|  |  |  |  |
| --- | --- | --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-01258 (06/2019) | | **STATE OF WISCONSIN** | |
| **IRIS SELF-DIRECTED PERSONAL CARE (SDPC) DISCLOSURE STATEMENT** | | | |
| As an IRIS consultant working for TMG, an IRIS consultant agency provider for the IRIS Home and Community Based Services Waiver Program, I am required to tell you the following information about Self-Directed Personal Care (SDPC) Services: | | | |
|  | I am an IRIS consultant with TMG, an IRIS Consultant Agency that contracts with the Department of Health Services for the IRIS Program. | | |
|  | IRIS Self-Directed Personal Care is available to any IRIS participant that is eligible to receive personal care, regardless of their IRIS consultant, IRIS consultant agency, or fiscal employer agent. | | |
|  | The company that owns my IRIS consultant agency also owns the agency that provides IRIS Self-Directed Personal Care (IRIS SDPC). | | |
|  | You have the choice of receiving your personal care through IRIS Self-Directed Personal Care (IRIS SDPC) or through Medical Assistance Personal Care (MAPC). | | |
|  | You and/or your legal decision maker are responsible for choosing whether you will receive your personal care by IRIS SDPC or MAPC. | | |
|  | If you are eligible for SDPC, It is important that I explain the differences between IRIS SDPC and Medical Assistance Personal Care (MAPC) in a fair and equal manner.  With IRIS SDPC you will hire your own personal care workers and the IRIS SDPC Oversight Agency will provide oversight visits and help manage your personal care. With MAPC, your personal cares will be provided by workers hired by an agency. | | |
|  | The IRIS SDPC Oversight Agency contracts with the Department of Health Services to provide the following services: | | |
| * Verifies your eligibility for SDPC, and conducts an evaluation to decide the number of personal care hours you need. * Partners with you to develop your My Care Instructions that you will use to manage your personal care. * Provides regularly scheduled personal care over sight visits. * Partners with you to direct the quality of your personal care worker. | | |
|  |  | | |
| My signature below shows 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 regarding my options of how I receive my personal cares. My signature also implies that I understand the material above as presented to me. I understand that if I have any future questions regarding my personal care options I may speak with my IRIS consultant. | | | |
| **SIGNATURE** – Participant | | | Date Signed |
|  | | |  |
| **SIGNATURE** – Guardian (If applicable) | | | Date Signed |
|  | | |  |