

Questions

If you have questions about the information in this bulletin, please email your inquiry to CHIANursingFacilityData@massmail.state.ma.us.

**MassHealth
Nursing Facility Bulletin 148
July 2020**

Appendix A

**Nursing Facility Provider Attestation to
COVID-19 Baseline Testing Policies**

I, _____, hereby certify under the pains and penalties of perjury that I am the administrator or other duly authorized officer or representative of _____, located at _____, (hereinafter “nursing facility”) and that the information provided in this attestation is a true and accurate representation of the COVID-19 testing procedure implemented and COVID-19 testing results at such nursing facility.

Specifically, I represent and warrant that:

The nursing facility completed the required testing for COVID-19 for the nursing facility’s Staff that worked during the relevant Testing Period beginning, _____, in accordance with all applicable requirements of MassHealth Nursing Facility Bulletin 148.

The report accompanying this attestation and submitted to MassHealth via the Center for Health Information and Analysis (CHIA) submissions portal to demonstrate compliance with the requirements of MassHealth Nursing Facility Bulletin 148 are complete and accurate.

Under the pains and penalties of perjury, I hereby certify that the above information is true and correct.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Please submit a scanned copy of the executed attestation via the CHIA [online survey tool](https://www.surveygizmo.com/s3/5678159/covid-nf-surveillance) (<https://www.surveygizmo.com/s3/5678159/covid-nf-surveillance>), as well as the accompanying report, by the baseline testing and weekly reporting deadlines established in Nursing Facility Bulletin 148.

The nursing facility should maintain the original executed copy of each submitted attestation, along with the accompanying documentation, receipts, invoices, and report, in its files.