

**WISCONSIN MEDICAID
SPECIALIZED MEDICAL VEHICLE PROVIDERS AFFIDAVIT**

Wisconsin Medicaid requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Personally identifiable information about providers or other entities is used for purposes directly related to program administration such as determining the enrollment (certification) of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for services.

The use of this form is mandatory.

INSTRUCTIONS: Type or print clearly.

Name – Specialized Medical Vehicle (SMV) Provider (Must Exactly Match Name on All SMV Enrollment Documents)

Name – Business (Checks Payable to, Include Inc, Corp; IRS Name for IRS Number Used)

Address (Street, City, State, Zip+4 Code; P.O. Box Only Not Allowed)

Phone Number(s)

Type of Ownership of SMV Business (Required to Check One)

A Sole Proprietorship

A Nonprofit Association or Corporation

A Partnership

A Proprietary Corporation

A Limited Liability

Government

Name – Owners, Partners, and Officers (Print)

Title

Name – Owners, Partners, and Officers (Print)

Title

I, _____, certify that I am the _____,
(Print Name) (Print Title, For Example, President)

of this SMV provider. As the authorized representative, I certify that I fully understand the contents of this affidavit and that the information provided on all enrollment documents is accurate. I attest that this SMV provider meets all of the enrollment requirements under Wis. Admin. Code § DHS 105.39 and Consolidated Appropriations Act, 2021, as follows, and will meet all requirements, as are now in effect or as may later be amended, on a continuous and on-going basis. I further attest that CPR training will meet the latest American Heart Association guidelines at the time it is taken and that first aid and CPR course completion cards will be acquired as proof of training completion. (**Must** be notarized, see page 4 of 4.)

SIGNATURE – Provider

Date Signed



F-11237

The provider attests that they meet all of the requirements of Wis. Admin. Code § DHS 105.39:

(1) For MA certification, a specialized medical vehicle provider shall meet the requirements of this section and shall sign the affidavit required under sub. (6) stipulating that the provider is in compliance with the requirements of this section as well as with the requirements of the department of transportation for human service vehicles under ss. 110.05 and 340.01(23g), Stats., and ch. Trans. 301, and shall provide proof of compliance when requested by the department.

(2) VEHICLES.

- (a) Insurance of not less than \$250,000 personal liability for each person, not less than \$500,000 personal liability for each occurrence and not less than \$10,000 property damage shall be carried on each specialized medical vehicle used to transport a recipient.
- (b) Each vehicle shall be inspected and the inspection documented at least every 7 days, by an assigned driver or mechanic, to ensure:
 - 1. The proper functioning of the vehicle systems including but not limited to all headlights, emergency flasher lights, turn signal lights, tail lights, brake lights, clearance lights, internal lights, windshield wipers, brakes, front suspension and steering mechanisms, shock absorbers, heater and defroster systems, structural integrity of passenger compartment, air conditioning system, wheelchair locking systems, doors, lifts and ramps, moveable windows and passenger and driver restraint systems;
 - 2. That all brakes, front suspension and steering mechanisms and shock absorbers are functioning correctly;
 - 3. That all tires are properly inflated according to vehicle or tire manufacturers' recommendations and that all tires possess a minimum of 1/8-inch of tread at the point of greatest wear; and
 - 4. That windshields and mirrors are free from cracks or breaks.
- (c) The driver inspecting the vehicle shall document all vehicle inspections in writing, noting any deficiencies.
- (d) All deficiencies shall be corrected before any recipient is transported in the vehicle. Corrections shall be documented by the driver. Documentation shall be retained for not less than 12 months, except as authorized in writing by the department.
- (e) Windows, windshield and mirrors shall be maintained in a clean condition with no obstruction to vision.
- (f) Smoking is not permitted in the vehicle.
- (g) Police, sheriff's department and ambulance emergency telephone numbers shall be posted on the dash of the vehicle in an easily readable manner. If the vehicle is not equipped with a working two-way radio, sufficient money in suitable denominations shall be carried to enable not less than 3 local telephone calls to be made from a pay telephone.

Note: Wis. Admin. Code § Trans 301.14, requires every HSV to be equipped with some type of two-way communication system. The system shall be of such design and installation that the vehicle operator shall at all times be able to communicate with either the base of operations or another intermediary party that could communicate with the base of operations.

- (h) A provider shall maintain a list showing for each vehicle its registration number, identification number, license number, manufacturer, model, year, passenger capacity, insurance policy number, insurer, types of restraint systems for wheelchairs and whether it is fitted with a wheelchair lift or with a ramp. Attached to the list shall be evidence of compliance with ch. Trans 301.

(3) VEHICLE EQUIPMENT.

- (a) The vehicle shall be equipped at all times with a flashlight in working condition, a first aid kit and a fire extinguisher. The fire extinguisher shall be periodically serviced as recommended by the local fire department.
- (b) The vehicle shall be equipped with a lift or ramp for loading wheelchairs. The vehicle shall also be equipped with passenger restraint devices for each passenger, including restraint devices for recipients in wheelchairs or on cots or stretchers as defined in s. DHS 107.23(1)(c)4. Both a recipient and the recipient's wheelchair, cot or stretcher shall be secured.
- (c) Provision shall be made for secure storage of removable equipment and passenger property in order to prevent projectile injuries to passengers and the driver in the event of an accident.

(4) DRIVERS.

- (a) Each driver shall possess a valid regular or commercial operator's license which shall be unrestricted, except that 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 shall wear corrective lenses while transporting recipients.
- (b) 1. Each driver before driving a vehicle or serving as an attendant shall have received all of the following:
 - a. Basic Red Cross or equivalent training in first aid and cardiopulmonary resuscitation (CPR);
 - b. Specific instructions on care of passengers in seizure; and
 - c. Specific instructions in the use of all ramps, lift equipment and restraint devices used by the provider.
- 2. Each driver shall receive refresher training in first aid at least every 3 years and maintain CPR certification. A driver who is an emergency medical technician licensed under ch. DHS 110, a licensed practical nurse, a registered nurse or a physician assistant shall be considered to have met these requirements by completion of continuing education which includes first aid and CPR.
- (c) The provider shall maintain a current list of all drivers showing the name, license number and any driving violations or license restrictions of each and shall keep that list current.

(5) COMPANY POLICY. Company policies and procedures shall include:

- (a) Compliance with state and local laws governing the conduct of businesses, including ch. Trans 301.
- (b) Establishment and implementation of scheduling policies that assure timely pick-up and delivery of passengers going to and returning from medical appointments;
- (c) Documentation that transportation services for which MA reimbursement is sought are:
 - 1. For medical purposes only;
 - 2. Ordered by the attending provider of medical service; and
 - 3. Provided only to persons who require this transportation because they lack other means of transport, and who are also physically or mentally incapable of using public transportation;
- (d) Maintenance of records of services for 5 years, unless otherwise authorized in writing by the department; and
- (e) On request of the department, making available for inspection records that document both medical service providers' orders for services and the actual provision of services.

(6) AFFIDAVIT. The provider shall submit to the department a notarized affidavit attesting that the provider meets the requirements listed in this section. The affidavit shall be on a form developed by and available from the department, and shall contain the following:

- (a) A statement of the requirements listed in this section;
- (b) The date the form is completed by the provider;
- (c) The provider's business name, address, telephone number and type of ownership;
- (d) The name and signature of the provider or a person authorized to act on behalf of the provider; and
- (e) A notarization.

(7) DENIAL OF RECERTIFICATION. If a provider violates provisions of this chapter, s. DHS 106.06, 107.23 or any other instruction in MA program manuals, handbooks, bulletins or letters on provision of SMV services 3 times in a 36-month period, the department may deny that provider's request for re-certification.

The provider attests that they meet all requirements of the Consolidated Appropriations Act, 2021:

- (A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B[f] of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- (B) Each such individual driver has a valid driver's license;
- (C) Each such provider has in place a process to address any violation of a state drug law; and
- (D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations

(Notary signature **and** seal **REQUIRED**)

Subscribed and sworn to before me this _____ day of _____.
(Month)

_____ in _____ County, WI or _____.
(Notary Public) (County) (State)

My commission expires on _____.
(Date)
