control Wisconsin* and no other advocacy organization.

GOOD NEWS

Highlights of the Positive Changes[1] for 2026-2030

(more in-depth explanation later on the pages noted)

1. **More accountability for Prevocational Services** (see Prevocational Services on page 3)

2. **IRIS participants will be able to use Lyft and Uber soon** (see Community Transportation on page 4)

3. **More help for participants to make informed choices about Community Integrated Employment** (see CIE Exploration on page 4)

4. **IRIS participants can include Wellness services in their IRIS plan and Budget, and use personal trainers if they want to** (see Counseling, Therapeutic and Wellness Services on page 4)

5. **More Options for Home-Delivered Meals** (see Home-Delivered Meals on page 4)

6. **The purpose of housing counseling has been clarified: increase participant choice, increase access to affordable housing, and promote community integration** (see Housing Counseling on page 5)

7. **The size of Small Groups in Supported Employment has been reduced** (see Small Group Supported Employment Services on page 5)

8. **Experienced home care staff can now train new staff and IRIS can pay for double staffing** (see Supportive Home Care on page 6)

9. **Easier for participants to include virtual monitoring remote support in their IRIS Plan and Budget** (see Virtual Monitoring and Emergency Response Systems on page 6-7)

10. **No More Prior Authorization for 4 IRIS Services** (see Reducing # of IRIS Services Requiring Prior Authorization on page 8)

[1] In the rest of this paper, Good News and Bad News in the New Waiver are both included.

More Specific Information on Important Changes in IRIS

This paper does not include all the changes in the New Waiver. We have highlighted the changes that we believe will be most important to the majority of IRIS participants. These changes are presented below in the order they appear in the new waiver, not in the order of most important to least important.

MIXED NEWS

Description of IRIS (pg. 6 in the New Waiver)

DHS has included a strong Description Statement for the IRIS Program, which spells out the goals and objectives of self-direction: "providing eligible participants with services that promote choice, independence, respect, dignity and community integration".

However, some participants have noted that the reality of using the IRIS program sometimes falls short of these goals and objectives. For example, there are some constraints on participant choice and there are some obstacles to obtaining the supports necessary to achieve community integration (as identified later in this paper).

MIXED NEWS

Life Skills Training and Education (pg. 71-72 in the New Waiver)

DHS added a 365-day limit on participants receiving life skills training, but in response to comments on the draft waiver DHS added an opportunity for participants to make the case for an exception to this limit. DHS also raised the annual $2500 cap per participant on Education expenses to $3000.

MOSTLY GOOD NEWS

Prevocational Services (pg. 76-77)

The purpose of Prevocational services is clearly stated to help participants "achieve or maintain at least part time participation in community integrated employment".

Prevocational providers are now required to provide 6-month progress reports and documentation that service plans have been implemented. DHS has also lowered the maximum size of small group training to 3 people.

Unfortunately, the Waiver still does not include a time limit on how long a participant can remain in Prevocational Services (which are <u>not</u> paid employment). Integrated employment advocates believe a time limit is needed in order to ensure that participants are not stuck in unpaid prevocational programs for years and years and never make it to paid vocational status.

BAD NEWS

IRIS Consultant (IC) Caseloads (pg. 89-90)

IC Caseloads are significantly larger than they were in the early years of IRIS. Participants, families and advocates have raised concerns about this for several years, but DHS has not acknowledged that this is a problem. DHS does not include any guidelines in the New Waiver for what constitutes an appropriate and realistic caseload size for an IC. DHS also does not cite an evaluation method to ascertain whether ICs are able to fulfill all of their responsibilities with the participants on their caseload or whether they are spread too thin across too large of a caseload. There is no

acknowledgement that caseload size may often make it impossible for ICs to provide some participants with the level of support they need. This problem is exacerbated by the fact that DHS has also ruled out the possibility that participants who can't get the support they need from their IC could include a support broker in their IRIS Plan and Budget (see Support Broker section – pg. 146 in the New Waiver.

GOOD NEWS **Community Transportation (pg. 101)**

DHS will soon allow participants to use "Transportation Network Agencies" (including Lyft and Uber) as their chosen method of transportation. This is a change in the program which participants have been requesting for some time.

GOOD NEWS **CIE (Community Integrated Employment) Exploration (pg. 105)**

This is a new service which will help participants make informed choices about whether they want to pursue community integrated employment. Hopefully service providers will step up and provide this service, so that participants can include it in their IRIS plans.

MOSTLY GOOD NEWS **Counseling, Therapeutic and Wellness Services (pg. 110-111)**

DHS added Wellness to this service category, an option which is already available in Family Care. This will create new opportunities for participants to choose this service to achieve their long term care outcomes. Unfortunately, the beneficial impact of this change is reduced by the level of red tape required for providers (e.g. YMCAs) to become certified to provide IRIS services. (Note: In the comment period, advocates encouraged DHS to include the Wellness language from Family Care, which included references to culturally appropriate options as well as specific examples of Wellness services. Unfortunately, this language was not included in the new IRIS waiver.)

Also, even though this service category has allowed participants to utilize personal trainers in the past, this personal trainer option was not specifically identified in the waiver until now. Hopefully this will make it easier for participants to choose this option.

There is a catch in this service category which participants should be aware of. The New Waiver says that if a participant is requesting a service in this category through a budget amendment, "a participant may not already have more than one of these services authorized on their plan to meet the same need". This means that if a participant has a personal trainer in their plan, they may be prevented from also having a gym membership or taking a yoga class.

GOOD NEWS **Home-Delivered Meals (pg. 120)**

Participants can now get home-delivered meals from restaurants, although the restaurant would have to become a certified IRIS provider (many restaurants may not want to make the effort to do that). Tribal members in IRIS now can get home-delivered meals from Indian Health Care Providers (IHCPs).

GOOD NEWS **Housing Counseling (pg. 125)**

DHS has clarified the purpose of Housing Counseling Services as follows: "to elevate participant choice and control, increase access to affordable housing, and promote community integration". DHS has added "community integration assessments" to help participants identify their "preferences related to housing and needs for support to maintain community integration". This is a positive response to participants and family members who have been advocating for a more concerted push toward community integration in IRIS. The list of services available within Housing Counseling services has also been expanded.

Unfortunately, as with some other inviting IRIS service options, there are not many current service providers available to provide this service. IRIS participants and families may have to approach housing-related agencies in their communities to convince them to consider providing the service.

BAD NEWS **Individual Directed Goods and Services (IDGS) (pg. 127)**

This is a crucial service category for IRIS participants, since it is often the most promising place to include creative support ideas in a person's IRIS budget. The new Waiver says this is a "participant's opportunity to achieve their long-term support need but it is not already coverable under another IRIS service category". In particular, IDGS can be a way to include in an IRIS plan the support a participant needs to 'promote or maintain inclusion in the community'. Unfortunately, this is the only IRIS service category which is still subject to prior authorization by a DHS official. This puts the decision of whether or not a participant can choose a service within IDGS in the hands of a state official who has never met the participant. This can often result in the denial of a service which is allowable within the bounds of Wisconsin's Medicaid agreement with the federal government and/or a service which could significantly impact the level of community integration a person experiences. In self-direction terms, this restricts a participant's "budget authority".

In Comments on DHS' draft Waiver, advocates suggested that DHS include specific examples of some IDGS services that have been approved in the past. DHS declined to include examples in the final Waiver.

GOOD NEWS **Small Group Supported Employment Services (pg. 140-141)**

DHS changed this category from 2-8 workers to 2-6 workers. Advocates for CIE have pointed out that working in a group of 8 people with disabilities doesn't feel or appear to the public to be very "integrated'. Many of those advocates would say that a group of 6 is only slightly better, but it's a step in the right direction.

(Note: DHS generally requires IRIS participants to apply for and exhaust any similar services available from DVR before they can access this service in IRIS. However, if a DVR service is not currently available due to DVR's recently announced waiting lists, the participant can proceed to include this service in their IRIS Plan and Budget without waiting.)

BAD NEWS **Support Brokers (pg. 146)**

DHS rejected the recommendations from multiple advocacy organizations to maintain a broad support broker option, especially for participants who need more support to be successful in self-direction than their IC can provide. This is particularly important for participants with no active family or friends who can help them with a variety of tasks that are complex and/or time-consuming. Even though some of these tasks are on the list of things that ICs can theoretically help with, current IC caseloads are too big so this is often unrealistic. Examples of the tasks on DHS' list of IC responsibilities which ICs often don't have time to adequately perform include:

- accessing medical, social, rehabilitation, vocational, educational and other services
- providing comprehensive IRIS program orientation and skills training regarding self-direction
- monitoring and effectively assuring participant health and welfare
- facilitating between the participant and the financial management services provider
- providing insights to the participant about … hiring managing and terminating participant-hired workers

In the New Waiver, DHS has severely limited the role of support brokers to a single, time-limited form of support: "assist a participant by providing them with individualized support in maintaining a variety of public assistance benefits, i.e. energy assistance programs, Food Share, etc." In making this decision, DHS is moving Wisconsin in the opposite direction from several other states which are actively expanding the support broker role to ensure that all participants have the support they need.

GOOD NEWS **Supportive Home Care (SHC) (pg. 149)**

In response to requests from participants, DHS is now allowing "additional staff coverage" (i.e. double staffing) during the startup period of new SHC participant-hired workers, to enable staff who've worked with a participant for some time to bring new staff up to speed. The total cost of training services cannot exceed 2% of the total annual cost of participant-hired workers in the participant's IRIS budget.

Unfortunately, there is not a parallel change in the Self-Directed Personal Care (SDPC) program to enable new SDPC workers to receive training in the same way. SDPC changes would of course not be included in the New IRIS Waiver (since SDPC is a separate program), but in light of the fact that many IRIS participants receive home care from both SHC and SDPC workers, advocates will need to work on getting this change in both programs.

GOOD NEWS **Virtual Monitoring and Emergency Response Systems (pg. 157)**

Virtual Monitoring (sometimes called "Remote Supports" is a service which uses communication and technology devices to support people from a separate location and provide a safety net while reducing the need for paid staff on site.

The New Waiver has created Virtual Monitoring and Emergency Response Systems as a separate service category, which will hopefully make it easier for participants to choose either of these services and put

them in their IRIS Plan and Budget. Regarding Virtual Monitoring, it is possible that this could be an appropriate alternative for some participants who are currently paying for overnight staff or struggling to find in-home workers to cover all their hours. For some of these participants, it may make sense to explore this service as a safe and cost-effective alternative for some of their home care hours.

BAD NEWS

Service Plan Implementation and Monitoring (pg. 199)

Advocates have been concerned for some years that changes in the IRIS budget-setting mechanism have resulted in some participants receiving less funding than they need to cover essential supports, in particular their level of home care. Relatedly, more and more participants and family members are reporting that the burden of unpaid care on family members has been increasing. DHS does not appear to recognize the difference between "natural supports" (which are intended to be a reasonable level of support which a family would naturally provide to a family member) vs. "unpaid care" (unpaid service provision taking the place of paid services which a person should rightfully receive based on their functional assessment and an appropriate individual service plan). When unreasonable demands are placed on family members to provide unpaid care, this violates the original concept of "natural supports", which should be a reasonable level of support to complement the hours of paid workers.

Advocates have recommended to DHS that the danger of over-reliance on unpaid care and the distortion of the concept of natural supports should be a focus within Service Plan Implementation and Monitoring. This could include:

- tracking the total level of unpaid hours of service a participant receives
- tracking the number of unpaid home care hours that should have been provided as paid hours in the person's IRIS Plan and Budget
- red-flagging situations when more than 30% of a participant's care is received by unpaid caregivers
- monitoring whether ICAs have a way to track danger signs of a potential care crisis for participants who are over-relying on unpaid care

Unfortunately, DHS has not acknowledged that there is a growing danger of over-reliance on unpaid care, and DHS has not included any methods within the Service Plan Implementation and Monitoring section of the New Waiver to address this.

BAD NEWS

Budget Amendments (pg. 223)

There is no mention in the New Waiver of approved Budget Amendments staying in effect for the entire budget year (which was the case in the previous Waiver). This puts extra wear and tear on participants who may have to go through the budget amendment request process multiple times in one year. It also infringes on a participant's budget authority.

BAD NEWS

Quality Improvement Strategy/ Systems Improvement (pg. 248-251)

No role for participants, families, IRIS Advisory Committee or other advocates in:

a) identifying systemic problems
b) setting priorities for quality improvement
c) suggesting ideas for improving IRIS or the work of specific contractors
d) revising IRIS policy to improve the program, i.e. to move IRIS further in the direction of the goals and objectives stated by DHS in page 6 of the New Waiver
e) assessing the impact of systems design changes

MIXED NEWS

Reducing # of IRIS Services Requiring Prior Authorization (various pages)

For several years, IRIS participants, families and advocates have pushed back against the requirement that several categories of IRIS services cannot be included in a participant's IRIS Plan or Budget without first being approved by a DHS official in a process known as "prior authorization" (technically called "Service Authorization Review' or SAR). Prior authorization was viewed as a significant constraint on the budget authority of participants. DHS has now responded to this pushback by rescinding the prior authorization requirement for several service categories:

- Relocation - Community Transition Services
- Counseling, Therapeutic and Wellness services
- Environmental Accessibility Adaptations (often referred to as "home modifications")
- Vehicle Modifications

However, it is important to note that even though these services will not be subject to prior authorization, ICs will have to ensure that any services in these categories are explicitly included in DHS' service definition for that category. Instead of DHS denying a service request via the prior authorization process, ICs will be held accountable to deny service requests that don't clearly fit the IRIS service definition. Some participants are already reporting that this is leading to delays, possibly as a result of more stringent service definitions for some services. An example of this is Respite Services, where the service definition has been changed recently and this has led to disruption for some participants. The new definition may require some participants to modify the Respite Services portion of their IRIS Plan.

BAD NEWS

Provider Rates (pg. 261-263)

In spite of repeated requests from participants, families and advocates to DHS to provide more clarity and transparency for participants on the definition of "usual and customary rates", DHS has continued to leave that term unclear and confusing. When participants set wages for independent workers or negotiate with other vendors, they are expected to keep the wages or rates within the range of "usual and customary". Without knowing the actual dollar amounts that DHS considers "usual and customary" in each service category, participants are in the dark when they are making wage-setting or rate decisions. This is frustrating and unfair to participants. Even though the New Waiver says "The participant is the primary negotiator for provider rates", the reality is that this is hard to do because there's no new guidance in the New Waiver on what "usual and customary" means.

BAD NEWS Comments[2] from Stakeholders which DHS Rejected

IRIS Advisory Committee (pg. 15 in the New Waiver)

Comment: Reinstate the IRIS Advisory Committee (IAC) language to the waiver. (DHS Response: No)

Peer Mentoring (pg. 17)

DHS rejected the idea of making Peer Mentoring a discrete, stand-alone service, which would probably make it easier for participants to choose it.

Enrollment and Options Counseling Materials (pg. 17)

DHS rejected the idea of seeking participant and stakeholder input on these materials to ensure that 'they are written in plain language and balanced in their presentation of the risks, benefits and responsibilities of participation in the various long term care programs". (DHS responded that this was outside the scope of the Waiver)

Centralized Directory of IRIS-approved Supportive Home Care Workers (pg. 17)

DHS rejected this idea, which would help participants find caregivers while also giving workers more visibility and job opportunities. (DHS: "outside the scope of the Waiver")

Application Process for Participant-hired Workers (pg. 18)

DHS rejected the recommendation to simplify the "overly burdensome" application process for participant-hired workers. (DHS response: outside the scope of the Waiver)

Required Timelines for Budget Amendment Reviews (pg. 18)

DHS rejected the recommendation to establish "required timelines for budget amendment reviews' (DHS response: outside the scope of the Waiver)

Stronger ICA role in Developing Crisis Response Plans (pg. 18)

DHS rejected the recommendation for "ICAS to have a greater role and responsibility in … developing and implementing a crisis response plan (for participants)" (DHS response: outside the scope of the Waiver)

[2] Submitted to DHS during the Comment Period on the Draft Waiver

What Are the Next Moves for IRIS Advocates?

As stated earlier, the New Waiver applies to the 5-year period of 2026 to 2030. In 2030, DHS will develop a new Draft Waiver for the subsequent 5-year period and advocates will have an opportunity to submit comments on that Draft. However, this does not mean there are no opportunities to improve the IRIS program between now and then. If advocates can convince DHS that an improvement in the Waiver needs to be made, DHS can request a Waiver Amendment during the current 5-year period.

Also, you may have noticed in the last section of the paper that the DHS response to several recommendations made by advocates during the comment period was: “No, this is outside the scope of the Waiver”. Even though this response is discouraging, it does create an opportunity for advocates. If a proposed change is outside the scope of the Waiver, that means DHS doesn’t need approval of the federal government to make the change. Advocates can continue to make the case for these kinds of changes.