|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-01206B (02/2017) | | | **STATE OF WISCONSIN** | | | | |
| **IRIS ONE-TIME EXPENSE REQUEST – RAMP** | | | | | | | |
| **INSTRUCTIONS:** | | Completion of this form is not required through Wisconsin State Statute; however, completion of this form is an IRIS Program requirement. | | | | | |
| **SECTION I – DEMOGRAPHICS** | | | | | | | |
| Participant’s Name (Last, First) | | | County | | | | |
| IRIS Consultant (Last, First) | | | IRIS Consultant Agency | | | | |
| Consultant’s Phone Number | | | Date of Completion | | | | |
| Participant resides in a substitute care facility (AFH or RCAC)? | | | | | | Yes | No |
| If **Yes**, **STOP**. As per the Medicaid Waiver Manual, “Excludes payments for modifications to a licensed substitute care facility. In these facilities, repairs and/or modifications are a cost of facility operations.” As a result, this home modification cannot be approved. | | | | | | | |
| Participant lives in a home owned by another person or in an apartment? | | | | | | Yes | No |
| If **yes**, had the dwelling owner approved of this construction? | | | | | N/A | Yes | No |
| My signature below indicates that I am aware of and approve of the modifications to the property that I own and/or manage. | | | | | | | |
| **SIGNATURE** – Landlord/Owner | | | | Date Signed | | | |
|  | | | |  | | | |
| **SECTION II – SPECIFICS OF RAMP AND LANDING – TO BE COMPLETED BY CONTRACTOR** | | | | | | | |
| All railings, landings, pitch/slope and thresholds must meet both Americans with Disabilities Act (ADA) standards for accessible design and local building codes. | | | | | | | |
| Pressure treated lumber is the standard material used for ramp construction. If material other than pressure treated lumber is used (i.e. composite decking and railings) the request must include justification for the use of the substitute material and how that relates to the accessibility issue being addressed as part of this request. | | | | | | | |
| Building Permit required? | | | | | | Yes | No |
| Builder insured (if applicable)? | | | | | N/A | Yes | No |
| **SECTION III – BID Requirements** | | | | | | | |
| Each BID must have the following documents attached: | | | | | | | |
|  | Drawing of proposed ramp as it will appear attached to the home | | | | | | |
|  | Copies of Licenses and/or insurance relevant to the service being provided | | | | | | |
|  | Detailed line-item material list | | | | | | |
|  | Justification for use of substitute material | | | | | | |
|  | Detailed line-item labor cost | | | | | | |
| The Medicaid Waiver standards require that the ramp be built to all applicable local and state housing or building codes. | | | | | | | |
| My signature below indicates that the wheelchair ramp and landing will be built in accordance with all applicable local and state housing or building codes and is subject to any inspection required by the municipality responsible for administration of the codes. | | | | | | | |
| **SIGNATURE** – Builder/Contractor | | | | Date Signed | | | |
|  | | | |  | | | |