|  |  |
| --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-03197 (07/2023) | **STATE OF WISCONSIN** |
| **IRIS SELF-DIRECTED PERSONAL CARE PRIOR AUTHORIZATION NOTIFICATION –****MAPC SERVICES CASE TRANSFER** |
| **INSTRUCTIONS:** | Provision of this form is an IRIS program requirement upon transfer of personal care services between a Medical Personal Care (MAPC) agency and the IRIS Self-Directed Personal Care option. Questions or concerns regarding this form can be sent to the IRIS Self-Directed Personal Care Oversight Agency at: SDPCAuthorizations@wisconsin-iris.com. |
| This individual has requested that they be enrolled into the IRIS Self-Directed Personal Care program. This serves as notice of the transfer of personal care services *from* your MAPC agency *to*the IRIS Self-Directed Personal Care option as allowed per the Medicaid state plan amendment for personal care services. |
| Participant Name (Last, First) | Participant Date of Birth |
|       |       |
| MAPC Agency |
|       |
| MAPC Contact Name (Last, First, Title) | Today’s Date |
|       |       |
| MAPC Agency will need to end prior authorization for services on: |
|       |
| IRIS Self-Directed Personal Care prior authorization will begin on: |
|       |
| * You will need to end your services (prior authorization) effective      . This means your MAPC agency will be unable to bill for services once we begin billing for services.
* This notice will be kept on file, available for the Department of Health Services review in the event there is duplication of billing for services past the end date for MAPC services listed above.
* The IRIS SDPC agency agrees to not issue/authorize funding for personal care services prior to the date listed above.
 |
| Name of Authorizing Agent for IRIS SDPC Oversight Agency |
|       |
| Title | Date |
|       |       |