



IRIS Background Check

A. IRIS Provider Employment Criteria

All IRIS providers, which includes participant-hired workers (PHWs), must be considered willing and qualified.

For the purpose of this policy:

- The term “PHW” refers to an individual that is directly hired, trained, and managed by a participant to provide Medicaid-reimbursed IRIS services. PHWs are not employed by a provider agency.
- The term “applicant” refers to an individual who has applied to be employed by a participant to provide Medicaid-reimbursed IRIS services as a PHW.
- The term “participant-employed provider” refers to an individual who is currently employed by a participant as a Medicaid-reimbursed PHW and is already providing IRIS services.

As applicable and in accordance with [Wis. Stat. § 50.065](#) and [Wis. Admin. Code Chapter DHS 12](#), successfully completing and passing the IRIS Background Check (IBC) is a program requirement to demonstrate that applicants and participant-employed providers aged 18 years of age or older, including family members of the participant and legally responsible individuals, are qualified to receive reimbursement from Medicaid.

The Fiscal Employer Agent (FEA) facilitates and conducts the IBC for applicants and participant-employed providers. The IBC includes two types of background checks:

1. a Caregiver Misconduct Registry background check; and
2. a criminal background check.

B. IRIS Background Check Resources

The IBC includes a review of any applicable employment settings for the care, safety, and security of IRIS participants, as well as a review of any criminal conviction record.

The IBC reviews information from the following resources:

- a search of the Wisconsin Caregiver Misconduct Registry, which is maintained by the Wisconsin Department of Health Services (DHS); and
- a search of a predetermined set of criteria from the records of the Wisconsin Department of Justice.
 - If the applicant or participant-employed provider resided outside of Wisconsin or outside of the United States within the last three years, the criminal history search will include that state and/or country.

C. Conducting the IRIS Background Check

The FEA facilitates and conducts the IBC for applicants who are seeking to be employed by the participant and for participant-employed providers who are currently employed by the participant and already providing Medicaid-reimbursed IRIS services.

For the purpose of this policy:

- The term “Caregiver Misconduct Findings” refers to the caregiver misconduct findings contained in Table 1 of the Appendix of this policy.
- The term “Serious Crimes” refers to the convictions contained in Table 2 of the Appendix of this policy.
- The term “Mandatory Disclosure Crimes” refers to the convictions contained in Table 3 of the Appendix of this policy.

The FEA is required to facilitate and conduct the IBC for applicants and participant-employed providers during the following occurrences:

1. during the hiring process;
2. every four years of Medicaid-reimbursed employment; and
3. on an *ad hoc* basis throughout the duration of Medicaid-reimbursed employment for whom reports exist, or upon reasonable suspicion, that the participant-employed provider:
 - has been, or may have been, convicted of one or more serious crimes;
 - has been, or may have been, convicted of one or more mandatory disclosure crimes; and/or
 - has been, or may have been, issued one or more caregiver misconduct findings.

1. Applicants – Hiring Process

To be determined qualified to receive Medicaid reimbursement, applicants are required to complete and pass the IBC.

- The FEA cannot provide the applicant with a start date for providing Medicaid-reimbursed services prior to the applicant completing and passing the IBC.

During the hiring process, the applicant is required to complete application forms, which are submitted to the FEA. The FEA is required to initiate the IBC within three business days of receiving the applicant’s required application forms, which include the:

- Background Information Disclosure (BID) ([F-82064](#)) form; and
- Background Information Disclosure Addendum-IRIS ([F-01246](#)) form.
 - Completion and submission of the Background Information Disclosure Addendum-IRIS ([F-01246](#)) form further authorizes DHS IRIS partner agencies to conduct subsequent IBCs – without notice – every four years and on an *ad hoc* basis throughout the duration of providing IRIS services to a participant as a Medicaid-reimbursed PHW.
 - If the applicant checks “Yes” in *Section III: Applicant Rehabilitation Review Disclosure* of the Background Information Disclosure Addendum-IRIS ([F-01246](#)) form, the FEA is required to contact the applicant by phone to request a copy of the written decision of approval from the Wisconsin Rehabilitation Review panel as soon as possible, but no later than three business days after receiving the applicant’s completed application forms.

- If the FEA's attempted call to the applicant is answered with an option to leave a voicemail, the FEA will leave a voicemail requesting the call be returned as soon as possible and continue to place a call to the applicant at least one time per business day until initiating the IBC on the third business day after receiving the applicant's completed forms.

2. Participant-Employed Providers

a. Four-Year IBC

To remain qualified to receive Medicaid reimbursement, participant-employed providers are required to pass follow-up IBCs every four years of their employment by the participant to provide Medicaid-reimbursed IRIS services. The FEA facilitates, conducts, tracks, and ensures that follow-up IBCs are conducted within 60 days prior to each four-year anniversary of their employment by the participant to provide Medicaid-reimbursed services.

b. *Ad Hoc* IBC

To remain qualified to receive Medicaid reimbursement, participant-employed providers are required to pass IBCs on an *ad hoc* basis.

The FEA facilitates, conducts, and ensures that the IBC is conducted on an *ad hoc* basis for whom reports exist, or upon reasonable suspicion, that the participant-employed provider:

- has been, or may have been, convicted of one or more serious crimes;
- has been, or may have been, convicted of one or more mandatory disclosure crimes; and/or
- has been, or may have been, issued one or more caregiver misconduct findings.

c. Aged 16 Years – 18 Years

Participant-employed providers who are between the ages of 16 years and 18 years are not required to complete and pass the IBC until they reach 18 years of age.

- The FEA is required to ensure that the IBC is conducted within 30 days after the participant-employed provider reaches 18 years of age.

d. Required Participant-Employed Provider Self-Reporting

To continue receiving reimbursement from Medicaid, participant-employed providers must remain qualified throughout the duration of their employment by the participant to provide Medicaid-reimbursed IRIS services.

If a participant-employed provider is issued one or more caregiver misconduct findings contained in Table 1 of the Appendix of this policy and/or convicted of one or more crimes contained in Table 2 or Table 3 of the Appendix of this policy:

- The participant-employed provider is required to self-report this information to the participant as soon as possible, but no later than the next working day.
- When a participant-employed provider self-reports required information to the participant, the participant must notify the FEA as soon as possible, but no later than one business day prior to the participant-employed provider's next scheduled working day, to receive FEA guidance and follow-up instruction (if applicable).

D. Reviewing the IRIS Background Check

The applicant and participant-employed provider must pass the IBC, which means they must pass both the Caregiver Misconduct Registry background check and the criminal background check, to be determined qualified to receive Medicaid reimbursement.

- If a delay in the FEA's receipt of the IBC results exceeds five business days for any reason, the FEA is required to notify the participant by phone to update the participant regarding the delay.
 - Beginning the sixth business day after the IBC was initiated, the FEA is required to attempt to notify the participant by phone at least one time per business day until successfully reaching the participant or until successfully reaching a voicemail and leaving a voicemail requesting a return call.
 - When updating the participant about the delayed IBC results, the FEA will inform the participant that they can request further updates regarding the FEA's receipt of the results by contacting the FEA.
- The FEA is required to review the IBC results within three business days of receiving the results.
 - An applicant who does not pass the IBC is determined to be unqualified to receive Medicaid reimbursement, and the FEA will stop the hiring process.
 - A participant-employed provider who does not pass the four-year or *ad hoc* IBC is determined to be unqualified to receive Medicaid reimbursement, and the participant and/or FEA must notify and inform the participant-employed provider that the FEA will not process any future payments from Medicaid as soon as possible.
 - Beginning the day after the FEA's initial IBC results notification attempt, the participant-employed provider will no longer be reimbursed by Medicaid.

1. Caregiver Misconduct Registry Background Check – Caregiver Misconduct Findings

The FEA compares any caregiver misconduct findings identified in the applicant's or participant-employed provider's Caregiver Misconduct Registry background check against the caregiver misconduct findings contained in Table 1 of the Appendix of this policy.

If the Caregiver Misconduct Registry background check does not identify any caregiver misconduct findings, the applicant or participant-employed provider passes the Caregiver Misconduct Registry background check.

- However, to pass the IBC and be determined qualified to receive Medicaid reimbursement, the applicant or participant-employed provider **must also pass** the criminal background check.

If the applicant's or participant-employed provider's Caregiver Misconduct Registry background check identifies one or more caregiver misconduct findings:

- The applicant or participant-employed provider does not pass the IBC and is determined to be unqualified to receive reimbursement from Medicaid.
- For applicants, the FEA will stop the hiring process.

- For participant-employed providers, the participant and/or FEA must notify and inform the participant-employed provider that the FEA will not process any future payments from Medicaid as soon as possible.
 - Beginning the day after the FEA's initial IBC results notification attempt, the participant-employed provider will no longer be reimbursed by Medicaid.
- The participant **cannot request** an IRIS background check appeal through DHS on behalf of an applicant or participant-employed provider if caregiver misconduct findings are identified.
 - The background check appeal process through DHS is defined in this policy within *Chapter F. IRIS Background Check Appeal Process*.
- An applicant or participant-employed provider with one or more caregiver misconduct findings may apply for the Rehabilitation Review Program through the DHS Division of Quality Assurance ([Rehabilitation Review Program | Wisconsin Department of Health Services](#)), which may restore the applicant's or participant-employed provider's Medicaid reimbursement qualification status.
 - If the applicant or participant-employed provider previously completed the Wisconsin Rehabilitation Review Program for an identified caregiver misconduct finding and was issued a written decision of approval from the Rehabilitation Review panel, which does not contain any specified conditions or limitations that would impact the provision of PHW services, the applicant or participant-employed provider may submit the written decision of approval to the FEA, and the associated caregiver misconduct finding will not impact whether the applicant or participant-employed provider passes or fails the IBC and will not impact the determination of the applicant's or participant-employed provider's Medicaid reimbursement qualification status.

2. Criminal Background Check

a. Serious Crimes

The FEA compares any convictions identified in the applicant's or participant-employed provider's criminal background check against the serious crimes contained in Table 2 of the Appendix of this policy.

If the criminal background check does not identify any serious crimes, the applicant or participant-employed provider passes the criminal background check.

- However, to pass the IBC and be determined qualified to receive Medicaid reimbursement, the applicant or participant-employed provider **must also pass** the Caregiver Misconduct Registry background check.

If the applicant's or participant-employed provider's criminal background check identifies one or more serious crime convictions:

- The applicant or participant-employed provider does not pass the IBC and is determined to be unqualified to receive reimbursement from Medicaid.
- For applicants, the FEA will stop the hiring process.

- For participant-employed providers, the participant and/or FEA must notify and inform the participant-employed provider that the FEA will not process any future payments from Medicaid as soon as possible.
 - Beginning the day after the FEA's initial IBC results notification attempt, the participant-employed provider will no longer be reimbursed by Medicaid.
- The participant **can request** an IRIS background check appeal through DHS on behalf of the applicant or participant-employed provider with one or more serious crime convictions **only if** the Caregiver Misconduct Registry background check did not identify one or more caregiver misconduct findings.
 - The background check appeal process through DHS is defined in this policy within *Chapter F. IRIS Background Check Appeal Process*.

b. Mandatory Disclosure Crimes

The FEA compares any convictions identified in the applicant's or participant-employed provider's criminal background check against the mandatory disclosure crimes contained in Table 3 of the Appendix of this policy.

If the applicant's or participant-employed provider's criminal background check identifies one or more mandatory disclosure crime convictions:

- Mandatory disclosure crime convictions do not impact whether the applicant or participant-employed provider passes or fails the IBC and do not impact the determination of whether the applicant or participant-employed provider is qualified or unqualified to receive Medicaid reimbursement.
- The FEA is required to disclose the applicant's or participant-employed provider's mandatory disclosure crime convictions to the participant to assist the participant with making an informed and independent decision regarding who they choose to employ.
 - If the participant chooses to stop the applicant's hiring process or stop the participant-employed provider's Medicaid-reimbursed employment, the participant should notify the FEA as soon as possible.

c. Procedures

Reviewing the Caregiver Misconduct Registry Background Check

Step	Responsible Partner(s)	Detail
1	FEA	To be determined qualified to receive Medicaid reimbursement, the applicant or participant-employed provider must pass both the Caregiver Misconduct Registry background check and the criminal background check.
2	FEA	The FEA reviews the background check results within three business days of receiving the results.
3	FEA	The FEA compares any caregiver misconduct findings identified in the applicant's or participant-employed provider's Caregiver Misconduct Registry background check against the caregiver misconduct findings contained in Table 1 of the Appendix of this policy.

Step	Responsible Partner(s)	Detail
4	FEA	If the Caregiver Misconduct Registry background check does not identify any caregiver misconduct findings, the applicant or participant-employed provider passes the Caregiver Misconduct Registry background check. However, to pass the IBC and be determined qualified to receive Medicaid reimbursement, the applicant or participant-employed provider must also pass the criminal background check.
5	FEA Participant Applicant Participant-Employed Provider	If the applicant's or participant-employed provider's Caregiver Misconduct Registry background check identifies one or more caregiver misconduct findings (Appendix Table 1): - The applicant or participant-employed provider does not pass the IBC and is determined to be unqualified to receive reimbursement from Medicaid. - For applicants, the FEA will stop the hiring process. - For participant-employed providers, the participant and/or FEA must notify and inform the participant-employed provider that the FEA will not process any future payments from Medicaid as soon as possible. - Beginning the day after the FEA's initial IBC results notification attempt, the participant-employed provider will no longer be reimbursed by Medicaid. - The participant cannot request an IRIS background check appeal through DHS on behalf of an applicant or participant-employed provider if caregiver misconduct findings are identified. - The background check appeal process through DHS is defined in the following chapter of this policy: <i>Chapter F. IRIS Background Check Appeal Process</i>. - An applicant or participant-employed provider with one or more identified caregiver misconduct findings may apply for the Rehabilitation Review Program through the DHS Division of Quality Assurance (Rehabilitation Review Program Wisconsin Department of Health Services), which may restore the applicant's or participant-employed provider's Medicaid reimbursement qualification status.
6	FEA Participant Applicant Participant-Employed Provider	If the applicant or participant-employed provider previously completed the Wisconsin Rehabilitation Review Program for an identified caregiver misconduct finding and was issued a written decision of approval from the Rehabilitation Review panel, which does not contain any specified conditions or limitations that would impact the provision of PHW services, the applicant or participant-employed provider may submit the written decision of approval to the FEA, and the associated caregiver misconduct finding will not impact whether the applicant or participant-employed provider passes or fails the IBC and will not impact the determination of the applicant's or participant-employed provider's Medicaid reimbursement qualification status.

Reviewing the Criminal Background Check – Serious Crimes

Step	Responsible Partner(s)	Detail
1	FEA	To be determined qualified to receive Medicaid reimbursement, the applicant or participant-employed provider must pass both the Caregiver Misconduct Registry background check and the criminal background check.
2	FEA	The FEA reviews the background check results within three business days of receiving the results.
3	FEA	The FEA compares any convictions identified in the applicant's or participant-employed provider's criminal background check against the serious crimes contained in Table 2 of the Appendix of this policy.
4	FEA	If the criminal background check does not identify any convictions for serious crimes, the applicant or participant-employed provider passes the criminal background check. However, to pass the IBC and be determined qualified, the applicant or participant-employed provider must also pass the Caregiver Misconduct Registry background check.
5	FEA Participant	If the applicant's or participant-employed provider's criminal background check identifies one or more serious crime convictions (Appendix Table 2): - The applicant or participant-employed provider does not pass the IBC and is determined to be unqualified to receive reimbursement from Medicaid. - For applicants, the FEA will stop the hiring process. - For participant-employed providers, the participant and/or FEA must notify and inform the participant-employed provider that the FEA will not process any future payments from Medicaid as soon as possible. - Beginning the day after the FEA's initial IBC results notification attempt, the participant-employed provider will no longer be reimbursed by Medicaid. - The participant can request an IRIS background check appeal through DHS on behalf of the applicant or participant-employed provider with one or more serious crime convictions only if the Caregiver Misconduct Registry background check did not identify one or more caregiver misconduct findings. - The background check appeal process through DHS is defined in the following chapter of this policy: <i>Chapter F. IRIS Background Check Appeal Process</i>.

Reviewing the Criminal Background Check – Mandatory Disclosure Crimes

Step	Responsible Partner(s)	Detail
1	FEA	The FEA reviews the background check results within three business days of receiving the results.

Step	Responsible Partner(s)	Detail
2	FEA	The FEA compares any convictions identified in the applicant's or participant-employed provider's criminal background check against the mandatory disclosure crimes contained in Table 3 of the Appendix of this policy.
3	FEA Participant	If the applicant's or participant-employed provider's criminal background check identifies one or more mandatory disclosure crime convictions (Appendix Table 3): • Mandatory disclosure crime convictions do not impact whether the applicant or participant-employed provider passes or fails the IBC and do not impact the determination of whether the applicant or participant-employed provider is qualified or unqualified to receive Medicaid reimbursement. • The FEA is required to disclose the applicant's or participant-employed provider's mandatory disclosure crime convictions to the participant to assist the participant with making an informed and independent decision regarding who they choose to employ. ○ If the participant chooses to stop the applicant's hiring process or stop the participant-employed provider's Medicaid-reimbursed employment, the participant should notify the FEA as soon as possible.

E. IRIS Background Check Notifications

The FEA is the participant's primary point of contact for IBC questions and/or information. The FEA is required to assemble and mail an individualized IBC notification packet to the participant within three business days of the FEA's receipt of the IBC results for every IBC that is conducted. In addition to mailing all participants an IBC notification packet, the FEA is also required to increase and escalate the notification process if a participant-employed provider does not pass the four-year or *ad hoc* IBC and is unqualified to continue receiving reimbursement from Medicaid.

1. Notification by Mail

a. All Results

The FEA is required to assemble an individualized IBC notification packet and mail it to the participant within three business days of the FEA's receipt of the IBC results.

The participant's individualized IBC notification packet will include the following documents:

1. IRIS Background Check Results Letter, which contains the following information:
 - Applicant's or participant-employed provider's Medicaid reimbursement qualification status (qualified or unqualified);
 - Caregiver misconduct findings (if applicable);
 - [Rehabilitation Review Program | Wisconsin Department of Health Services](#) information and website address (if caregiver misconduct findings are identified);
 - Convictions for serious crimes (if applicable);

- Convictions for mandatory disclosure crimes (if applicable);
 - Determination of whether a participant can/cannot request an IRIS background check appeal through DHS on behalf of an applicant or participant-employed provider who is unqualified to receive reimbursement from Medicaid;
 - Participant instructions for requesting a copy of the background check results in their entirety;
 - FEA contact information; and
 - Participant's "Next Steps".
2. Understanding Your IRIS Background Check Results Letter; and
 3. Background Check Appeal Request - IRIS ([F-01352](#)) (if applicable).

2. Escalated Notifications by Mail/Phone/Email

a. Participant-Employed Provider - Unqualified Results Determination

If the participant-employed provider does not pass the four-year or *ad hoc* IBC and is unqualified to continue receiving Medicaid reimbursement, the participant and/or FEA is required to notify and inform the participant-employed provider as soon as possible, and the FEA is required to escalate the notification contact methods and increase the notification recipients. Beginning the day after the FEA's initial IBC results notification attempt, the participant-employed provider will no longer be reimbursed by Medicaid.

In addition to mailing the IBC notification packet to the participant as soon as possible, but no later than three business days after the FEA's receipt of the IBC results, the FEA is required to conduct the following escalated notification process:

1. The FEA will notify the participant and participant-employed provider by phone as soon as possible, but no later than three business days after the FEA's receipt of the IBC results.
 - If the FEA's attempted call is answered with an option to leave a voicemail, the FEA will leave a voicemail requesting the call be returned as soon as possible and continue to place a call to the participant and participant-employed provider at least one time per business day until successfully contacting the participant and/or participant-employed provider.
2. The FEA is required to send an email to the participant's designated IRIS Consultant (IC) as soon as possible, but no later than three business days after the FEA's receipt of the IBC results, and the email will contain the following:
 - *"As of {insert date reflecting the day after FEA's initial notification attempt}, {insert name of participant-employed provider} is no longer qualified to receive reimbursement from Medicaid for IRIS services provided to {insert name of IRIS participant}."*
 - The participant's designated IC will contact the participant within one business day of receiving the email from the FEA, and the IC and participant will assess and ensure that the participant has adequate supports to meet the participant's long-term care needs.
 - If the participant's/IC's assessment determines that the participant has inadequate supports to meet the participant's long-term care needs, the participant will utilize and implement their required IRIS Individualized

F. IRIS Background Check Appeal Process

If an applicant or participant-employed provider does not pass the IBC and is determined to be unqualified to receive Medicaid reimbursement, the participant may have an option to request an IRIS background check appeal through DHS on behalf of an applicant or participant-employed provider.

1. Appeal Request Eligibility

a. Serious Crimes - Appealable

If an applicant or participant-employed provider does not pass the IBC and is determined to be unqualified to receive Medicaid reimbursement due to one or more convictions for serious crimes, the participant **can request** an IRIS background check appeal through DHS on behalf of an applicant or participant-employed provider **only if** the Caregiver Misconduct Registry background check did not identify one or more caregiver misconduct findings that cannot be appealed.

- The IBC notification packet that the FEA mails to the participant will include an IRIS Background Check Results Letter, which will inform the participant whether they can or cannot request an IRIS background check appeal through DHS on behalf of an applicant or participant-employed provider.
- The IBC notification packet that the FEA mails to the participant will include an IRIS Background Check Appeal Request - IRIS ([F-01352](#)) form if the participant can request an IRIS background check appeal through DHS on behalf of an applicant or participant-employed provider.

b. Appeal Request Submission

To request a background check appeal through DHS on behalf of an applicant or participant-employed provider with one or more convictions for serious crimes, the participant must complete and submit the Background Check Appeal Request - IRIS ([F-01352](#)) form by mail to the mailing address indicated on the form within 60 days after the date indicated on the participant's IRIS Background Check Results Letter.

2. Appeal Review

a. IRIS Appeal Review Committee

The IRIS Appeal Review Committee is composed of five DHS staff members and meets on the third Tuesday of every month (if applicable) to conduct reviews of participant-submitted IRIS background check appeal requests.

- Participant requests for IRIS background check appeals that are received within five business days of the third Tuesday of every month are reviewed by the IRIS Appeal Review Committee no later than the following month's scheduled appeal review meeting.
- Prior to the date of the monthly IRIS Appeal Review Committee meeting, the committee members will review the appeal information that was submitted by the participant.

- Three members of the IRIS Appeal Review Committee are required to be in attendance during the scheduled monthly appeal review meeting.
- During the IRIS Appeal Review Committee meeting, areas of consideration and assessment are discussed, reviewed, and evaluated, which include, but are not limited to:
 - the serious crime conviction(s) that determined the applicant or participant-employed provider is unqualified to receive Medicaid reimbursement;
 - the duration of time that has passed since the date of the serious crime conviction(s);
 - whether the serious crime conviction(s) substantially relates to the tasks that the applicant or participant-employed provider would perform if determined qualified to receive Medicaid reimbursement;
 - information related to the applicant's or participant-employed provider's work environment if determined qualified to receive Medicaid reimbursement; and
 - information related to the applicant's or participant-employed provider's rehabilitation (if applicable).

b. Appeal Decision Issuance

After discussing, reviewing, and evaluating the information and documentation associated with the participant's background check appeal request, each of the attending IRIS Appeal Review Committee members issue an individual decision of "Approved" or "Denied".

- The decision that is issued by the majority of the attending IRIS Appeal Review Committee members is the final IRIS background check appeal decision.
- The IRIS Appeal Review Committee's final IRIS background check appeal decision is mailed to the participant within three business days of decision issuance.
 - If the participant's IRIS background check appeal request is "Approved", the IRIS Background Check Appeal Decision – Approval letter will be mailed to the participant.
 - If the participant's IRIS background check appeal request is "Denied", the IRIS Background Check Appeal Decision – Denial letter will be mailed to the participant.

G. Appendix

1. Tables

1. Table 1 – Caregiver Misconduct Findings

Table 1 – Caregiver Misconduct Findings
Abuse
Neglect
Misappropriation of client's property

2. Table 2 – Serious Crimes

Table 2 – Serious Crimes	
Wisconsin Statute	Crime
940.01	First-degree intentional homicide
940.02	First-degree reckless homicide
940.03	Felony murder
940.05	Second-degree intentional homicide
940.12	Assisting suicide
940.19 (2), (4), (5), or (6), 2023 Stats.	Battery (felony)
940.19 (3), 1999 Stats.	Battery
940.198 (2), 2023 Stats.	Intentional causation of bodily harm
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report
940.225 (1), (2), or (3)	First-, second-, or third-degree sexual assault
940.285 (2)	Abuse of individuals at risk
940.29	Abuse of residents of penal facilities
940.295	Abuse or neglect of patients and residents
940.60 (3) (a), (b), or (c)	Aggravated battery
940.66 (2) (a), (b), or (c)	Intentional causation of harm
948.02 (1)	Sexual assault of a child
948.025	Engaging in repeated acts of sexual assault of the same child
948.03 (2) (a) or 5 (a) 1., 2., or 3.	Physical abuse of a child

3. Table 3 – Mandatory Disclosure Crimes

Table 3 – Mandatory Disclosure Crimes	
Wisconsin Statute	Crime
943.20	Theft
943.201	Unauthorized use of an individual's personal identifying information or documents
943.203	Unauthorized use of an entity's identifying information or documents
943.32	Robbery
943.38	Forgery

943.41	Financial transaction card crimes
948.05	Sexual exploitation of a child
948.051	Trafficking of a child
948.055	Causing a child to view or listen to sexual activity
948.06	Incest with a child
948.07	Child enticement
948.08	Soliciting a child for prostitution
948.085	Sexual assault of a child placed in substitute care
948.11 (2) (a) or (am)	Exposing a child to harmful material or harmful descriptions or narrations
948.12	Possession of child pornography
948.13	Child sex offender working with children
948.21 (1)	Neglecting a child
948.30	Abduction of another's child; constructive custody
948.53	Child unattended in childcare vehicle
961.41 (1)	Manufacture, distribution or delivery of a controlled substance or a controlled substance analog
961.41 (1m)	Possession with intent to manufacture, distribute or deliver a controlled substance or controlled substance analog
961.41 (3g)	Possession or attempt to possess a controlled substance or a controlled substance analog - only if the date of conviction is within 5 or fewer years from the date the results of the criminal background check are obtained by the entity
961.43 (1) (a)	Acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception, or subterfuge
961.43 (1) (b)	To make, distribute, or possess materials designed to reproduce the trademark upon any drug, container, or label so as to make a counterfeit substance or to duplicate the physical appearance, form, package or label of a controlled substance

2. Resources

a. Online Resources

- i. [Wisconsin State Legislature Stat. § 50.065](#)
- ii. [Wisconsin State Legislature Chapter DHS 12 Caregiver Background Checks](#)
- iii. [IRIS Service Plan \(P-00708\)](#)
- iv. [Rehabilitation Review Program | Wisconsin Department of Health Services](#)

b. Form Links

- i. [Background Information Disclosure \(BID\) \(F-82064\)](#)
- ii. [Background Information Disclosure Addendum-IRIS \(F-01246\)](#)
- iii. IRIS Background Check Results Letter - Appealable
- iv. IRIS Background Check Results Letter - Not Appealable
- v. [Background Check Appeal Request - IRIS \(F-01352\)](#)
- vi. Understanding Your IRIS Background Check Results Letter
- vii. IRIS Background Check Appeal Decision – Approval
- viii. IRIS Background Check Appeal Decision – Denial