New York State Department of Health Certification Required under 10 NYCRR §86-2.40 Attesting that MDS Data is Complete and Accurate

b. Officer of a Vo	d by the Facility's prietary Facility; or ntary Facility; or esponsible for Operation of a Public Facility.
Report for the Period Ended: Certifying Person's Title:	("Facility") ninimum data set ("MDS") reported by the facility to the Centers for
By executing this certification, she/he has sufficient knowle all statements presented in the control of the	e undersigned acknowledges and certifies that: lge of the facts to be able to truthfully execute this certification; is certification are true; ification of any information contained on this certification or in any , may be punishable by fine and / or imprisonment under New York Buch violations include, but may not be limited to perjury, making a ent agency, filing a false instrument, False Claims Act violations, etc.
Certifying Operator, Officer	Official's Signature
STATE OF COUNTY OF	
On this day of Personally came(title)	
Notary Public My Commission Expires:	

(9) For case mix periods beginning on and after July 1, 2021, the operator of a proprietary facility, an officer of a voluntary facility, or the public official responsible for the operation of a public facility shall submit to the Department a written certification, in a form as determined by the Department, attesting that all of the "minimum data set" ("MDS") data reported by the facility and submitted to CMS is complete and accurate.

Authority:

10 NYCRR 86-2.40 (m)(9)