Wisconsin Department of Health Services

IRIS 40-Hour Health and Safety Denials SharePoint Instructions

The following instructions apply to SharePoint documentation of denials related to 40-Hour Health and Safety exceptions. IRIS consultants should defer to Chapter 4 of the IRIS Policy Manual (P-00708) and Chapter 4.0A in the IRIS Work Instructions (P-00708A) for information regarding the 40-Hour Health and Safety policy.

ATTACHMENTS
The first column shows a paperclip icon when attachments are available. Provided documentation is uploaded and documented by the IRIS consultant in the Wisconsin Self-Directed Information Technology System (WISITS). Per Work Instructions, documents **do not** need to be attached to the SharePoint denial entries.

ISSUE ID
On the view screen, the "Issue ID" column displays a number. This auto-generated case number is unique to each case and identifies the case in correspondence. A new issue ID should be present for each denial. If a single request details exception requests for multiple workers, each denial must have its own issue ID.

1. DATE OF INITIAL REQUEST
Enter the date the participant requested an exception for their participant-hired worker.

2. PARTICIPANT'S NAME
Enter the participant's name in the format Last Name, First Name.

3. MCI
Enter the participant's Master Client Index (MCI) number.

4. TARGET GROUP
Select the participant's target group from the drop-down box options Developmental Disability (DD), Frail Elder (FE), and Physical Disability (PD).

5. IRIS CONSULTANT
Enter the name of the participant's IRIS consultant in the format Last Name, First Name.

6. EXCEPTION REQUEST TYPE
There are nine different types of exception requests, which are separated into Continuous & Ongoing exceptions (C & O) and Short-Term or Unplanned exceptions (S or U). See IRIS Work Instructions for more information.

Option	Description
C & O – Geographic Exception	No participant-hired workers (PHWs) or agency-employed caregivers within 45-minutes of the indvidual's service location. This exception relates to provider availability limitations due to distance and population (not provider qualifications).
C & O – Provider Availability (Qualifications)	No PHWs or agency-employed caregivers are qualified to meet the needs of the participant. This does not include geographic exceptions.

C & O – Reasonable Planning Exception	A participant's Individual Services and Supports Plan (ISSP) care needs have not consistently exceeded 60 hours and it is not reasonable to hire an additional PHW for the hours exceeding 40 or to split the hours between two workers. Example: A participant's plan has consistently required 46 hours of supportive home care. It would not be reasonable to hire an additional worker for six hours or to split the time (23 hours each) between two PHWs.
S or U – Emergency Exception	An event occurs that requires a caregiver to exceed 40 hours where the event cannot be addressed through the emergency backup plan, and cannot be anticipated. This includes a snowstorm where the provider must work longer than originally scheduled.
S or U – Existing Provider Exception	A PHW dies, is incapacitated, resigns, is terminated, or no longer meets service definition requirements. This also includes a worker who cannot work due to illness or who is on short-term leave.
S or U – Participant Out-of-Town Exception	A participant requires care to ensure their health and safety while they are traveling, and it is not feasible to bring in additional providers.
S or U – Respite Care Exception	There are limited, short-term, planned periods of respite and it is not feasible to hire and train additional providers to work while the primary caregiver is unavailable.
S or U – Change in Condition Exception	An urgent need for care arises and exceeding the limit is unavoidable without risking the health and safety of the individual.
S or U – Complex Needs Exception	A participant's complex behavioral or other needs require a highly qualified supportive homecare worker and overtime is needed until additional workers can be identified and adequately trained.

8. HOURS REQUESTED

Enter the number of hours per week above 40-hours requested in the extension.

9. HOURLY RATE FOR HOURS ABOVE 40

Enter the requested hourly pay rate (including taxes).

10. PHW NAME

Enter the name of the PHW in the format Last Name, First Name.

11. IS PHW A LIVE-IN CAREGIVER?

Select "Yes" or "No" to identify whether PHW is a live-in caregiver, as defined in IRIS Work Instructions.

12. RETROSPECTIVE/PROSPECTIVE

Select from the drop-down menu whether the request relates to a future exception request (prospective) or a past overtime incident that has already occurred (retrospective).

13. SHORT TERM DURATION (# OF WEEKS)

If the exception request is related to a short-term need, please specify the number of weeks the exception request covers.

14. DENIAL DATE

Enter the date the IRIS consultant issued the denial decision letter.

15. DENIAL LETTER SENT?

Select "Yes" or "No" in the drop-down menu to verify a denial decision letter was mailed or otherwise provided to the participant.

16. DENIAL REASON
Based upon the judgment of the IRIS consultant, they should select the checkbox(es) that apply to the reasons that a denial was issued:

Optione	Description
Unable to ensure health and safety	Approving exception request would jeopardize one or more aspects of the participant's health and safety.
Insufficient or no justification	The reason for the request does not meet one or more of the exception criteria request types.
Name of PHW not included in request	Requests cannot be preemptively granted for PHWs not yet hired.
Number of hours exceeds what policy permits	Please see IRIS Work Instructions (P-00708A) for the guide of allowable and nonallowable exception requests.
Wage exceeds what is usual and customary	The wage is unusual and/or uncustomary for the prescribed service.
Other	This checkbox applies to denial reasons not listed above. IRIS consultants checking this box should also check the "Specify your own value" box and fill in the additional reason(s) for the denial.

17. NUMBER OF PHWs
Enter the specific number of PHWs (cumulatively) that the participant currently employs.

18. CASE NOTE ADDED?
Select "Yes" or "No" in the drop-down menu to verify a case note regarding the denial was added in the participant's WISITS record.

19. LETTER UPLOADED TO WISITS?
Select "Yes" or "No" in the drop-down menu to verify the signed denial decision letter was uploaded to the participant's WISITS record.

20. COMMENTS
This section is optional and can be utilized for tracking exception requests and/or documenting denial-specific information related to the participant or PHW(s).

SCREENSHOT:

Date of Initial Request *

Title *

MCI *

Target Group *

IRIS Consultant *
(Last Name, First Name)

Exception Request Type *

Hours Requested *

Hourly Rate for Hours Above 40 *

PHW Name *
(Last Name, First Name)

Is PHW A Live-In Caregiver? * [▾]

Retrospective/Prospective [▾]

Short Term Duration (# of Weeks) [   ]

Denial Date * [   ] 🗓

Denial Letter Sent? [▾]

Denial Reason *
☐ Unable to Ensure Health and Safety
☐ Insufficient or No Justification
☐ Name of PHW No Included in Request
☐ Number of Hours Exceeds what Policy Permits
☐ Wage Exceeds what is Usual and Customary
☐ Other
☐ Specify your own value:
  [   ]

Number of PHWs * [   ]

Case Note Added? [▾]

Denial Letter Uploaded to WISITS? [▾]

Comments
[

]

Optional. Used to track exception requests and/or documenting denial-specific information related to participant or PHWs.

[Save] [Cancel]