



ADA ATTESTATION LETTER

Dear Provider:

The American Disabilities Act (ADA) requires providers to make reasonable access and accommodations for all persons with disabilities. Molina Healthcare has been visiting contracted primary care provider (PCP) and specialty care provider service locations to verify core elements of ADA compliance for the Medicare-Medicaid Alignment Initiative (MMAI), Integrated Care Program (ICP) and Family Health Plan (FHP) programs.

Molina Healthcare is providing you with the opportunity to self-attest to the below ADA standards.

Please check the applicable box next to each standard, have the designated representative sign and return the attestation with your enrollment packet.

| ADA STANDARDS | YES | NO |
|--|-----|----|
| Building has handicap designated parking. Parking spaces are accessible with ramps and curb cutouts between the parking lot, office and at drop off locations. | | |
| Building has automatic entry option or alternative access method. | | |
| Building has elevator for public use (if building is multi-leveled). Elevator has enough room for the wheelchair and/or scooter to maneuver. | | |
| Restroom is equipped with large stall and safety bars or other reasonable accommodations. | | |
| Waiting room (including furniture) can accommodate patients with physical and non-physical disabilities. The reception and waiting areas have enough room for a wheelchair and/or scooter to maneuver and turn around. | | |
| At least one exam room can accommodate patients with physical and non-physical disabilities. | | |
| Signage and way finding is clear (i.e., color and symbol signage). | | |
| Doors to access building, office and patient rooms are at least 32 inches wide. | | |
| The exam table moves up and down to make it easier to get on and off whether standing or using a wheelchair or scooter. | | |
| Diagnostic equipment can accommodate patients with disabilities. | | |
| The scale is able to accommodate a wheelchair or scooter. | | |

Provider service locations that attest to being ADA compliant or have received an in-office assessment and determined to be ADA compliant will be published as such in the Molina Healthcare of Michigan Provider Directory.

I attest to the best of my knowledge the above information is true, accurate and complete.

Practice Name: _____ Practice Tax ID# _____
 Practice Address: _____ City: _____

Print Name: _____ Signature: _____ Title: _____ Date: / / _____

Thank you.