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| DEPARTMENT OF HEALTH SERVICESDivision of Medicaid ServicesF-01569 (08/2020) |  | **STATE OF WISCONSIN** |
| **IRIS CONSULTANT AGENCY (ICA) TRANSFER CHECKLIST** |
| Completion of this form is voluntary and is not required by Wisconsin Statutes, but is an IRIS Program requirement necessary for a participant to transfer to a new ICA. The sending ICA shall complete this form and forward it to the receiving ICA and DHS within 10 days of the ADRC signature date on [F-00075](https://www.dhs.wisconsin.gov/forms/f0/f00075.doc) . |
| Participant Name | Participant MCI |
| Participant Name | Participant ID Number |
| ADRC Signature Date on [F-00075](https://www.dhs.wisconsin.gov/forms/f0/f00075.doc) | Transferring | Effective Date |
| Enter Date | From Enter Sending ICA Name to Receiving ICA Name | Enter Date |
| **PART A:** Important Due Dates (complete all that apply) |
| Date Next Medicaid Renewal is Due | Date Next LTC FS is Due to be Completed |
| Enter Date | Enter Date |
| Date Next Plan Review is Due | Date IRIS-SDPC Authorization Expires |
| Enter Date | Enter Date |
| Other Important Due Date |
| Specify Due Date Other Date |
| **PART B:** Important information for the receiving ICA. Check all boxes that apply to transferee, over the previous 3 years, unless specified otherwise. |
| [ ]  Adult Protective Services, Adult at Risk, or law enforcement involvement [ ]  Substantiated fraud [ ]  Critical Incidents [ ]  Private duty nursing involvement[ ]  Hospice involvement [ ]  Use of restrictive measure(s) [ ]  Behavior support plan [ ]  Conflict of interest present and documented[ ]  Notice of Action or State Fair Hearing [ ]  Cost share payment concerns or arrearages[ ]  Unresolved complaint or grievance[ ]  Other – Specify: Enter Text[ ] Please follow up with the IRIS Consultant by phone or email for more details.  |
| **Part C.** Information Completed By |
| **NAME** – Sending ICA Staff Completing Form | Phone Number |
| Enter Name | Enter Phone Number |
| Email Address |
| Enter Email Address |
| **Forward this form to both the receiving ICA and to DHS when complete.****IRIS Email:** DHSWISITSSystemAdmin@dhs.wisconsin.gov  |