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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-01205B (03/2017) | **STATE OF WISCONSIN** |
| **IRIS PARTICIPANT EDUCATION: BUDGET AMENDMENTS** |
| **INSTRUCTIONS:** | This form is to be used as acknowledgement of compliance with IRIS program participant education. Completion of this form is not required through Wisconsin State Statute; however, completion of this form is an IRIS program requirement. The IRIS consultant must also acknowledge the review of this form. |
| **NOTE:** | **All paperwork must be maintained in the participant’s record and must be available for review upon request by DHS.** |
| When you identify the need for additional services and supports beyond what can be purchased through your existing budget, you will need to formally request additional budget through the budget amendment process. The information below will inform you of your responsibilities as the participant/legal representative and will also inform you of the process and what you can expect from your IRIS consultant during the budget amendment process. |
| **AM I ELIGIBLE FOR A BUDGET AMENDMENT?**Before you begin the budget amendment process, you should know that there are some conditions that would automatically exclude you from being eligible for requesting a budget amendment. If any of the statements below apply to you, you are not eligible for a budget amendment:* You live in an Adult Family Home (AFH), Residential Care Apartment Complex (RCAC), or Community-Based Residential Facility (CBRF) and intend to stay living there.
* You are in the process of being disenrolled for any reason.
* You are not current in your spend down or cost share payments.
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| **IF I AM ELIGIBLE FOR A BUDGET AMENDMENT, WHAT HAPPENS NEXT?**Once it is established that you are eligible to request a budget amendment, your IRIS consultant will do the following to make sure your current plan is as accurate and cost-effective as possible:* Review this form with you to ensure that you understand the process and each party’s responsibilities.
* Review your plan with you and revise the plan if necessary to ensure the following requirements are met:
	+ All goods and services on your plan funded by IRIS are approved Medicaid Waiver Services.
	+ The budget on your current plan does not exceed the budget identified at your most recent Long Term Care Functional Screen (LTCFS).
	+ All service providers are identified on your plan including the typical number of hours they provide.
	+ Wages paid to your parents, if they provide your care, do not include payroll taxes.
* Review your plan with you to ensure that you are purchasing your services in the most cost-effective manner.
* Ensure that you are maximizing natural supports, ForwardHealth Card Services, and other funding sources available to you.
* If you are requesting Supportive Home Care hours, your IRIS consultant will work with you find out if you eligible for additional support funded by your ForwardHealth Card through Medical Assistance Personal Care (MAPC), IRIS Self-Directed Personal Care (IRIS SDPC), or MA Private Duty Nursing.
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| Once it is established that your existing plan is as accurate and cost-effective as possible, your IRIS consultant will work with you to do the following:* Complete the Budget Amendment Request Form.
* Document your provider quotes on the Provider Comparison Form.
* Ensure that you have a change in condition Long Term Care Functional Screen if you are requesting an increase of 25% or more of your budget for Supportive Home Care hours.
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| **WHAT ARE MY RESPONSIBILITIES AS A PARTICIPANT?**Your responsibilities as a participant in the budget amendment process are the following:* Make yourself available to your IRIS consultant and provide all necessary information for the completion of the required paperwork.
* Make yourself available to the LTCFS Screener to complete a change in condition LTCFS if you are requesting an increase in your budget of 25% or more for care-related services and/or supports (SHC, Respite, Day Services, etc.) IRIS SDPC hours cannot be requested through the budget amendment process.
* Contact three providers for the service that you are requesting and obtain a bid from each for the service/support/good you are requesting. You will need to provide the quotes to your IRIS consultant. It is important to remember that the quotes need to include the name of the provider, what will be included in the service, and the rate. Each provider must give a quote for comparable services.
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| **WHAT HAPPENS AFTER MY REQUEST IS SUBMITTED TO THE DEPARTMENT OF HEALTH SERVICES?**Once the completed packet is submitted to the Department of Health Services (DHS), the following steps are completed:* DHS completes a pre-review of the request to confirm that you are eligible for a budget amendment and to ensure that all of the required documentation is attached.
* DHS will work with the IRIS consultant agency to resolve any issues noted during the pre-review process. This means that your IRIS consultant may return to you with follow up questions.
* DHS will review the request and notify you and the IRIS consultant agency of the decision to approve or deny the request via letter.
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| **WHAT HAPPENS IF MY REQUEST IS APPROVED?**If your request is approved, the following steps will occur:* DHS will notify you and the IRIS consultant agency of the Department’s approval of your request via letter.
* Your IRIS consultant will submit an updated plan reflecting the approved request.
* The IRIS consultant agency will send the updated plan to the fiscal employer agent to ensure payment of the newly approved service/support/good.
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| **WHAT OPPORTUNITIES DO I HAVE TO CONTINUE TO PURSUE MY REQUEST IF DHS DENIES MY REQUEST?**If the Department denies your request, you have the following two options to continue to pursue your request:* Independent Review – the letter explaining that DHS has denied your request will provide you with information regarding requesting an Independent Review of the denial of your request by others within DHS.
* Appeal – if you do not request an Independent Review, a Notice of Action describing the reason(s) for the denial and the process you need to follow to have your appeal heard by an Administrative Law Judge.
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| You can choose one or both of these options. However, if you are going to exercise your right to an Independent Review, you must do the Independent Review **before** filing an appeal. |
| **Please ensure completion of signature page.** |

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| My signature below indicates that my IRIS consultant has reviewed this entire document with me and I have had the opportunity to ask my IRIS consultant all of my questions. My signature also indicates that I understand the material above as presented to me. I understand that if I have questions regarding the budget amendment process in the future that I may address them with my IRIS consultant. My signature also indicates that I understand that if I do not provide my IRIS consultant with the necessary information that I may delay the process by which the budget amendment is reviewed by the Department of Health Services. |
| **SIGNATURE** – Participant | Date Signed |
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| **SIGNATURE** – Guardian (If applicable) | Date Signed |
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| My signature below indicates that I personally reviewed this document with the participant and/or guardian and provided them with the opportunity to ask questions. |
| **SIGNATURE** – IRIS Consultant | Date Signed |
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