

**IRIS PARTICIPANT-HIRED WORKER EDUCATION:
PARTICIPANT-HIRED WORKER 40-HOUR HEALTH AND SAFETY ASSURANCE**

INSTRUCTIONS: This form is used as acknowledgement of compliance with IRIS program participant education. Completion of this form is not required through Wisconsin state statute; however, completion of this form is an IRIS program requirement. The IRIS participant and the IRIS participant-hired worker complete this form. They both sign the signature box at the end of the form after the IRIS participant explains the material. IRIS participants are responsible for educating participant-hired workers on the 40-hour health and safety assurance.

NOTE: All paperwork must be maintained in the participant's record and must be available for review upon request by DHS.

If a participant is receiving services from a Medicaid long-term care program such as IRIS, then it is necessary for the program to ensure health and safety of a participant. Participant-hired workers in the IRIS program are limited to working 40 hours per week or less to mitigate safety risks to the participant and the participant-hired worker. These hours may be any combination of Supportive Home Care, IRIS Self-Directed Personal Care (SDPC), Respite, Daily Living Skills Training, or other services paid at an hourly rate and approved by the 1915 (c) Home and Community Based Waiver.

Participant-hired workers are responsible for ensuring the total number of hours listed on the timesheet(s) does not exceed the approved service authorizations included on the approved Individual Support and Service Plan (ISSP).

Fiscal employer agents (FEAs) will only pay up to the service amount authorized on the ISSP. **Participant-hired workers may not be paid more than the service amount authorized on the participant's plan**

My signature below indicates that I agree to follow the rules and guidelines related to IRIS policy 6.1E.1 (Participant-Hired Worker 40-Hour Health and Safety Assurance). My signature indicates that my employer/IRIS participant has reviewed this document with me and I have had the opportunity to have all of my questions answered. My signature also indicates that I understand the material above as presented to me. I understand that if I have questions regarding the policy in the future that I should address them with my employer/IRIS participant.

SIGNATURE – Participant-Hired Worker	Date Signed
SIGNATURE – Participant/Employer	Date Signed