

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

**INSTRUCTIONS:** Type or print clearly.

I attest:

- Providers comply with 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.
- Agencies that transport members/participants 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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