

MassHealth Nursing Facility Pay For Performance Program FY16 Eligibility Attestation Form



Attestation of Eligibility (Please read carefully and sign.)

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

I certify that this facility did not have an “immediate jeopardy” designation by the Massachusetts Department of Public Health, or be designated by the Centers for Medicare & Medicaid Services (CMS) as a special focus facility during the period between July 1, 2015 and June 30, 2016.

I certify that this facility is currently enrolled as a MassHealth nursing facility, or was enrolled for at least one day between July 1, 2015, and the date of this attestation, and has had, or reasonably expects to have, a least one paid MassHealth day during the period between July 1, 2015, and June 30, 2016.

I certify that this nursing facility is in compliance with the cooperative-effort policy for participation in the FY16 Nursing Facility Pay for Performance (NF P4P) Program, including the establishment of a committee that includes at least one certified nursing assistant (CNA). I understand that if this nursing facility qualifies for and is awarded incentive payments under the FY16 NF P4P Program, representatives of employees, including CNAs and management, shall jointly discuss how to expend such incentive payments.

I certify that the facility has and will maintain the required cooperative-effort policy documentation, including the following.

- a copy of the facility’s cooperative-effort policy
- agenda and minutes from a meeting occurring on or before the date of this attestation that indicates discussion of a quality-improvement effort related to the clinical-quality or staffing measures selected for the FY16 NF P4P Program
- evidence of attendance at the meeting by at least one CNA
- a copy of the signed roster for the meeting, which includes the printed name and signature of the CNA who attended the meeting

I understand and agree that the Office of Long Term Services and Supports (OLTSS) may audit this facility to verify the facility’s eligibility. This may include review of documentation about the committee; discussions with applicable facility staff; and other activities as determined necessary by OLTSS.

Provider's signature

Printed legal name of provider

Printed legal name of individual signing (if the provider is a legal entity)

Date

Reminder: Interested providers must sign and submit a scanned copy of this form to NFP4PPProgram@state.ma.us not later than 11:59 p.m. on February 4, 2016.

You can send any questions about this application to NFP4PPProgram@state.ma.us.