

**WISCONSIN MEDICAID
LONG-TERM CARE (LTC) WAIVER PREVOCATIONAL ATTESTATION**

INSTRUCTIONS: Type or print clearly.

I attest:

- If providing services through the Family Care, Family Care Partnership, or PACE programs, this organization/agency has the ability to provide this service, demonstrated in at least one of the following ways:
 - Accreditation by a nationally recognized accreditation agency.
 - Comparable experience for a qualified entity, including a minimum of two years of experience working with the applicable target population providing employment-related services that have a goal of integrated employment in the community at minimum wage or above.
- If providing services through the IRIS program:
 - Providers adhere to 42 C.F.R § 440.180(c)(2)(i), including if the participants receive prevocational services, they are compensated at less than 50 percent of minimum wage.
 - There shall be a direct service staff person or persons who possess skills and knowledge that typically would be acquired through:
 - College coursework or a bachelor's degree in one of the human services; or
 - A minimum of 2 years of academic, technical, or vocational training consistent with the type of work to be supervised; or
 - A minimum of 2 years of experience in a work situation related to the type of work supervised.
 - Vocational counseling is available.
 - The provider offers supported employment services.
- Providers comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA).
- If paying subminimum wage, I attest the appropriate subminimum wage certificate and other records for each member/participant are maintained, as required by the Fair Labor Standards Act.
- If any personal care services are provided incidental to the provision of prevocational or supported employment services, the standards in Managed Care Organization Training and Documentation Standards for Supportive Home Care, P-01602, and/or the IRIS (Include, Respect, I Self-Direct) Support Services Provider Training Standards, P-03071, are met, as applicable.
- If transportation is provided incidental to the provision of prevocational or supported employment services, provider attests to the following:
 - Providers comply with applicable Wisconsin statutes, as follows: Wis. Stat. §§ 194 (common carrier), 85.20 (mass transit), 85.23 (mass transit), 85.21 (specialized transport), and 85.22 (specialized transport), and Wis. Admin. Code § DHS 61.45 (specialized transportation agency), as applicable.
 - Each driver possesses a valid regular or commercial operator's license that is unrestricted, except as related to vision. The vision restrictions may be waived if the driver's vision is corrected to an acuity of 20/30 or better by the use of corrective lenses. In this event, the driver wears corrective lenses while transporting members/participants.
 - As applicable, agencies that transport members/individuals or receive funding for travel time ensure their staff complete the driver's record check. The agency validates and documents auto insurance before employment and at least annually for all staff and ensures insurance is maintained at all times when providing services to Medicaid members/participants.
 - Provider has a policy to prevent any member/participant from being left in a vehicle.
 - Providers who transport individuals must have a communication system, such as a cellular telephone or CB radio, in place on all transportation vehicles.
 - Providers who transport individuals attest they have a mechanism in place to ensure all vehicles are maintained in accordance with manufacturer's recommendations and undergo regularly documented safety checks to ensure

vehicles are safe, accessible, and equipped to meet the needs of those being transported (including staff's own vehicles if they are used for transport of individuals).

- Providers certify that the vehicle used is and will be mechanically sound, has properly functioning lighting, safety, ventilation, and braking systems, and has properly inflated tires without excessive wear.

I agree and attest to the above. The individual signing must be the applicant or legal representative of your organization.

First Name	Last Name
Title	Date Signed

SIGNATURE
