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| DEPARTMENT OF HEALTH SERVICES  Division of Medicaid Services  F-01293D (04/2023) |  | | **STATE OF WISCONSIN** |
| **IRIS FISCAL EMPLOYER AGENT (FEA) TRANSFER CHECKLIST** | | | |
| **INSTRUCTIONS:** Completion of this form is voluntary and is not required by Wisconsin Statutes. However, the IRIS Program requires this form to complete the FEA transfer process. The IRIS Consulting Agency (ICA) completes this form and will upload the form into WISITS. The ICA will issue a work request to both the sending and receiving Fiscal Employer Agents (FEA) within 8 days of signature date on [F-02764](https://www.dhs.wisconsin.gov/library/f-02764.htm). | | | |
| Participant Name | | Participant MCI | |
| Participant Name | | Participant MCI Number | |
| Transferring | | Transfer Effective Date[[1]](#footnote-1) | |
| **From** Current FEA  **to** Receiving FEA | | Click here to enter a date. | |
| Yes  No Does the Participant use In/Out Timesheets for Participant-Hired Workers? | | | |
| **PART A: IRIS Participants that meet any of the following criteria are not eligible for a FEA Transfer.**  Check the boxes that apply to characteristics of the transferee. If participant is not eligible, please refer to 6.31 Transferring/Changing Fiscal Employer Agent providers in IRIS Work Instructions ([P-00708A](https://www.dhs.wisconsin.gov/publications/p0/p00708a.pdf)) and the addendum ([P-03107](https://dhs.wisconsin.gov/publications/p03107.pdf)). | | | |
| The participant is not current with their Medicaid cost share obligation (a person with a repayment plan to pay arrears is not considered current).  The participant is in the process of disenrolling from IRIS, whether voluntary or involuntary.  The participant is requesting to transfer to a FEA who has a direct or indirect financial or fiduciary relationship with their current ICA.  The participant has already transferred FEAs during a consecutive transfer period.  Other — Specify: Enter Text | | | |
| **PART B. Information Completed By** | | | |
| **NAME** — IRIS Consultant Agency and IRIS Consultant/Staff Completing Form | | Phone Number | |
| Enter Name of ICA & IRIS Consultant Completing Form | | Enter Phone Number | |
| Email | | | |
| Enter Email | | | |

1. The ICA and ADRC establish the transfer effective date consistent with the IRIS FEA Transfer Calendar ([P-02239](https://www.dhs.wisconsin.gov/publications/p02239.pdf)). [↑](#footnote-ref-1)