

Appendix A

Licensed Rest Home 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 “rest home”) 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 rest home.

Specifically, I represent and warrant that:

The rest home completed the required testing for COVID-19 for the rest home’s Staff that worked during the relevant Testing Period beginning, _____, in accordance with all applicable requirements of DPH’s Guidance for Long-Term Care Surveillance Testing

The report accompanying this attestation and submitted to DPH via the Center for Health Information and Analysis (CHIA) submissions portal to demonstrate compliance with the requirements of DPH Guidance for Long Term Care Surveillance Testing 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://chiasubmissions.chia.state.ma.us/SSO/Account/Login?ReturnUrl=%2fssso)<https://chiasubmissions.chia.state.ma.us/SSO/Account/Login?ReturnUrl=%2fssso>, as well as the accompanying report, by the baseline testing and weekly reporting deadlines established in DPH’s Guidance for Long Term Care Surveillance Testing.

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