

**Statewide Administrative Health Home Services
Agreement Between Managed Long Term Care Plan
and Health Home
Statement and Certification**

Please complete a separate statement for each Statewide Administrative Health Home Services Agreement for which the MLTC is seeking approval. If additional space is needed, attach a continuation page and identify the question(s) by number. **If all applicable questions are not answered, if answers are determined to be incomplete or inaccurate, or if required supporting documentation is not attached, the agreement will not be accepted for review.** Do not use this form for provider or management contracts.

Section A. Submission Includes:

Date:

1. (Check one)

- Standard Agreement
(complete Section A, B, and Certification)

2. Anticipated Effective Date: _____

3. MLTC Unique Contract/Amendment ID #: _____
(required, must also be indicated on contract)

Section B. Contracting Parties

1. MLTC Name: _____
Contact Person: _____ Phone: _____ Email: _____

2. Designated Health Home Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

Certification

The undersigned hereby certifies that to the best of my informed knowledge and belief the statements made herein and the documents attached hereto are accurate, true and complete in all material respects. The undersigned further certifies that I am knowledgeable [(For Corporate Officer) and have been fully informed by legal counsel] as to the statutes, regulations and guidelines applicable to the Care Management Administrative Services Contract or material amendment herewith submitted and that such contract or material amendment is in full compliance with those applicable statutes, regulations and guidelines to the best of my informed knowledge and belief.

I further hereby certify that any material amendments to the applicable previously submitted and approved contract identified in this Contract Statement and submitted herewith are highlighted in the attached black-lined copies; that such previously submitted and approved contract language is clearly and correctly identified in this filing, and that all changes to previously approved language are to the best of my informed knowledge and belief, [having been fully informed by legal counsel,] in full compliance with applicable statutes, regulations and guidelines.

I understand that the New York State Department of Health is relying upon this certification as part of its review and approval process, and that should it be determined that this certification is materially false or incomplete or incorrect or includes incorrect, false or misleading, information, appropriate enforcement action will be taken, including restriction on enrollment and civil penalties.

I also understand the following: DOH approval of this contract does not constitute an affirmation as to the reasonableness of the payments agreed to by the parties in this contract or amendment. Further, approval of this contract or material amendment by DOH does not guarantee that the level of reimbursement in the contract or material amendment will be recognized in premium rates paid to the MCO by NYS for participation in and services provided under any government sponsored managed care or health insurance program.

Signature of MLTC Officer or Legal (General) Counsel

Date

Print Name of MLTC Officer or Legal Counsel

Title

Officer's or Counsel's Address

City/State/Zip Code

Direct Telephone Number

E-mail Address

MLTC Unique Contract ID # (required)

Notary