

WISCONSIN MEDICAID
LONG-TERM CARE (LTC) WAIVER HCBS SETTINGS RULE COMMUNITY-BASED PROVIDER
ATTESTATION

INSTRUCTIONS: Type or print clearly.

I attest:

The service provider does not own, lease, or operate a physical location where services are being rendered, **or** if the service provider owns, leases, or operates a physical location where services are being rendered, the provider attests to the following:

- At no time is the provider-owned, leased, or operated physical location used as a back-up service location for any reason including inclement weather, limited staff availability, reduced availability of transportation resources, or cancellation of community-based programs.
- Members/participants do not return to the provider-owned, leased, or operated physical location for meals or other break times.
- The only time members/participants are in the physical location owned, leased, or operated by the provider is to await transportation to the broader community at the start and/or end of the service day.
- Person-centered planning meetings, assessments, and other similar services are not conducted in the physical location that is owned, leased, or operated by the provider. They are conducted in a setting that has been selected and/or agreed upon by each member/participant. Such locations may include the member/participant's home or another location within the broader community that affords a reasonable measure of privacy.
- At no time will the provider seek reimbursement for facility-based services provided to members/participants.

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	