



2026 MODEL OF CARE TRAINING ATTESTATION

MANDATORY REQUIREMENT

As part of required CMS mandated annual training, Abilis Health has developed the Model of Care program for Abilis Health’s Institutionalized Special Needs Plans (FI-SNP and IE-SNP) members. The Model of Care program serves as the foundation for our care management policy, procedures and operational systems.

What Providers Need to Do

1. Complete the training located on our website at: www.abilishealth.com / For Providers / General / Model of Care Training ([Provider Documents – Abilis Health Plan](#))
2. Complete and sign this form or complete the online Attestation.
 - If it is a group training, one Attestation form should be submitted by the individual with authority to sign on behalf of the group and an attendance roster must be attached.
3. Return this form (and the attendance roster if applicable) via email: networksupport@abilishealthplan.com

This Attestation and attendance roster will serve as evidence of completion for Abilis Health’s Model of Care Provider training.

Model of Care Training Attestation Calendar Year 2026

I have received and reviewed the materials for the Model of Care training.

Print Provider Name: _____

Provider Primary Specialty: _____

Print Clinic/Practice Name: _____

Clinic/Practice Address: _____

Signature: _____ Date: _____

TIN: _____ NPI: _____

Provider Contact Name: _____ Tel #: _____

Email: _____ Fax #: _____