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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-01206A (02/2017) | **STATE OF WISCONSIN** |
| **IRIS ONE-TIME EXPENSE VENDOR BID COMPARISON** |
| **INSTRUCTIONS:** | Completion of this form is not required through Wisconsin State Statute; however, completion of this form is an IRIS Program requirement.See page 2 of this form for detailed instructions. |
|  | **BID NUMBER 1** | **BID NUMBER 2** | **BID NUMBER 3** |
| **Vendor** |       |       |       |
| **Item Being Requested** |       |       |       |
| **Materials** |       |       |       |
| **Labor** |       |       |       |
| **Total Cost** |       |       |       |
| **Participant’s Preference** | [ ]  | [ ]  | [ ]  |
| **Reason for Participant’s Preference** |       |       |       |
| **For DHS Use Only (Shaded Area)** |
| **Vendor Approved by DHS** | [ ]  | [ ]  | [ ]  |
| **Cost Approved by DHS** |       |       |       |
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| Name of ICA Staff      | Email      |
| By completing and submitting this form, you are confirming that you have completed all required fields. You further confirm that all information provided has been reviewed, verified and is accurate to the best of your knowledge.Please attach this form and any other relevant accompanying documents to the following link, in the appropriate file:[**https://share.health.wisconsin.gov/ltc/teams/iris/iba/SitePages/Home.aspx**](https://share.health.wisconsin.gov/ltc/teams/iris/iba/SitePages/Home.aspx) |

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| **INSTRUCTIONS FOR COMPLETING THE IRIS ONE-TIME EXPENSE VENDOR BID COMPARISON FORM** |
| **Who Should Use This Form**This form should be used by IRIS Consultant Agencies serving participants who request a one-time expense. All relevant attachments should be submitted with this form. |
| **How to Complete This Form**This form is to be completed and submitted electronically. This document is a fillable Microsoft Word document. TAB or CLICK between fields. |
| \*\*ALL FIELDS ON THIS FORM ARE REQUIRED. AN INCOMPLETE FORM WILL RESULT IN PROCESSING DELAYS\*\* |
| **Vendor** | Insert name of vendor |
| **Service Being Requested** | Insert service being requested – must be a service identified in the approved waiver |
| **Materials** | List all materials exactly as they appear on the vendor’s bid including type of material (linoleum vs. tile), quantity, etc. Also, include any applicable permits |
| **Labor** | Identify cost for labor in the following formula: cost per hour x number of hours = cost of labor |
| **Total Cost** | Insert bottom line total cost: materials + labor+ permits = total cost |
| **Participant’s Preference** | Check the box of the vendor the participant prefers |
| **Reason for Participant’s Preference** | Insert reason for participant choosing the vendor they selected |
| **Provider Approved by DHS** | DHS will indicate their decision by checking the box of the provider they approve |
| **Cost Approved by DHS** | DHS will enter the cost approved |
| **Person Completing This Form**Important things to remember:* This form is to be completed for all one-time expense requests.
* The purpose is to ensure that all bids are comparable.
* If it is discovered that the bids are not comparable, the ICA must ensure that the bids are updated to ensure that they are comparable before submitting the request to DHS.
* The participant’s preference may not always be honored especially if another vendor is more cost-effective.
* Remember to include comprehensive costs, including taxes, shipping charges, installation fees, etc.
* The vendor must be qualified and approved by Medicaid to provide the goods or services requested.
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| The ICA staff that completes this form must also provide DHS with all relevant forms. When submitting this form, you are assuring that the information you provided has been verified and is accurate to the best of your knowledge. |
| **How to Submit This Form**This form and any relevant accompanying forms should be attached electronically to the DHS Budget Amendment SharePoint site, in the appropriate participant’s file. |