ATTESTATION FORM

(Use for verifying completed checks of the List of Excluded Individuals and Entities (LEIE))

Source: HI Provider Waiver Standards Manual (July 2026) 3.5.E(1)(b) List of Excluded Individuals/Families (p.91).

Complete and submit this attestation form and upload it to the Provider Portal.

Provider Agency Name: _____

☐ I attest that my agency, as a Medicaid-funded provider, has searched the Office of the Inspector General's (OIG) List of Excluded Individuals (LEIE) to determine if any existing employee or contractor has been excluded from participating in the Medicaid program, **prior to hire and annually**.

By signing, I attest I am authorized to sign on the provider agency's behalf and the information in this document is true and accurate.

_____ _____
Print Name of Person Completing Form Title

_____ _____
Signature Date

This form can be signed electronically ("E-sign") or printed and signed. An E-sign is accepted as an original signature.