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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medical Services  F-02914 (06/2023) | | **STATE OF WISCONSIN** | |
| **IRIS Electronic Visit Verification Risk Agreement** | | | |
| The IRIS Electronic Visit Verification (EVV) policy is available on the Department of Health Services (DHS) website at [www.dhs.wisconsin.gov/publications/p03053.pdf](https://www.dhs.wisconsin.gov/publications/p03053.pdf). | | | |
| **Participant’s Role in EVV** | | | |
| * Ensure that participant-hired workers receive EVV training * Ensure that participant-hired workers have the information needed to check in * Review EVV information with participant-hired workers to reinforce the requirement to use EVV, which may include verifying participant hired workers’ check in and check out times * Gather required live-in worker validation documentation and provide it to the IRIS consultant agency or the fiscal employer agency | | | |
| **Participant Hired Worker’s (PHW) Role in EVV** | | | |
| * Access and review EVV training materials. * Check in and check out for each shift. * Communicate with the fiscal employer agency and participant when the participant-hired worker needs to correct check in or check out times. | | | |
| The EVV Risk agreement is an integral part of ensuring the health and welfare of the participant is being met with services that require EVV. When noncompliance with EVV requirements is identified, the IRIS consultant and the participant engage in conversation about how to address the situation. This form also serves as notification to the participant that they may be subject to involuntary disenrollment if the participant continues to remain non-compliant with EVV requirements. | | | |
| Name — Participant (Last, First) | | Name — IRIS Consultant Agency | |
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| Date of initial discussion regarding EVV non-compliance | | Date of EVV Risk Agreement | |
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| **List PHW names and pay periods in which they have not achieved at least 80% accuracy on EVV use.** List start and end date of each noncompliant pay period per PHW. | | | |
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| **What efforts have been made by the participant to assist their PHWs to be compliant with EVV?** Clearly document any previous conversations that offered assistance with EVV compliance. | | | |
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| **Discuss additional options the participant can use to ensure compliance with EVV requirements.** Check box after each topic was discussed. | | | |
| Hire a new worker  Fire current worker | Use a provider agency  Receive personal care from fee-for-service (also known as MAPC) instead of IRIS | | Voluntarily disenroll from the IRIS program  Other |
| My signature indicates that I understand my responsibilities identified as the participant’s and PHW’s role with EVV. | | | |
| My signature indicates that I understand the options that my IRIS consultant presented to me above. | | | |
| My signature indicates that my IRIS consultant explained to me that I will be at risk of involuntary disenrollment if my PHWs continue to be non-compliant with EVV reporting in the next month. | | | |
| **SIGNATURE** – IRIS Participant | | Date Signed | |
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| **SIGNATURE** – IRIS Consultan**t** | | Date Signed | |
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