

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

**INSTRUCTIONS:** Type or print clearly.

I attest:

- If providing services through the Family Care, Family Care Partnership, or PACE programs, the provider has the ability to provide this service, demonstrated in at least one of the following ways:
  - Holding the Certified Employment Support Professional accreditation.
  - Meeting the Association of People Supporting Employment First (ASPE) Quality Indicators for Supported Employment Personnel.
  - Comparable experience for a qualified individual, including a minimum of two years of experience working with the target population proving supported employment.
  - Accreditation by a nationally recognized accreditation agency.
  - Existence of a current contract with the Wisconsin Department of Workforce Development Division of Vocational Rehabilitation (DVR) for provision of supported employment services.
  - Submission of written documentation as evidence the agency meets all DVR Technical Specifications related to supported employment.
  - Comparable experience for a qualified entity, including a minimum of two years of experience working with the target population providing integrated employment services in the community.
- If providing services through the IRIS program:
  - Providers meet APSE Supported Employment Competencies relevant to the particular aspects of supported employment being provided. If self-employed, providers have knowledge of the unique needs/preferences of the participant and knowledge of self-employment best practices.
- 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) Services 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**

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