

**WISCONSIN MEDICAID
LONG-TERM CARE (LTC) WAIVER DAILY LIVING SKILLS ATTESTATION**

INSTRUCTIONS: Type or print clearly.

I attest:

- ☐ I, or the organization/agency I represent, has the ability to provide this service, demonstrated in at least one of the following ways:
- Accreditation by a nationally recognized accreditation agency.
 - Two years of experience working with the applicable target population providing daily living skills training, day habilitation, supportive home care, personal care, home health care, skilled nursing, supported employment, or similar services.
- ☐ If any personal care services are provided incidental to the provision of daily living skills, 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.

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
