

# Consumer Directed Personal Assistance Programs (CDPAP) Lead Fiscal Intermediary Contracting Attestation Form

**REQUIRED FIELDS ARE MARKED WITH AN ASTERISK (\*). Failure to provide responses for these items will result in the Lead fiscal intermediary being disqualified from receiving a contract. The Department of Health (Department) and the Office of the Medicaid Inspector General (OMIG) will not be seeking clarification on any items submitted on or as part of this form from any Offerors.**

\* Name of Lead Fiscal Intermediary as Submitted on Original Offer under RFO #20039

\_\_\_\_\_

\* Address

\_\_\_\_\_

\* Contact Name and Email

\_\_\_\_\_

MMIS Number \_\_\_\_\_

NPI \_\_\_\_\_

\* FEIN \_\_\_\_\_

I, \_\_\_\_\_ (\* name), as the \_\_\_\_\_ (\* title) of the above-named Lead fiscal intermediary ("Lead FI"), attest that during the period January 1, 2020 through March 31, 2020, this fiscal intermediary served the following as outlined below:

\* Check all that apply:

\_\_\_\_\_ 200 or more CDPAP consumers in any or all of New York, Kings, Queens, Bronx and Richmond counties

\_\_\_\_\_ 50 or more CDPAP consumers in any other counties of New York State

Total number of CDPAP consumers served during the period January 1, 2020 through March 31, 2020: \_\_\_\_\_

By signing below, I attest that the:

- CDPAP consumers included in this attestation and supporting information were served by the above-named Lead FI during the period January 1, 2020 through March 31, 2020. No consumers are included that were served by collaborative partners only.
- Consumers included herein received services under the Department of Health CDPAP. No consumers are included that were served by an Office for People with Developmental Disabilities (OPWDD) fiscal intermediary only.
- Information provided in this attestation and supporting information is valid and accurate and I understand this information will be reviewed for accuracy by the Department and/ or OMIG. Any false or inaccurate information shall render any contract for fiscal intermediary services null and void. Knowingly offering false information for a filing with a government entity may result in criminal prosecution.

\_\_\_\_\_

\* Signature

\_\_\_\_\_

\* Date