

Correctional Facility Attestation of Feasibility Issues

Instructions: Type or print clearly. Submit the completed attestation to the Wisconsin Department of Health Services through the Incarcerated Youth Consolidated Appropriations Act email at

DHSDMSCAA@dhs.wisconsin.gov.

Correctional Facility Name: _____

The above facility is declining or refusing to provide the required pre-release services for eligible youth that were outlined by the Centers for Medicare & Medicaid Services and s. 5121 of the Consolidated Appropriations Act, 2023.

Select the reason(s) the facility is not able to provide services. Check all that apply.

- ☐ Limitations in physical location capability
- ☐ Lack of health care staff
- ☐ Facility does not allow community-based provider presence
- ☐ Short stays in the facility
- ☐ Low Medicaid census

Signature: _____

Title: _____ Date Signed: _____