ATTESTATION FORM

(Use for verifying Settings Rule Compliance and Plan of Correction Completion for Adult Day Health (ADH) and Residential Habilitation (ResHab) Settings)

Source: HI Waiver Provider Standards Manual (July 2026) 3.2.D - HCBS Settings Rule Compliance (p.74).

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

Use one (1) form per agency. Ensure all locations where services are provided are listed. If there are locations on other islands, ensure all addresses where services are provided are listed and indicate if the address is an Adult Day Health (ADH) or Residential Habilitation (ResHab) Setting.

Provider Agency Name: _____

Setting Name, Type, and Address/s: _____

☐ I attest that I understand my agency, as a Medicaid-funded Adult Day Health/Residential Habilitation provider, is responsible for ensuring that each setting where I/DD waiver services are provided and as listed above meets the requirements of the Home and Community-Based Services (HCBS) Settings rule (42 CFR §441.301).

☐ Our agency currently has one or more settings under a Plan of Correction (POC). The deficiencies identified under the POC will be addressed within 30 days. I will submit a new attestation form once all Plan of Corrections have been remediated. **(If this box is checked, skip the next box.)**

☐ I attest to the Department of Health, Developmental Disabilities Division (DOH-DDD) that there are currently no deficiencies or compliance issues related to the HCBS settings rule (42 CFR §441.301) for this setting, and therefore, no Plan of Correction (POC) or remediation is required at this time.

☐ I further confirm there have been no updates to the policies and procedures previously submitted, and there have been no changes to the setting's location or operations compared to the information on file from the Settings Rule Evidence templates.

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.