

MY CHOICE WISCONSIN (MCW) ATTESTATION FORM (CONTRACT, TRAINING, CAREGIVER BACKGROUND CHECKS, POLICY & PROCEDURES)

Provider Legal Name: _____

EIN _____ Certification or License # _____

By signing this attestation Provider is accepting acknowledgment of MCW contract requirements and confirming the organization and/or facility is operating in accordance with Wisconsin Department of Health Services requirements and regulations.

Contract/Credentialing/Caregiver Background Check (CBC) – All Services

1. Provider agrees, upon request of the Health Plan and/or MCO, to submit all documents required for participation in the network. Credentialing documents may be required annually, every 3 years for re-credentialing, or every 4 years for CBC documents per [Wis. Stat. § 50.065](#) and [Wis. Admin. Code § DHS 12](#) Yes No
2. Provider agrees to verify individual credentials of health professionals and other service workers employed or subcontracted by Provider and notify MCW of any changes in licensure (VIII.D.16). Health professionals certified by Medicaid agree to provide information regarding education, board certification, and recertification upon request (VIII.D.16). Yes No N/A
3. Provider completes necessary criminal background checks required by [Wis. Stat. § 50.065](#), [Wis. Admin. Code § DHS 12](#) via the WI Administrative Code (<https://recordcheck.doj.wi.gov/>), and is in compliance with the governing reporting, hiring, and contracting requirements per Chapters DHS 12 and 13. Yes No N/A
4. Provider has a driver abstract and CBC for staff who transport individuals. Yes No N/A
5. Provider will submit proof of compliance of CBCs and driver abstract (when applicable) via the BID form and the CBC upon request for audit or quality concerns via secure e-mail to MCW Credentialing and/or Provider Quality staff. Yes No N/A
6. Provider agrees that the workers CBC will be made available to the member, guardian, POA, and/or entity that is the employer upon request. Yes No N/A
7. Provider has policies/procedures for hiring practices that include running caregiver background checks and review of the CBC for exclusions prior to employment, every four (4) years, and to address the actions necessary should an exclusion or concerning background history be identified. Yes No N/A
8. Providers that transport individuals have a communication system in all vehicles to allow for communication with MCW staff. Yes No N/A
9. All transport vehicles undergo safety inspections to ensure safety, accessibility, and proper equipment to meet members’ needs, including vehicles owned leased, subcontracted by the organization, or employee vehicles if used to transport individuals. Yes No N/A
10. Provider agrees to notify MCW of any accidents while transporting individuals, or license suspension or revocations. Employee misconduct directly related to MCW individuals must be reported immediately. Yes No N/A

11. Provider has policies/procedures for review of the Nurse Aid Registry for any staff who have/had experience as a nursing assistant, home health aide or hospice aide, as defined in [Wis. Admin. Code § DHS 12](#) to ensure no substantial finding of abuse, neglect, or misappropriation of funds or property of a client. Yes No N/A
12. Provider has policies/procedures to notify DQA of caregiver misconduct. Yes No N/A

Any item checked N/A or No, or not answered above please provide a brief explanation: _____

Please check all boxes below that apply. Item #2 below does NOT apply to Long-Term Care Services.

General Training Requirements – All Services

1. Provider attests that policies, procedures and training for staff is in place and is distributed to all applicable staff. Trainings are completed upon hire and annually, per applicable regulatory standard, and of at least the following:
 - Equity & Inclusion (Cultural Competency, Cultural Humility, etc.)
 - Fraud, Waste & Abuse
 - Ethics, Confidentiality, Member Rights
 - HIPPA Training
2. Healthcare Program (**DSNP, Partnership**) provider attests that policies, procedures and training are in place and distributed to all applicable staff annually (**NA for Long-Term Care Providers**)
 - Model of Care Training is distributed and completed by staff - [MCW Model of Care Training](#)
 - Provider acknowledges that MCW offers Practice Guidelines on the MCW website as a resource for training and education purposes for staff - [MCW Practice Guidelines](#)
3. Provider documents required training for all applicable employees, maintains employee records and staff rosters and will provide them to MCW upon request
4. All new employees who have regular and direct contact with members receive the required minimum hours of orientation training that include required training topics based on the services rendered.
5. All employees who have regular and direct contact with members receive the required minimum hours of annual training that include required training topics based on the services rendered.

Any item not checked above please provide a brief explanation: _____

Service Specific Regulatory Attestations

Provider attests the organization follows all operational and administrative requirements including, but not limited to, certification or licensure, policy & procedures, training, member rights, and quality assurance appropriate for services provided to members. Day Services, Daily Living Skills Training and Adult Day Care have additional regulations as stated in [Wisconsin Legislature: DHS 105.14](#) Yes N/A

Please check Yes or N/A below to the applicable services rendered only. If you do not provide the service listed, please check N/A.

1. **Adult Day Services, Adult Daycare (Licensed), Daily Living Skills Training** Yes N/A
 - a. Provider attests that the organization will follow the MCW Adult Day Services, Adult Daycare (Licensed), Daily Living Skills Training Exhibit
2. **Behavioral Health OR Alternative Therapies** Yes N/A
 - a. Provider attests that service(s) and treatment must be provided by a WI Medicaid Certified Licensed Treatment Professional, Certified Substance Abuse counselor, licensed therapist, or be a qualified treatment trainee
 - b. Provider attests that the organization will follow the MCW Behavioral Health OR Alternative Therapies Exhibit
3. **Personal Care, Supportive Home Care, Home Health, In-Home Respite, Self-Directed Support, Supportive Visit Services** Yes N/A
 - a. Provider offers Personal Cares, Supportive Home Care, In-Home Care Respite Services or Self-Directed Supports and attests compliance with the Managed Care Organization Training and Documentation Standards for Supportive Home Care found at <https://www.dhs.wisconsin.gov/publications/p01602.pdf>
 - b. Provider attests that the organization will follow the MCW Personal Care, Supportive Home Care, Home Health, In-Home Respite, Self-Directed Support, or Supportive Visit Services Exhibit
4. **Pre-Vocational/Supported Employment/Vocational Futures Planning** Yes N/A
 - a. Provider attests that the organization will follow the MCW Pre-Vocational/Supported Employment/Vocational Futures Planning Exhibit
5. **Residential Services (1-2 AFH, 3-4 AFH, CBRF, RCAC)** Yes N/A
 - a. Provider attests that the organization will follow the MCW Residential Exhibit
6. **Skilled Nursing Facilities (SNF)** Yes N/A
 - a. Provider attests that the facility will follow the MCW SNF Exhibit
7. **Transportation** Yes N/A
 - a. Provider attests that the organization will follow the MCW Transportation Exhibit
8. **1-2 Bed Adult Family Homes** Yes N/A
 - a. Provider has a Program Statement that addresses the target group of individuals they serve, the home's physical accessibility for those requiring assistance, the physical environment, surrounding property, and community resources accessed to residents, with and without transportation, and services and supports offered to residents
 - b. Provider has a Program Statement includes maximum respite care capacity, the physical space for temporary respite residents, how frequently respite care can occur, and whether respite care requires additional staffing
 - c. Provider has a Program Statement that addresses licenses/certifications held by the owner/operator, how many household members are in the home and their relationship to the owner/operator, and a pet policy
 - d. Provider maintains proof of searches of the Caregiver Registry for all providers, owner/operator, employees, caregivers, and all household members 18 years and older
 - e. Provider has an employee training plan requires at least 10 hours completed within the first 45 days of employment, and at least 15 hours completed annually, related to resident health and safety; conflict of interest; resident rights; community inclusion and

integration; fire safety; first aid; privacy and confidentiality; dignity of risk; medication management and administration; use, avoidance and approval processes for restrictive measures; and roles, responsibilities and limitations of guardians, POA agents, and supported decision makers

- f. Provider has a backup staffing plan that ensures a qualified operator is available in the event of the owner/operator or staff's unexpected absence. For owner operated homes, the plan identifies someone who serves as the primary service provider
- g. Provider has an Immediate Reportable Incidents policy that requires reporting to the MCO, within 24 hours of the incident, of abuse, including physical, sexual or emotional abuse; treatment without consent, and unreasonable confinement or restraint; neglect and self-neglect; financial exploitation via fraud, enticement or coercion, theft, financial agent misconduct, identity theft, forgery or unauthorized use of financial transaction cards; exploitation and taking advantage of a resident for personal gain through manipulation, intimidation, threats, or coercion including human trafficking, forced labor, forced criminality, slavery, coercion, and sexual exploitation; fire in the home; any news or social media story involving a home resident, owner, operator, staff or employee, or household member, which has the potential to negatively affect the safety, health or well-being of residents; medication errors; a moderate injury or illness that requires medical evaluation and treatment beyond basic first aid in any care setting; severe injury or illness that has, or could, potentially significantly impact the resident's life and wellbeing; missing person; falls that result in moderate to severe injury or illness directly related to the fall, including those from a standing, sitting or lying position; emergency use of restraints or restrictive measures; unapproved use of restraints or restrictive measures, including when the use of restraints or restrictive measures has expired but is still being used; death of a resident for any of the incidents as well as accident, suicide, psychotropic medications, or unexplained, unusual, or suspicious circumstances; any type of accident, injury, illness, death, or unplanned law enforcement involvement that is unexplained, unusual, or involves suspicious circumstances which resulted in the moderate or severe illness/injury

9. All Other Services Not Listed Above

Yes N/A

- a. Provider attests that the organization will follow the MCW Exhibit for the service being rendered, contracted and credentialing with MCW.

Any item not checked above please provide a brief explanation: _____

By signing, I attest I am authorized to sign on the provider's behalf and the information in this document is correct and complete.

Print Name: _____ **Title:** _____

***Signature:** _____ **Date:** _____

E-mail: _____ **Phone number:** _____

* Electronic signature is considered valid only when document is submitted by e-mail from the signer's e-mail address or via DocuSign. If mailing or faxing, signature must be handwritten.