

Date:

TO:

FROM: Donna Namba  
Foster Home Recruiter  
Certification Section

SUBJECT: **FOSTER HOME RECERTIFICATION AND VALIDATION**

This is to inform you that your adult foster home is due for annual recertification. Your certificate will expire on \_\_\_\_\_.

I am scheduled to visit you on \_\_\_\_\_ at \_\_\_\_\_. Please call me at \_\_\_\_\_ to confirm or reschedule if necessary.

Following the annual re-certification visit, I will be conducting a validation. The purpose of the validation is to confirm the findings from the survey you completed. This will be a separate process from the annual recertification. The validation process will include but is not limited to:

1. A tour of your setting
2. A review of individual records
3. Interviews with caregivers
4. One to one interviews with at least one (1) participant receiving HCBS waiver services.

**Participation in the validation process is mandatory to be able to continue to receive services for participants who receive Medicaid waiver services.**

If you have questions, please feel free to contact me at 453-XXXX. You may also visit [www.med-quest.us/#HCBSTran](http://www.med-quest.us/#HCBSTran) for more information on My Choice My Way or the transition plan. Thank you in advance for your cooperation.