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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-01309 (04/2019) | **STATE OF WISCONSIN** |
| **IRIS PROGRAM ORIENTATION AND ENROLLMENT CHECKLIST** |
| **INSTRUCTIONS:** | Completion of this form is not required through Wisconsin State Statute; however, it is a useful tool and resource available to IRIS consultants to ensure all aspects of an IRIS participant’s orientation in the IRIS Program. Orientation must be completed within 90 days of participant’s enrollment date. |
| Participant’s Name (Last, First)      | Participant’s MCI Number      |
| **SECTION I: ORIENTATION TO IRIS** |
| **[ ]**  | Provided the participant a copy of the IRIS Participant Handbook ([P-01008](https://www.dhs.wisconsin.gov/library/p-01008.htm)).  |
| **[ ]**  | Reviewed annual functional eligibility requirements for IRIS and the Long-Term Care Functional Screen (LTCFS) |
| **[ ]**  | Reviewed annual financial eligibility requirements for IRIS and Medicaid, as well as working with Income Maintenance |
| **[ ]**  | Offered unbiased choice of and completed Participant Fiscal Employer Agent (FEA) Selection ([F-01293](http://www.dhs.wisconsin.gov/forms/F0/F01293.docx)) |
| **[ ]**  | Discussed the purpose and importance of the Individual Support and Service Plan (ISSP) |
| **[ ]**  | Discussed communication and availability expectations between IRIS participant and IRIS consultant |
| **[ ]**  | Discussed benefits, responsibilities and alternatives to serving as the employer of record |
| **[ ]**  | Discussed background checks for workers and licensing/credentialing requirements for agency providers |
| **[ ]**  | Discussed processes and paperwork needed for hiring and terminating participant-hired workers |
| **[ ]**  | Reviewed processes for training participant-hired workers, as well as the responsibilities of approving and submitting timesheets |
| **[ ]**  | Reviewed and discussed IRIS Self-Directed Personal Care (SDPC) Disclosure Statement ([F-01258](http://www.dhs.wisconsin.gov/forms/F0/F01258.docx)) – (TMG-ICA only) |
| **[ ]**  | Completed review of the Participant Education Manual ([P-01704](https://www.dhs.wisconsin.gov/library/p-01704.htm)) and captured all dates, initials, and signatures on the Acknowledgement Form ([F-01947](https://www.dhs.wisconsin.gov/forms/f01947.docx)). **[ ]** Review, add, and/or update IRIS consultant’s contact information, IRIS consultant agency contact information, and chosen FEA’s contact information. **[ ]**  Review contact information for the general call center, the complaint/grievance call center and IRIS ombudsmen.  |
| My signature below indicates that I personally reviewed all aspects of this document (and the accompanying attachments) with the participant and/or guardian and provided them with the opportunity to ask questions. |
| **SIGNATURE** –IRISConsultant | Date Signed |
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