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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-01319B (02/2017) | **STATE OF WISCONSIN** |
| **IRIS DENIAL OF ENROLLMENT REQUEST**  |
| **INSTRUCTIONS:** | IRIS Consultant Agencies (ICAs) must complete this form to request approval from the Department of Health Services (DHS) to deny individuals enrollment during the referral process for the following reasons:* Cost share is in arrears,
* Substantiated fraud during a previous enrollment in IRIS or another long term care program
* Living in an ineligible living setting, or
* Unable or unwilling to address health and safety issues on the Individual Support and Service Plan (ISSP).

Wisconsin State Statute does not require the completion of this form; however, the IRIS program requires the completion of this form to process requests for the involuntary disenrollment of IRIS participants. Personally identifiable information on this form is collected to correctly identify the participant within the information technology system, and will be used only for this purpose. |
| **SECTION I – DEMOGRAPHICS** |
| Participant’s Name (Last, First)      | Participant’s MCI      |
| Target Group[ ]  DD [ ]  PD [ ]  FE | Participant’s IRIS Consultant Agency      |
| Dates of Previous IRIS Enrollment(s)      |  |
| Reason for Denial of Enrollment: |
| [ ]  | Cost share is in arrears  |
| [ ]  | Substantiated fraud during a previous enrollment in IRIS or another long term care program  |
| [ ]  | Living in an ineligible living setting |
| [ ]  | Inability or unwillingness to develop an Individual Support and Service Plan (ISSP) that ensures the participant’s health and safety |
| **SECTION II – REASON FOR REQUEST**  |
| Provide a detailed explanation of the reason for the request.      |
| **SECTION III – EXPLANATION OF ATTEMPTED MITIGATION STRATEGIES**  |
| Provide a detailed explanation of the mitigation strategies implemented to prevent denial of enrollment.      |
| **SECTION IV – CONCLUSION** |
| Explain why the mitigation strategies were unsuccessful and denial of enrollment is the only option.      |
| My signature indicates that the information provided above is true and accurate to the best of my knowledge. |
| **SIGNATURE** – IRIS Consultant Agency Representative  | Date Signed |
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