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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-01947LP (11/2018) | |  | | **STATE OF WISCONSIN** |
| **IRIS PARTICIPANT EDUCATION MANUAL: ACKNOWLEDGEMENT** | | | | |
| **INSTRUCTIONS:** This form is to be used as acknowledgement of receipt with IRIS program participant education. Completion of this form is not required through Wisconsin State Statute; however, completion of this form is an IRIS program requirement. The participant and their IRIS Consultant must complete and sign this form upon completion of the review and discussion of the IRIS Participant Education Manual ([P-01704](https://www.dhs.wisconsin.gov/publications/p01704.pdf)). Personally identifiable information on this form is collected to verify that the review is complete, and will be used only for this purpose. | | | | |
| **SECTION I – DEMOGRAPHICS** | | | | |
| Participant’s Name (Last, First) | | Participant’s MCI Number | | |
|  | |  | | |
| Your IRIS Consultant Name | | Your IRIS Consultant Agency Name | | |
|  | |  | | |
| Name of Guardian(s) and/or Power(s) of Attorney (If Applicable) | | | | |
|  | | | | |
| I (Participant) have a:  Guardian of the Person  Power of Attorney for Health Care  Neither of these | | | | |
| I (Participant) am reviewing the Participant Education Manual for:  Initial Orientation  Annual Visit  Record Review Remediation  Mismanagement/Ad Hoc | | | | |
| **SECTION II – ACKNOWLEDGEMENT** | | | | |
| By initialing below, I am acknowledging that I have received and reviewed the following sections of the IRIS Participant Education Manual ([P-01704](https://www.dhs.wisconsin.gov/publications/p01704.pdf)) with my IRIS Consultant: | | | | |
| **3.0 Self-Direction Responsibilities** | | **4.0 Monitoring My Budget and Building My Plan** | | |
| Date of Review | Initials – Participant or Guardian | Date of Review | Initials – Participant or Guardian | |
|  |  |  |  | |
| **5.0 Preventing Budget Mismanagement and Fraud** | | **6.0 Conflicts of Interest** | | |
| Date of Review | Initials – Participant or Guardian | Date of Review | Initials – Participant or Guardian | |
|  |  |  |  | |
| **7.0 Reporting Critical Incidents** | | **8.0 Restrictive Measures** | | |
| Date of Review | Initials – Participant or Guardian | Date of Review | Initials – Participant or Guardian | |
|  |  |  |  | |
| **9.0 Annual Health Care Information** | | **10.0 Background Check Policy** | | |
| Date of Review | Initials – Participant or Guardian | Date of Review | Initials – Participant or Guardian | |
|  |  |  |  | |
| **11.0 40-Hour Health and Safety Rules** | | **12.0 Participant-Hired Worker Training** | | |
| Date of Review | Initials – Participant or Guardian | Date of Review | Initials – Participant or Guardian | |
|  |  |  |  | |
| **13.0 Notice of Action and Fair Hearing Requests** | | **14.0 Complaints and Grievances** | | |
| Date of Review | Initials – Participant or Guardian | Date of Review | Initials – Participant or Guardian | |
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| **Acknowledgement Statement:** | | | | |
| 1. I have had the opportunity to ask my IRIS consultant all of my questions. 2. I will keep and refer back to the IRIS Participant Education Manual ([P-01704](https://www.dhs.wisconsin.gov/publications/p01704.pdf)) for more information. 3. I understand that if I have questions in the future about my responsibilities as an IRIS participant, I can address them with my IRIS consultant. | | | | |
| **SIGNATURE** – Participant | | | Date Signed | |
|  | | |  | |
| **SIGNATURE** – Guardian or Legal Decision Maker (If Applicable) | | | Date Signed | |
|  | | |  | |
| **(IRIS Consultant)** My signature below indicates that I personally reviewed this document with the participant and/or guardian and provided them with the opportunity to ask questions. | | | | |
| **SIGNATURE** – IRIS Consultant | | | Date Signed | |
|  | | |  | |
| **COMPLETE BELOW ONLY IF THE IRIS PARTICIPANT IS COMPLETING THEIR ANNUAL REVIEW** | | | | |
| My signature below indicates that I have provided training to all of my active participant-hired workers regarding my needs related to, but not limited to: supportive home care tasks, respite services, transportation, daily living skills, supported employment and/or behavioral support needs. | | | | |
| **SIGNATURE** – Participant | | | Date Signed | |
|  | | |  | |
| **INSTRUCTIONS** | | | | |
| **IMPORTANT NOTE: All fields on this form are required. An incomplete form will result in processing delays.** | | | | |
| **Who Should Use This Form**  This form should be used by IRIS consultant agencies serving participants who are enrolling in the IRIS program. If remediation becomes necessary at any time, this form should be used by the IRIS Consultant to re-educate the participant and/or their legal representative on select sections/information. If re-education is necessary a new form must be completed to acknowledge the sections that were reviewed and when said review was completed. | | | | |
| **How to Complete This Form**  This form is to be completed and submitted electronically. This document is a fillable Microsoft Word document, but requires a hand signature by participant and/or legal representative, as well as the IRIS Consultant.  TAB or CLICK between fields. | | | | |
| **SECTION I – DEMOGRAPHICS** | | | | |
| **Participant’s Name:** Insert participant’s name. | | **Participant’s MCI Number:** Insert participant’s MCI. | | |
| **Your IRIS Consultant Name:** Insert name of IRIS consultant. | | **Your IRIS Consultant Agency Name:** Insert name of ICA. | | |
| **Name of Guardian(s) and/or Power(s) of Attorney (If Applicable):** Insert the full name of the participant’s guardian or power of attorney. | | | | |
| **Indicate whether you have someone helping you self-direct**: Whether a current guardian of the person, an activated Power of Attorney for Health Care, or neither. | | | | |
| **Indicate the reason for review of Participant Education Manual:** Whether as a part of Initial orientation, Annual visit, or due to Record Review Remediation. | | | | |
| **SECTION II – ACKNOWLEDGEMENT** | | | | |
| **Manual Section:** Each section will have its own number and listed above the area in which the participant or their guardian are to sign and document the date the section was reviewed with the IRIS consultant. | | | | |
| **Date of Review** | | **Initials – Participant or Guardian** | | |
| Participant/guardian should input the date the section was reviewed with the IRIS Consultant. Sections should be dated as they are reviewed. | | Participant/guardian should initial each chapter upon completion of the review to document that it was reviewed with the IRIS Consultant on the date indicated to the left of the signature box. | | |
| **SIGNATURE** – Participant | | | | |
| Participant should sign the form after **ALL** sections have been reviewed with the IRIS consultant. If remediation was necessary, participant should sign after all necessary re-education sections have been reviewed with the IRIS consultant. | | | | |
| **SIGNATURE** – Guardian or Legal Decision Maker (If Applicable) | | | | |
| Guardian/Power of Attorney should sign the form after all sections have been reviewed with the IRIS Consultant. If remediation was necessary, Guardian/Power of Attorney should sign after all necessary re-education sections have been reviewed with the IRIS Consultant. | | | | |
| **SIGNATURE** – IRIS Consultant | | | | |
| Consultant should sign the form after verifying that the participant and/or the guardian/power of attorney has no further questions about the manual. | | | | |
| **Person Completing This Form**  When submitting this form, you are assuring that the information you provided has been verified and is accurate to the best of your knowledge. | | | | |
| **How to Submit This Form**  Upon completion, this form should be uploaded to the appropriate Participant’s record in WISITS. | | | | |