



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION
Case #: CWA - 220326

PRELIMINARY RECITALS

Pursuant to a petition filed on October 7, 2025, under Wis. Admin. Code § HA 3.03, to review a decision by the Bureau of Long-Term Support regarding Medical Assistance (MA), a hearing was held on November 11, 2025, by telephone.

The issue for determination is whether the IRIS agency erred in its action to terminate supportive home care effective 9/27/25.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
201 E. Washington Ave.
Madison, WI 53703

By: R. Glamm – Connections (IRIS Agency)
Bureau of Long-Term Support
PO Box 7851
Madison, WI 53707-7851

ADMINISTRATIVE LAW JUDGE:

John Tedesco
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Milwaukee County.
2. Petitioner is enrolled in the IRIS program.

3. Petitioner had previously been a member of IRIS from 2022 through 2024. Her IRIS enrollment was involuntarily terminated in 2024 due to substantiated fraud.
4. She re-enrolled in IRIS in March 2025.
5. Petitioner's supportive home care services began in March 2025.
6. From May through September petitioner exhausted her entire 2025 IRIS budget through SHC services. She had been approved for 696 hours for the year. By September she had already billed 765 hours.
7. The agency issued a notice to petitioner effective 9/27/25 terminating her SHC for the plan year since she had already exceeded her IRIS funding for the year.

DISCUSSION

The Include, Respect, I Self-Direct (IRIS) program is a Medical Assistance long term care waiver program that serves elderly individuals and adults with physical and developmental disabilities. IRIS is an alternative to Family Care, Partnership, and PACE—all of which are managed long term care waiver programs. The IRIS program, in contrast, is designed to allow participants to direct their own care and to hire and direct their own workers. The broad purpose of all of these programs, including IRIS, is to help participants design and implement home and community based services as an alternative to institutional care. See *IRIS Policy Manual §1.1B*.

The IRIS waiver application most recently approved by the Centers for Medicare and Medicaid Services (CMS) is available on-line at <https://www.dhs.wisconsin.gov/iris/hcbw.pdf>. See *Application for 1915(c) HCBS Waiver: WI.0484.R03.00 - Jan 01, 2021*. State policies governing administration of the IRIS program are included in the *IRIS Policy Manual* (available at <http://www.dhs.wisconsin.gov/publications/P0/P00708.pdf>), *IRIS Work Instructions* (available at <http://www.dhs.wisconsin.gov/publications/P0/P00708a.pdf>), and *IRIS Service Definition Manual* (available at <https://www.dhs.wisconsin.gov/publications/p00708b.pdf>).

An IRIS program member can be involuntarily disenrolled for mismanagement of IRIS budget or employer authority. See *Application for 1915(c) HCBS Waiver: WI.0484.R03.00 - Jan 01, 2021 (IRIS Waiver)*, pg. 202 of 274, found online at <https://www.dhs.wisconsin.gov/iris/hcbw.pdf>; see also *IRIS Policy and Procedure, P-03547 (09/2024)*, found online at <https://www.dhs.wisconsin.gov/publications/p03547.pdf>. Here, the agency is not seeking the more severe sanction of disenrollment. The action taken by the agency is to terminate the specific service, Supportive Home Care (“SHC”), that has been the subject of the agency’s allegation of mismanagement.

SHC is one of the benefits covered by IRIS. See *IRIS Service Definition Manual*, page 10. Like all IRIS services, SHC must be needed to meet the person’s desired outcome while staying within the person’s budget. See *IRIS Policy Manual*, §§5.3 and 5.4.

Cost-effectiveness is a basic tenet of the IRIS program. See *IRIS Policy Manual* at S. 1.1A, 1.1B, 1.1C, 5.5C.2. The IRIS program is a public-assistance program created to serve the most needy in society. It does so with minimal resources and does so with flexibility based on available funds. For this reason, the program is required to conduct regular reviews of needs and services offered in order to maintain the cost-effectiveness the program ensures to the federal CMS and taxpayers.

Certainly, if petitioner has mismanaged her IRIS budget and overbilled in excess of the funding that has been authorized to meet her needs then this is not cost-effective.

The agency established by a preponderance of credible evidence that the mismanagement and overbilling has occurred and that petitioner has been unable or unwilling to manage her SHC funding responsibly and

within the limits of her plan. The agency established that when the IRIS agency conferred with petitioner about the overbilling petitioner explained that she was not aware of any overbilling. She suggested that her SHC worker must have changed hours in the billing portal. Petitioner also explained to the agency that she was confused by her monthly billing reports which indicated to her the overbilling that was occurring.

At hearing, petitioner only provided vague and scattered testimony that was unpersuasive and immaterial on the issue at hand. It seems she may have been arguing that she was unaware of overbilling. But, that is petitioner's own fault. If she cannot manage her IRIS budget then a self-directed program that requires budget management may not be the right option for her.

Petitioner has already used up all of her allotted funds from her IRIS budget. It is perfectly reasonable for the agency to deny her further services/funds in excess of her budget.

CONCLUSIONS OF LAW

The agency established that petitioner mismanaged her IRIS budget, and that she has already exhausted her IRIS budgeted funds for the plan year.

THEREFORE, it is

ORDERED

That this appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 4822 Madison Yards Way, 5th Floor North, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

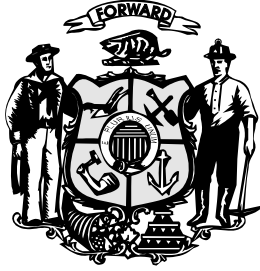
APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 201 E. Washington Ave., **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 14th day of January, 2026

\s _____
John Tedesco
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on January 14, 2026.

Bureau of Long-Term Support