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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-01204 (07/2022) | | **STATE OF WISCONSIN** | |
| **NOTICE OF ACTION – IRIS PROGRAM** | | | |
| Participant’s Name (Last, First) | | | Issuing IRIS Agency  ICA |
| NOA Reference Number | Decision Date | | Effective Date |
| The purpose of this notice is to inform you about the IRIS Program’s decision to select action your | | | |
| The program has reached this decision based on the following factor(s): | | | |
| Specialized transportation definition does not cover reimbursement to yourself. | | | |
| The request does not meet an IRIS Medicaid Waiver Service definition. | | | |
| The request does not meet the Customized Goods, Service, or Support definition. | | | |
| The request is not an effective way to support your outcome. | | | |
| The request is not considered a safe way to support your outcome. | | | |
| The request is not considered the most cost effective way to support your outcome. | | | |
| The request was determined to be sought under fraudulent circumstances. | | | |
| The reviewed request is covered under Medicaid State Plan. | | | |
| The reviewed request was not on an approved plan. | | | |
| You have an outstanding cost share that must be paid before you can re-enter the program. | | | |
| You were previously disenrolled for budget and/or employer authority | | | |
| You have failed to develop an IRIS plan. | | | |
| There is insufficient documentation to justify your request at this time. | | | |
| You are not functionally eligible to remain in the IRIS program. | | | |
| You do not need this good, service, or support to support your outcome. | | | |
| You do not reside in an eligible living arrangement to maintain IRIS enrollment. | | | |
| You have failed to meet the necessary contact requirements. | | | |
| Your outcome is already supported in another way so the request is duplicative. | | | |
| The original good, service or support was previously approved in error. | | | |
| This is not an allowable good, service, or support per the approved HCBS Waiver. | | | |
| The request contradicts IRIS Policy. | | | |
| You do not meet the required criteria to receive the SSI-E Supplemental Benefit. | | | |
| You are not eligible for Self-Directed Personal Care services. | | | |
| Specifically, | | | |