



ANNUAL LTSS TRAINING ATTESTATION

MANDATORY REQUIREMENT

As part of required MI Health Link mandated annual training, Molina has developed the LTSS Provider Training and Orientation for enrollees. The MI Health Link program serves as the foundation for Molina's policy, procedures, and operational systems for our Long Term Support Services eligible population(s).

What Providers Need to Do

1. Complete training
2. Complete and sign this form
 - a. One Attestation form should be submitted via e-mail by the individual with authority to sign on behalf of the group.
3. Return this form using the submit button or via email to MHMLTSSCONTRACTING@MOLINAHEALTHCARE.COM

This Attestation will serve as evidence of completion for Molina's LTSS Provider training.

LTSS Provider Training Attestation

I have received and reviewed the written material for the LTSS Provider Training.

Group Name : _____

Address: _____

Print Name: _____

Signature: _____

Date: _____ Calendar Year of: _____ Phone: _____

TIN: _____ NPI: _____