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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-01319D (02/2017) | | | | | **STATE OF WISCONSIN** | |
| **IRIS SELF-DIRECTED PERSONAL CARE (SDPC) INVOLUNTARY DISENROLLMENT REQUEST** | | | | | | |
| **INSTRUCTIONS:** | | The IRIS SDPC Oversight Agency must complete this form to request approval from the Department of Health Services (DHS) to disenroll participants who meet the criteria for involuntary disenrollment identified in IRIS Work Instruction Manual Section 13.8B.1.  Wisconsin State Statute does not require the completion of this form; however, the IRIS SDPC program requires the completion of this form to process requests for the involuntary disenrollment of IRIS SDPC participants. Personally identifiable information on this form is collected to correctly identify the participant within the IT system, and will be used only for this purpose. | | | | |
| **SECTION I –DEMOGRAPHICS** | | | | | | |
| Participant’s Name (Last, First) | | | | | Participant’s MCI | |
| Target Group  DD | | | PD | FE | Participant’s IRIS Consultant Agency | |
| Date of Last Face-to-Face Contact | | | | | Date of Last Attempted Face-to-Face Contact | |
| Date of Last Phone Contact | | | | | Date of Last Attempted Phone Contact | |
| Reason for Disenrollment | | | | | | |
|  | Health and Safety | | | | | |
|  | Mismanagement of purchasing authority | | | | | |
|  | Residing in an Ineligible Living Setting | | | | | |
|  | No longer eligible for IRIS SDPC | | | | | |
| **SECTION II – Reason for Request** | | | | | | |
| Provide a detailed explanation of the reason for the request. | | | | | | |
| **SECTION III – Explanation of Attempted Mitigation Strategies** | | | | | | |
| Provide a detailed explanation of the mitigation strategies implemented to prevent involuntary disenrollment. | | | | | | |
| **SECTION IV – Conclusion** | | | | | | |
| Explain why the mitigation strategies were unsuccessful and involuntary disenrollment is the only option. | | | | | | |
| My signature indicates that the information provided above is true and accurate to the best of my knowledge. | | | | | | |
| **SIGNATURE** – IRIS SDPC Oversight Agency Representative | | | | | | Date Signed |
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