



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

### **Attachment B - Attestation of Compliance with Federal and State Requirements for Hospitals to Refer Medicaid Recipients to Health Homes**

New York State's State Plan Amendment (SPA) #NY-15-0020 includes the following language: "The State provides assurance that hospitals participating under the State Plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Home providers".

To monitor compliance with hospital Health Home referral requirements, it is possible that CMS may perform a compliance review to determine whether the State is adhering to these requirements. As such, all hospitals must develop and maintain policies and procedures for implementing this protocol. Policies must include the methods the hospitals have implemented for referring individuals to Health Homes when they seek or receive medical treatment in an emergency room.

Hospitals must submit to the Department the enclosed Letter of Attestation, signed by the **Chief Executive Officer (CEO)**, confirming development of the required policies and procedures by the date indicated in the attached letter.

**NOTE:** If the CEO maintains oversight for multiple hospitals within the hospital system, one Letter of Attestation can be used to list all hospitals. By signing the Letter of Attestation, the CEO is assuring compliance for all hospitals listed.

**To the New York State Department of Health (the Department):**

I hereby attest that policies and procedures have been developed and maintained in accordance with requirements under federal Affordable Care Act (ACA) Section 1945 [42 U.S.C. 1396w-4] of the Social Security Act, Section (d), as identified in SPA #NY-15-0020 for the following hospital(s):

Name of hospital(s): (clearly print) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further attest that policies and procedures have been reviewed with all appropriate hospital personnel and have been implemented to assure compliance with this requirement.

I understand that the Department reserves the right to request additional information in the future to ensure compliance with the terms of the federal and state requirements listed above, to which this hospital must comply within the requested time frame.

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

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

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

Date signed: \_\_\_\_\_

**Please note that only the Hospital's Chief Executive Officer (CEO) may sign this attestation form.**

**NOTE:** If the CEO maintains oversight for multiple hospitals within the hospital system, one Letter of Attestation can be used to list all hospitals. By signing the Letter of Attestation, the CEO is assuring compliance for all hospitals listed.