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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-01689 (03/2018) | | | | |  | | | | | **STATE OF WISCONSIN** | |
| **PARTICIPANT-HIRED WORKER 40-HOUR HEALTH AND SAFETY ASSURANCE EXCEPTION REQUEST – IRIS PROGRAM** | | | | | | | | | | | |
| **NOTE:**  Completion of this form is not required through Wisconsin State Statute; however, completion of this form is an IRIS program requirement when requesting an exception to the 40-Hour Health and Safety Assurance policy.  When all other options have been considered, your IRIS consultant may approve a request for an exception to this policy for service authorizations above 40 hours. There must be clear documentation of the exceptional need, the options considered, and a description of why each option will not eliminate the need for the exception. See Section 4.0A 40-Hour Health and Safety Assurance in the IRIS Work Instructions ([P-00708A](https://www.dhs.wisconsin.gov/publications/p0/p00708a.pdf)).  See [page 3](#INSTRUCTIONS) of this form for detailed instructions. | | | | | | | | | | | |
| **SECTION I – DEMOGRAPHICS (All Fields Must Be Completed)** | | | | | | | | | | | |
| Participant’s Name (Last, First)  Last, First | | | | | Participant’s MCI Number  MCI | | | | | | |
| County of Residence  County | | | | | Date of Birth  Date of Birth | | | | | | |
| Target Group  Target Group | | | IRIS Consultant  IRIS Consultant | | | | | IRIS Consultant Agency  ICA | | | |
| Request Type :  Continuous and Ongoing Exception  1. Geographic Exception  2. Provider Availability (Qualifications) Exception  3. Reasonable Planning Exception  Short-Term Planned, or Unplanned, or Unique Exception  4. Emergency Exception  5. Existing Provider Exception  6. Participant Out-of-Town Exception  7. Respite Care Exception | | | | 8. Change in Condition Exception  9. Complex Needs Exception  Prospective or Retrospective  Prospective: The exception is needed to meet a future need.  Retrospective: The exception is needed to fund a service that has already been provided. | | | | | | | |
| **SECTION II – CURRENT AUTHORIZED IRIS SUPPORTS AND SERVICES** | | | | | | | | | | | |
| **Participant-Hired Worker(s)** | **Support/Service** | | | | **Hours Per Week** | | | | | | **Hourly Wage (Including rate of pay with/without taxes)** |
| PHW | Support/Service | | | | Hours per week | | | | | | Hourly Wage(s) |
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| **SECTION III- REQUESTED PARTICIPANT-HIRED WORKER(S) TO WORK ABOVE 40 HOURS-**  Please refer to the summary guide of allowable and non-allowable exception requests in the IRIS Work Instructions, Section 4.0A  ([P-00708A](https://www.dhs.wisconsin.gov/publications/p0/p00708a.pdf)). | | | | | | | | | | | |
| **Participant-Hired Worker(s)** | **Support/Service** | | | | **Number of Hours Requested** | | | | | | **Overtime Hourly Wage (Including rate of pay with/without taxes)** |
| PHW | Support/Service | | | | Hours per week | | | | | | Overtime Hourly Wage(s) |
| PHW | Support/Service | | | | Hours per week | | | | | | Overtime Hourly Wage(s) |
| **SECTION IV- JUSTIFICATION** | | | | | | | | | | | |
| Explain in detail the justification to have participant-hired worker(s) exceed the 40-hour work week. There must be clear documentation of the exceptional need, the options considered, and a description of why each option would not eliminate the need for the exception. | | | | | | | | | | | |
| Justification | | | | | | | | | | | |
| By completing and submitting this form, you are confirming that you have completed all required fields. You further confirm that all information provided has been reviewed, verified and is accurate to the best of your knowledge. | | | | | | | | | | | |
| **SIGNATURE** – IRIS participant employer | | | | | | | | | Date Signed | | |
| **SIGNATURE** – Legal Representative (if applicable) | | | | | | | | | Date Signed | | |
| **SIGNATURE** – IRIS Consultant | | | | | | | | | Date Signed | | |
| **SECTION V – IRIS CONSULTANT DECISION TO APPROVE OR DENY REQUEST** | | | | | | | | | | | |
| Approved  Denied | | Date of Decision | | | | | | | | | |
| **SIGNATURE**- IRIS Consultant | | | | | | Date Signed | | | | | |
| **INSTRUCTIONS:**  **Who Should Use This Form**  This form should be used by IRIS consultant agencies serving participants who request an exception to the IRIS 40-Hour Health and Safety Assurance policy. The consultant must meet with the participant within 10 days of the participant’s request for an exception.  **How to Complete This Form**  The IRIS consultant completes this form. This document is a fillable Microsoft Word document. TAB or CLICK between fields. | | | | | | | | | | | |
| **IMPORTANT:**  ALL FIELDS ON THIS FORM ARE REQUIRED. AN INCOMPLETE FORM WILL RESULT IN PROCESSING DELAYS | | | | | | | | | | | |
| **SECTION I – DEMOGRAPHICS** | | | | | | | | | | | |
| **Participant’s Name**: Insert Participant’s Name | | | | | **Participant’s MCI Number**: Insert Participant’s MCI Number | | | | | | |
| **County of Residence**: Insert Participant’s County of Residence | | | | | **Date of Birth**: Insert Participant’s Date of Birth | | | | | | |
| **Target Group**:  Select Participant’s Target Group. | | | **IRIS Consultant:** Insert Participant’s IRIS Consultant. | | | | **IRIS Consultant Agency**: Select Participant’s IRIS Consultant Agency. | | | | |
| Request Type:  Using the definitions in Section 4.0A of the 40-Hour Health and Safety Assurance Policy ([P-00708A](https://www.dhs.wisconsin.gov/publications/p0/p00708a.pdf)) in the IRIS Work Instructions and indicate the correct exception number.  Prospective or Retrospective:  Indicate if the exception will fund a future need (prospective), or if the exception will fund a service that has already been provided (retrospective). | | | | | | | | | | | |
| **SECTION II – CURRENT IRIS FUNDED SUPPORTS AND SERVICES** | | | | | | | | | | | |
| **Participant- Hired Worker** | **Support/Service** | | | | **Hours Per Week** | | | | | | **Hourly Rate of Pay (Including rate of pay with/without taxes)** |
| Enter the name of the participant-hired worker providing the service/support. If there are multiple participant-hired workers, list all by name. | Enter the Medicaid Waiver approved service/support currently on the approved plan. | | | | Enter the number of hours per week that each participant-hired worker is currently authorized to work. | | | | | | Enter the hourly participant-hired worker wage. Include the rate of pay with and without payroll taxes. Example: $7.25/$8.04 |
| **SECTION III – REQUESTED PARTICIPANT-HIRED WORKER TO WORK MORE THAN 40 HOURS PER WEEK** | | | | | | | | | | | |
| Please note that this policy states that participant-hired workers who provide only IRIS Self-Directed Personal Care (SDPC) services are not eligible for a policy exception to work hours more than 40 hours per week unless they share their home with the participant and they also provide another IRIS service. Also remember that participant hired workers who share a home with their employer are not entitled to overtime pay for hours worked above 40. | | | | | | | | | | | |
| **SECTION IV - JUSTIFICATION** | | | | | | | | | | | |
| Explain in detail, the justification to have participant-hired worker(s) exceed the 40-hour work week. This should include but is not limited to the reason(s) the IRIS participant is unable to locate additional participant-hired workers. There must be clear documentation of the exceptional need, the options considered, and a description of why each option would not eliminate the need for the exception. | | | | | | | | | | | |
| **SECTION V – IRIS CONSULTANT DECISION TO APPROVE OR DENY THE REQUEST**  Following the criteria outlined in IRIS Policy and Work Instructions, the IRIS Consultant checks the box to indicate if the exception request is approved or denied. When the request is approved, the consultant sends a letter to the participant and includes a copy of this form showing approval. When a request is denied, the consultant sends the participant a denial letter and a copy of this form. Note that generally the decision to approve or to deny will be made on the same day the form is completed. If this decision is not made on the same day it must be made within 5 business days of completing the request form. When a request for more than 60-hours per week is approved, the IC will be required to complete additional home visits. | | | | | | | | | | | |
| **How to Submit This Form**  The IRIS Consultant uploads this form to the Wisconsin Information Technology System (WISITS) to document the request and decision. | | | | | | | | | | | |