Assistive Technology/Communication Aids/Interpreter Services Disclosure

_________________________ (Vendor Legal Name), providing services at this/these locations:
(Please print)

_________________________              ________________________                ________________________
_________________________              ________________________                ________________________
_________________________              ________________________                ________________________

hereinafter referred to as “Vendor,” hereby agrees to the following terms and conditions in accordance with the IRIS 1915(c) Home and Community-Based Services Waiver and all applicable federal or state statutes, regulations, or rules for the provision of Assistive Technology/Communication Aids/Interpreter Services:

1. Vendor affirms that it and each person employed by it for the purpose of providing services holds all licenses or similar entitlements as defined in the 1915(c) Home and Community-Based Services Waiver, and required by federal or state statute, regulation, or rule for the provision of Assistive Technology/Communication Aids/Interpreter Services.

2. Vendor must have an executed Wisconsin Medicaid Provider Agreement on file with iLIFE.

3. Vendor agency affirms Caregiver Background Checks will be conducted for all employees upon hire, and every four years thereafter, as described in the Medicaid Waivers Manual, Chapter IV, Section 4.05. Vendor certifies compliance with all relevant provisions of Chapter IV of the Medicaid Waivers Manual SPC 112.47 – Communication Aids.

4. Individual Vendor must complete Caregiver Background Checks; Background Information Disclosure (F-82064) and Background Information Disclosure Addendum (F-10246). Completion of these forms is required under the provisions of Chapters 48.685 and 50.065 Wis. Stats. Failure to comply may result in a denial or termination of your service.

5. Vendor shall furnish proof of current license or certification, when applicable, to iLIFE upon vendor set-up, upon renewal or change of licensure or certification, and at any time upon request.

6. Vendor shall furnish proof of current liability insurance, when applicable, to iLIFE upon vendor set-up, upon renewal or change of policy, and at any time upon request.

7. Vendor will be liable for the return of any funds paid for services for which Vendor was not credentialed and approved to provide.

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8. If providing transportation, Vendor certifies that all vehicles used are and will be mechanically sound, have properly functioning lighting, safety, ventilation, and braking systems, and properly inflated tires without excessive wear.

9. Vendor attests that all transportation providers have a valid driver’s license and current automobile liability insurance.

By signing below, you certify that you have read, understand, and agree to the terms and conditions as defined in this Disclosure and that failure to comply may result in loss of eligibility to participate in the State of Wisconsin IRIS Program.

________________________________________  __________________________________
(Vendor Legal Name) please print    (Vendor Billing Name) please print
________________________________________  __________________________________
(Vendor Signature)     (Date)