ATTESTATION FORM

(Use for verifying implementation of an internal Quality Management (QM) Program)

Source: HI Waiver Provider Standards Manual (July 2026) 2.3.A Provider Quality Management Program Requirement (p.62).

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

Provider Agency Name: _____

☐ I attest that my agency's QM Plan has been formally reviewed and approved within the past three (3) years by the established quality group.

☐ I attest that on an ongoing basis: the agency completes activities to measure and evaluate the impacts of the QM actions and sustainability of QM practices which demonstrate organizational oversight and accountability for QM activities.

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.