**Attestation to Managed Long Term Care Plan**

**HCBS eFMAP Social Adult Day Care (SADC) Support for Social Adult Day Centers Reopening State Directed Payment Initiative**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned having authority to sign this HCBS eFMAP Support for Social Adult Day Centers Reopening State Directed Payment Attestation (“Attestation”) on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, a social adult day care (“SADC”) site, do hereby attest the following:

1. SADC site has received and reviewed the Support for Social Adult Day Centers Reopening State Directed Payment Initiative, NY\_VBP\_HCBS6\_New\_20230401-20240331, (the “HCBS SDP”) from

 (Managed Long Term Care Plan, “MLTC”). SADC site understands the requirements for participation and will comply with all requirements and terms of participation contained therein.

1. SADC site acknowledges and agrees that the HCBS SDP is expressly incorporated into the provider agreement between SADC site and MLTC (“Provider Agreement”) pursuant to Section B.9 of the Standard Clauses for Managed Long Term Care Provider/IPA/ACO Contracts, which incorporates into the Provider Agreement pertinent MLTC obligations under the MLTC’s contract with the New York State Department of Health. SADC site acknowledges and agrees that all records related to the HCBS SDP are subject to all record maintenance and reporting requirements in the Provider Agreement.
2. SADC site acknowledges that the New York State Department of Health requires MLTC to obtain this Attestation from SADC site before distributing HCBS SDP funds to SADC site.

Name of SADC Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SADC Site Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SADC Site Address 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If applicable, include floor / suite / room / building numbers*

SADC Site National Provider Identifier (NPI), if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_