



STANDARD NAMING CONVENTION FOR IRIS PROGRAM DOCUMENTS

In an effort to standardize and better organize documents; DHS requires the following naming conventions of the documents listed below. To ensure the appropriate records are uploaded to the participant's document library in WISITS, each file name shall include reference to the participant.

The best practice is to utilize the participant's initials, indicated in the below table with the acronym 'PI.' However, there may be some situations that warrant the full participant name, which is acceptable in place of the initials. The left column documents the DHS form number(s) for each document, as available; if the document is not created by the DHS or consists of multiple documents, no form number may be provided and the box will be highlighted in gray. In the event that there are multiple documents with the same title for the same individual, add '_#' to the file name. For example: OTE_Request_JS_0701215_1 and OTE_Request_JS_0701215_2.

ENROLLMENT

	IRIS Referral Packet	IRIS_Referral_PI_MMDDYYYY
F-01468 or F-01468A	IRIS Welcome/Start Date Letter	Enrollment_PI_MMDDYYYY
F-01319B	Denial of Enrollment Request	Enrollment_Denial_PI_MMDDYYYY
F-01319C	Denial of Enrollment Letter	Enrollment_Denial_Letter_PI_MMDDYYYY
F-82009	Release of Information	ROI_XXXXX_PI_MMDDYYYY <i>Insert Initials/Name of Signee in 'XXXXX'</i>
F-01547	FEA Selection	FEA_Selection_PI_MMDDYYYY
	Rights and Responsibilities	PE_DRW_PI_MMDDYYYY
F-01309	Orientation & Enrollment Checklist	OrientationEnrollment_Checklist_PI_MMDDYYYY

LEGAL DECISIONMAKER

	Power of Attorney - Activation	POA_Activation_MMDDYYYY
F-00085	Power of Attorney - Health	POA_Health_PI_MMDDYYYY
F-00036	Power of Attorney - Finance	POA_Finance_PI_MMDDYYYY
	Guardianship of the Person	Guardianship_Person_PI_MMDDYYYY
	Guardianship of the Estate	Guardianship_Estate_PI_MMDDYYYY
	Supported Decision Making Agreement	SupportDecision_Agreement_PI_MMDDYYYY



LONG-TERM CARE FUNCTIONAL SCREEN (LTCFS)

F-00366	Long-Term Care Functional Screen	LTCFS_PI_MMDDYYYY
F-01942	Long-Term Care Functional Screen – Annual Review Due Letter	LTCFS_Annual_PI_MMDDYYYY
F-01942A	Long-Term Care Functional Screen – Diagnosis Verification Letter	LTCFS_Diagnosis_Verification_PI_MMDDYYYY
F-01942B	Long-Term Care Functional Screen – Providing Copy/Explanation of LTCFS Letter	LTCFS_Copy_LTCFS_PI_MMDDYYYY
F-01942C	Long-Term Care Functional Screen – Release of Information Request Letter	LTCFS_ROI_Request_PI_MMDDYYYY
F-01942D	Long-Term Care Functional Screen – Change in Condition Release of Information Request Letter	LTCFS_CIC_ROI_Request_PI_MMDDYYYY
	Long-Term Care Functional Screen - Budget	LTCFS_Budget_PI_MMDDYYYY
	Medical Documents	LTCFS_Medical_PI_MMDDYYYY

INDIVIDUAL SUPPORT AND SERVICE PLAN (ISSP)

	Individual Support and Service Plan	ISSP_PI_MMDDYYYY
	ISSP – Change in Condition	ISSP_CIC_PI_MMDDYYYY
	ISSP Signature page	ISSP_Signature_PI_MMDDYYYY
	Emergency Backup Plan	EBUP_PI_MMDDYYYY
	Emergency Backup Plan Signature Page	EBUP_SigPage_PI_MMDDYYYY

TRANSFERS BETWEEN AGENCIES

	IRIS Consultant Agency - Transfer Request	ICATransfer_Request_PI_MMDDYYYY
F-01569	IRIS Consultant Agency - Transfer Checklist	ICATransfer_Checklist_PI_MMDDYYYY
	IRIS Consultant Agency - Transfer Approval letter	ICATransfer_ProviderChange_PI_MMDDYYYY
F-01204F	IRIS Consultant Agency - Transfer Denial letter	ICATransfer_Denial_PI_MMDDYYYY
F-01293D	Fiscal Employer Agent - Transfer Checklist	FEATransfer_Checklist_PI_MMDDYYYY
	Fiscal Employer Agent - Transfer Request	FEATransfer_Request_PI_MMDDYYYY
F-01293C	Fiscal Employer Agent - Transfer Approval letter	FEATransfer_ProviderChange_PI_MMDDYYYY
F-01293B	Fiscal Employer Agent - Transfer Denial letter	FEATransfer_Denial_PI_MMDDYYYY

SELF-DIRECTED PERSONAL CARE (SDPC)

	IRIS Self-Directed Personal Care (SDPC) Referral	SDPC_Referral_PI_MMDDYYYY
F-01205J	IRIS Participant Education: Self-Directed Personal Care	PE_SDPC_PI_MMDDYYYY



F-01566	IRIS Self-Directed Personal Care (SDPC) – My Cares	MyCares_PI_MMDDYYYY
F-01566A	IRIS Self-Directed Personal Care (SDPC) – Physician Order & Plan of Care	PPOC_PI_MMDDYYYY
F-01258	IRIS Self-Directed Personal Care (SDPC) Disclosure Statement	SDPCDisclosure_PI_MMDDYYYY
F-01319D	IRIS Self-Directed Personal Care (SDPC) Involuntary Disenrollment Request	SDPC_InvolDisenroll_PI_MMDDYYYY

PRIVATE-DUTY NURSING (PDN)

F-11096	Private Duty Nursing – Physician Plan of Care	PDN_PPOC_PI_MMDDYYYY
	Private Duty Nursing-Specific Back-Up Plan	PDN_BUP_PI_MMDDYYYY
	Private Duty Nursing Prior Authorization Approval or Decision Letter	PDN_PA_PI_MMDDYYYY

PARTICIPANT & PROVIDER EDUCATION

F-01947	IRIS Participant Education Manual Acknowledgement	PEM_ACK_PI_MMDDYYYY
F-01205B	IRIS Participant Education: Budget Amendment Process	PE_BA_PI_MMDDYYYY
F-01205C	IRIS Participant Education: One-Time Expense Process	PE_OTE_PI_MMDDYYYY
F-01205J	IRIS Participant Education: IRIS Self-Directed Personal Care	PE_SDPC_PI_MMDDYYYY
F-01203	IRIS Provider Education: Health and Safety – Incident Reporting	ProviderEd_HSIR_PI_MMDDYYYY

BUDGET AMENDMENT/ONE-TIME EXPENSE REQUESTS

F-01213	Accessibility Assessment Request	AA_Request_PI_MMDDYYYY
	Accessibility Assessment Report	AA_Report_PI_MMDDYYYY
F-01206	IRIS One-Time Expense Request	OTE_Request_PI_MMDDYYYY
F-01206A	IRIS One-Time Expense Vendor Bid Comparison	OTE_VBC_PI_MMDDYYYY
F-01206B	IRIS One-Time Expense Request – Ramp	OTE_Ramp_PI_MMDDYYYY
F-01210	IRIS Budget Amendment Request	BA_Request_Service_PI_MMDDYYYY
F-01210A	IRIS Budget Amendment Provider Quote Comparison	BA_PQC_PI_MMDDYYYY
F-01211	Budget Amendment/One-Time Expense Letter – Approval	BAOTE_Approval_PI_MMDDYYYY
F-01211A	Budget Amendment/One-Time Expense Letter - Denial	BAOTE_Denial_PI_MMDDYYYY
F-01211B	Budget Amendment/One-Time Expense Letter – Combination	BAOTE_Combos_PI_MMDDYYYY
F-01211F	Budget Amendment/One-Time Expense Letter - Non-Response	NonResponse_PI_MMDDYYYY
F-01210B	Budget Amendment Annual Verification Form	BAAV_Service_PI_MMDDYYYY
	Independent Review Request	IndependentReview_PI_MMDDYYYY



F-01211D	Independent Review Letter – Overturned	IndependentReview_Overturned_PI_MMDDYYYY
F-01211E	Independent Review Letter – Upheld	IndependentReview_Upheld_PI_MMDDYYYY
F-01211G	Remand Approval Letter	RemandApproval_PI_MMDDYYYY

NOTICES OF ACTION

F-00236B	Request for a State Fair Hearing – IRIS	RSFH_PI_MMDDYYYY
F-01204A	IRIS Program Notice of Action – Denial Letter	NOA_Denial_PI_MMDDYYYY
F-01204B	IRIS Program Notice of Action – Limit Letter	NOA_Limit_PI_MMDDYYYY
F-01204C	IRIS Program Notice of Action – Reduction Letter	NOA_Reduction_PI_MMDDYYYY
F-01204D	IRIS Program Notice of Action – Termination Letter	NOA_Termination_PI_MMDDYYYY
F-01204E	IRIS Program Notice of Action – Functional Eligibility Letter	NOA_Functional_PI_MMDDYYYY
F-01204F	IRIS Program Notice of Action – Denied Provider Change Letter	NOA_DeniedProviderChange_PI_MMDDYYYY
	Hearing Decision	Decision_PI_MMDDYYYY
	Division of Hearings and Appeals Remand (Letter)	Remand_PI_MMDDYYYY

DIENROLLMENT

	Family Care/Partnership/PACE/IRIS Program-Requested Disenrollment	Disenroll_AdultLTC_PI_MMDDYYYY
	Disenrollment Change Routing	Disenroll_ChangeRouting_PI_MMDDYYYY
F-01319	IRIS Involuntary Disenrollment Request	InvolDisenroll_PI_MMDDYYYY
F-01442H	IRIS Disenrollment Letter – Voluntary	Disenroll_Voluntary_PI_MMDDYYYY
F-01262	IRIS Disenrollment Letter - Fraud	Disenroll_Fraud_PI_MMDDYYYY
F-01442J	IRIS Disenrollment Letter – Mismanagement	Disenroll_Mismanagement_PI_MMDDYYYY
F-01442	IRIS Disenrollment Letter – Death	Disenroll_Death_PI_MMDDYYYY
F-01442A	IRIS Disenrollment Letter – Financial Eligibility	Disenroll_Financial_PI_MMDDYYYY
F-01442B	IRIS Disenrollment Letter – Functional Eligibility	Disenroll_Functional_PI_MMDDYYYY
F-01442D	IRIS Disenrollment Letter – Incomplete Functional Screen	Disenroll_IncompleteFS_PI_MMDDYYYY
F-01442E	IRIS Disenrollment Letter – Ineligible Setting	Disenroll_IneligibleSetting_PI_MMDDYYYY
F-01442F	IRIS Disenrollment Letter – Missing Signature Page	Disenroll_MissingSigPage_PI_MMDDYYYY
F-01442G	IRIS Disenrollment Letter – Non-Spending	Disenroll_NonSpend_PI_MMDDYYYY
F-01442i	IRIS Disenrollment Letter - Cancelled	Disenroll_Cancelled_PI_MMDDYYYY
F-01442C	IRIS Disenrollment Letter - Health and Safety	Disenroll_HealthandSafety_PI_MMDDYYYY



ENROLLMENT WITHDRAWAL

F-01454F	IRIS Program Withdrawal Letter – Death	Withdraw_Death_PI_MMDDYYYY
F-01454G	IRIS Program Withdrawal Letter – Cancelled	Withdraw_Cancell_PI_MMDDYYYY
F-01454A	IRIS Program Withdrawal Letter – Financial or Functional Ineligibility	Withdraw_LossEligible_PI_MMDDYYYY
F-01454B	IRIS Program Withdrawal Letter – Health and Safety	Withdraw_HS_PI_MMDDYYYY
F-01454C	IRIS Program Withdrawal Letter – No Contact (Initial)	Withdraw_NoContact_First_PI_MMDDYYYY
F-01454C	IRIS Program Withdrawal Letter – No Contact (Final)	Withdraw_NoContact_Final_PI_MMDDYYYY
F-01454D	IRIS Program Withdrawal Letter – Non Eligible Setting	Withdraw_NonEligible_PI_MMDDYYYY
F-01454E	IRIS Program Withdrawal Letter – Voluntary	Withdrawl_Voluntary_PI_MMDDYYYY

COST SHARE

F-01200	IRIS Program Cost Share Repayment Agreement	CS_Agreement_PI_MMDDYYYY
F-01556	IRIS Cost Share Letter – Initial	CS_Initial_PI_MMDDYYYY
	IRIS Cost Share Letter – Change in Cost Share	CS_Change_PI_MMDDYYYY
F-01556A	IRIS Cost Share Letter – Initial Delinquency	CS_InitialDelinquent_PI_MMDDYYYY
F-01556B	IRIS Cost Share Letter – Second Delinquent Payment	CS_DelinquentRepayment_PI_MMDDYYYY
F-01556BB	IRIS Cost Share Letter – Previous Delinquent Payment	CS_DelinquentPrevious_PI_MMDDYYYY
F-01556C	IRIS Cost Share Letter – Repayment Plan	CS_RepaymentPlan_PI_MMDDYYYY
F-01556D	IRIS Cost Share Letter – Disenrollment	CSDisenrollment_PI_MMDDYYYY
F-00295	Medical/Remedial Expense Form	MedRemedial_PI_MMDDYYYY

BEHAVIORAL SUPPORT

	Behavior Support Plan	BSP_PI_MMDDYYYY
	Behavior Intervention Plan	BIP_PI_MMDDYYYY
F-62607	Restrictive Measure Application	BSP_RM_PI_MMDDYYYY
	Restrictive Measure Approval	BSP_RMApproval_PI_MMDDYYYY

PARTICIPANT-SPECIFIC

F-22541	Critical Incident Report	IR_PI_MMDDYYYY
F-01558	Risk Agreement – IRIS Program	RA_PI_MMDDYYYY
F-01689	40-Hour Health and Safety Exception Request	40Hour_ExceptionRequest_MMDDYYYY
F-01310A	IRIS Program Conflict of Interest Disclosure – Participant	COI_Participant_PI_MMDDYYYY
F-01212	Grievance Form – IRIS Program	Grievance_PI_MMDDYYYY



F-01261	Fraud Statement – IRIS Program	Fraud_PI_MMDDYYYY
	FARA Remediation Letter	FARA_Remediation_PI_MMDDYYYY
	FARA Recoupment Letter	FARA_Recoupment_PI_MMDDYYYY
	Change Routing Form (for reasons other than disenrollment)	Change_Routing_PI_MMDDYYYY

PARTICIPANT-EMPLOYER PAPERWORK¹

	Employer Set Up Packet	PPT_NewApp_PPTinitials
	Participant Payment Election Form	PPT_PEF_PPTinitials
SS-4	Application for Employer Identification Number	PPT_SS4_PPTinitials
Form 2678	Employer/Payer Appointment of Agent	PPT_2678_PPTinitials
Form 8821	Tax Information Authorization	PPT_8821_PPTinitials

PARTICIPANT-HIRED WORKER & VENDOR SPECIFIC²

F-01310A	IRIS Program Conflict of Interest Disclosure – Provider	COI_Provider_ProviderInitials_MMDDYYYY
F-01894	Overpayment Recoupment Letter – Vendors & PHWs	Overpayment_PI_MMDDYYYY
F-01314	Employment Checklist	EmployChecklist_XX_PI_MMDDYYYY <i>Insert initials of worker in 'XX'</i>
F-01201	IRIS Participant-Hired Worker Employee Set-Up	PHW_SetUp_PI_MMDDYYYY
F-01201A	IRIS Participant-Hired Worker Relationship Identification	PHW_Relationship_PI_MMDDYYYY
F-01201C	IRIS Employer/Employee Agreement	PHW_Agreement_PI_MMDDYYYY
	Payment Election Form	PHW_PEF_PHWinitials_PPTInitials
F-82064	Background Information Disclosure (BID) Form	PHW_BG_PHWinitials_PPTInitials
F-01246	Background Information Disclosure (BID) Addendum	PHW_BGA_PHWinitials_PPTInitials
F-82064	Background Information Disclosure (BID) – 4 Year	PHW_BG4Y_PHWinitials_PPTInitials
F-01246	Background Information Disclosure (BID) Addendum – 4 Year	PHW_BGA4Y_PHWinitials_PPTInitials
	Background Information Disclosure (BID) – Out of State Form	PHW_BGOOS_PHWinitials_PPTInitials
W-4	Employee Withholding Allowance Certificate	PHW_W4_PHWinitials_PPTInitials
WT-4	Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting	PHW_WT4_PHWinitials_PPTInitials
I-9	Employment Eligibility Verification	PHW_I9_PHWinitials_PPTInitials
F-00180C	WI Medicaid Agreement	PHW_WMA_PHWinitials_PPTInitials

¹ For Corrected paperwork submitted, add _Corr_ to the file name

² For Corrected paperwork submitted, add _Corr_ to the file name

