**HCS Expanded Visitation Residence Attestation**

*Instructions: Maintain this document in the residence to attest the residence’s COVID-free status. You may be asked to make this document available to surveyors, and surveyors may validate the information on this attestation as part of survey activities.*

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| --- | --- |
| Program Provider Name: |  |
| Contract #: |  |
| Location Code: |  |
| Residence Address: |  |
| Date Completed: |  |

The program provider attests that, to the best of their knowledge:

No new positive or probable cases of COVID-19 have presented among individuals or staff in the last 14 days.

The residence has access to staff and PPE to provide essential care and services to the individuals living in the residence.

The program provider has a plan to respond to confirmed or probable cases of COVID-19 in the residence, to include a viable back-up plan for host home services.

The emergency preparedness plan required by 40 TAC §9.178(d) has been updated to address COVID-19.

Person completing this attestation:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name | Title | Contact Information |