##

## UCare I-SNP

## Model of Care Training Attestation

## MANDATORY REQUIREMENT

UCare is required by the Centers for Medicare and Medicaid Services (CMS) to provide a Model of Care training for its **Institutional Special Needs Plans (I-SNP).** The Model of Care (MOC) training describes the population and UCare’s approach to caring for our population.

**Required Procedures**

1. Complete the Model of Care training annually AND within 90 days for all new hires.
2. Complete and sign this form electronically for each Care Coordinator.
3. Return this form via email: MOCAttestation@ucare.org

This Attestation will serve as the evidence of completion for UCare’s I-SNP Model of Care training.

**Model of Care Training**

[x]  **I have received and reviewed the written materials for the Model of Care training.**

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| --- | --- |
| Name | Click or tap here to enter text. |
| Credentials (RN or SW) | Click or tap here to enter text. |
| Date Viewed | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Delegate/Care System | Click or tap here to enter text. |

Please return this form via email to: MOCAttestation@ucare.org