m1 DEPARTMENT OF HUMAN SERVICES

Attachment A: Signed Attestation for TMaH Participation

Transforming Maternal Health (TMaH) Model

Instructions: This form must be completed and signed by an authorized executive leader (e.g., CEO, COO, CFO, CMO, Executive Director, or equivalent) of the Primary Applicant organization. This attestation confirms organizational commitment to participate in the Transforming Maternal Health (TMaH) Model.

Primary Applicant Organization Information

Organization Name: _____

Organization Type: ☐ Hospital/Health System ☐ Clinic/FQHC ☐ Birth Center ☐ Community-Based Organization ☐ Group Practice ☐ Other: _____

Organization Address: _____

City, State, Zip: _____

Executive Attestation of Commitment

As an authorized executive leader of the organization listed above, I attest to the following:

- I have the authority to commit this organization to participation in the Transforming Maternal Health (TMaH) Model.
- Our organization intends to participate as the Primary Applicant and, if selected, will actively engage in leading AE.
- Our organization is committed to improving maternal health outcomes and advancing delivery of whole-person care for Medicaid beneficiaries.
- Our organization will collaborate with participating partner locations and providers and community organizations to support shared care planning and care coordination across the prenatal, birth, and postpartum periods.
- Our organization will dedicate appropriate leadership, staffing, and operational support to successfully participate in the model.
- Our organization understands participation includes required training, infrastructure development, care delivery transformation, data reporting, receiving Provider Infrastructure Payments, and preparation for value-based payment implementation.
- The information submitted in the application is accurate and complete to the best of my knowledge.

Executive Leader Name: _____

Title: ☐ CEO ☐ COO ☐ CFO ☐ CMO ☐ Executive Director ☐ Other: _____

Organization: _____

Email: _____ **Phone:** _____

Signature: _____ **Date:** _____