Wisconsin Department of Health Services

IRIS Background Check Appeal Process SharePoint Instructions

ATTACHMENTS

The first column will show a paperclip icon when attachments are available. Attach any documents collected during the review of the appeal. To open the attachment, open the issue and click on the hyperlink at the bottom of the issue form.

ISSUE ID

On the view screen, the "Issue ID" column will display a number. This is known as the background check appeal request number and is automatically generated. This is unique to each background check appeal request and can be used in correspondence to identify the background check appeal in question.

| REQUEST STATUS | | |
|---|---|--|
| "Status" indicates the appeal's stage in the review process. Only the Department may change the status to "closed." | | |
| Option | Description | |
| Appeal Received | Select "Appeal Received" when the Department has received the request for the appeal. | |
| Pending Review | Select "Pending Review" when the Fiscal Employer Agent attaches the denial letter and | |
| | background check to the record in SharePoint and the appeal is ready for review. | |
| Decision Issued | Select "Decision Issued" when the IRIS Background Check Review Committee members have | |
| | reviewed the information presented and issued a decision. | |
| Withdrawn | Select "Withdrawn" when the participant and/or applicant withdraw the request for appeal at | |
| | any time during the process. | |
| Closed | The Department selects "Closed" after the IRIS Background Check Review Committee reviews | |
| | the appeal, issues a decision, and mails the appropriate letters. | |

PARTICIPANT'S NAME

Enter the participant's name into this text box in the format (Last Name, First Name).

MASTER CLIENT INDEX (MCI)

Enter the participant's MCI number into this text box.

TARGET GROUP

Select the participant's target group from the dropdown box options.

COUNTY

Select the participant's county of residence from the dropdown box options.

APPLICANT'S NAME

Enter the name of the applicant into this text box in the format (Last Name, First Name).

APPLICANT'S DOB

Enter the applicant's date of birth into this box.

TYPE OF BACKGROUND CHECK BEING APPEALED

Indicate using the correct radio button whether the type of background check under appeal is an "Initial," "4-year," or "With Cause."

RELATIONSHIP BETWEEN PARTICIPANT/APPLICANT

Checks the appropriate relationship(s). The relationship identifies the applicant's relationship to the participant.

IRIS CONSULTANT

Enter the name of the participant's IRIS Consultant into this text box in the format (Last Name, First Name).

AREA LEAD

Enter the name of the participant's Area Lead into this text box in the format (Last Name, First Name).

TOTAL NUMBER OF HOURS PER WEEK

Enter the total number of hours of care per week the participant would like the applicant to provide.

SERVICES AND SUPPORTS

Check the appropriate boxes to indicate which services and supports the participant would like the applicant to provide.

DECISION

| "Decision" indicates the decision issued by the IRIS Background Check Committee. | | |
|--|--|--|
| Option | Description | |
| Approved | Select "Approved" when the IRIS Background Check Committee overturns the Fiscal Employer | |
| | Agent's decision. The applicant may work for the participant. | |
| Denied | Select "Denied" when the IRIS Background Check Committee upholds the Fiscal Employer | |
| | Agent's decision. The applicant may not work for the participant. | |

RATIONALE

| "Rational" indicates the decision issued by the IRIS Background Check Committee. Select appropriate checkboxes. | | |
|---|---|--|
| Option | Description | |
| Conviction is | Select "Conviction is Substantially-Related" when the IRIS Background Check Committee | |
| Substantially- | determines the conviction under review is substantially related as per Wisconsin Administrative | |
| Related | Code DHS Chapter 12.06. | |
| Conviction is not | Select "Conviction is not Eligible for Appeal" when the conviction is included in Wisconsin | |
| Eligible for Appeal | Statute Chapter 50.065 and/or Wisconsin Administrative Code DHS Chapter 12. | |
| Insufficient | Select "Insufficient Information Provided" when the IRIS participant and/or applicant do not | |
| Information | provide sufficient information for the IRIS Background Check Committee to make a | |
| Provided | determination. | |
| Unable to Ensure | Select "Unable to Ensure Health and Welfare" when the IRIS Background Check Committee | |
| Health and Welfare | denies the applicant's employment due to the information provided not demonstrating | |
| | mitigation of health and welfare concerns relative to the conviction being appealed. | |

ASSIGNED TO

Utilize the tool to select the email address of the person assigned to this request. It is possible to have multiple people from multiple agencies assigned to the same request. This is essential when it comes to transferring the responsibility for requests.

RELATED ISSUES

When a participant has multiple applicant appeals in the SharePoint site, denote the appeals as they are related in this section. Highlight each case in the left-hand column with the participant's name (verify MCI first to ensure it is the same person) and click on "Add" to move it to the right-hand column. All cases in the right-hand column are "related issues." If you wish to remove a case in the right-hand column, then highlight the case name, and click "remove," which will move it back to the left-hand column.