



ATTESTATION OF TRANSPORTATION PROVIDER QUALIFICATIONS CONSOLIDATED APPROPRIATIONS ACT OF 2021  
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)

By signing this form, you attest that:

1. You are not excluded from participation in any federal health care program, and you are not listed on the MDHHS sanctioned provider list or the U.S. Inspector General of the Department of Health and Human Services exclusion list.
2. You have a valid driver's license.
3. You have not been convicted under a federal or state law after August 21, 1996, for a felony criminal offense relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.
4. You will disclose and report to the MDHHS local office any felony conviction related to a controlled substance.
5. You will disclose to the MDHHS local office your driving history, including any traffic violations.
6. You do not have ANY of the following convictions<sup>1</sup> in the past two years:
  - a. More than two (2) moving violations.
  - b. Operating While Intoxicated (OWI)
  - c. Driving Under the Influence (DUI)

Transporter/Driver (Print Name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Material ID# H0192\_001-LET-2458003**

Exceptions to the traffic violation exclusion:

- a. A family member with any of the traffic convictions listed may receive reimbursement for NEMT provided to a MI Health Link enrollee who is unable to consent because of an intellectual or development disability or a legal guardianship, with the written consent of their legally responsible party.
- b. A family member with any of the traffic convictions listed may receive reimbursement for NEMT provided to a MI Health Link enrollee who is able to consent to the family member providing NEMT after the convictions are disclosed to the enrollee and the enrollee signs an acknowledgement form.