

Department of Health  
Developmental Disabilities Division  
Community Resources Branch  
3627 Kilauea Avenue, Room 411  
Honolulu, Hawaii 96816

**Letter of Attestation Verifying Setting Plan of Correction (POC) is Complete**

Dear DOH-DDD CRB:

By this letter, I am attesting that I understand that my agency, as the Medicaid-funded ResHab provider, is responsible for ensuring the residential setting where I/DD Waiver ResHab services are provided at \_\_\_\_\_ (address of setting) meets the requirements of the Home and Community-Based Services (HCBS) final rule, 42 CFR §441.301.

I am providing assurance to the Department of Health, Developmental Disabilities Division (DOH-DDD), that any deficiencies related to compliance with the HCBS final rule (42 CFR §441.301) identified in the 2022-2023 annual inspection or site validation have been remediated and addressed through the Plan of Correction (POC) for this setting, and the POC has been submitted to DOH-DDD.

I understand that if any identified deficiencies have not been addressed prior to the federal deadline of March 17, 2023, the setting may no longer be eligible to receive Medicaid HCBS waiver funds.

\_\_\_\_\_  
Name of ResHab Agency (Print)

\_\_\_\_\_  
Setting Name and Address

\_\_\_\_\_  
Signature of ResHab Agency Representative

\_\_\_\_\_  
Date