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Commissioner

## New York State Adult Behavioral Health Infrastructure Program Extension Funding Application

### Form C: Provider Attestation

I, \_\_\_\_\_, on behalf of \_\_\_\_\_  
hereby attest as follows:

1. \_\_\_\_\_ agrees to participate in this Infrastructure Program Extension and adhere to the program parameters, as outlined in the *Guidance Extending the Adult BH HCBS Infrastructure Program to Support BH HCBS and the Transition to Community Oriented Recovery and Empowerment Services* and the *New York State Adult Behavioral Health Infrastructure Program Extension Funding Application*, attached hereto.
2. \_\_\_\_\_ is either:
  - a. An active BH HCBS designated provider;
  - b. A provider provisionally designated to provide Community Oriented Recovery and Empowerment (CORE) Services and intending to complete the transition from Adult Behavioral Health Home and Community Based Services (BH HCBS) to CORE Services; or
  - c. A Behavioral Health Independent Practice Association (BH IPA) with active BH HCBS designated network providers.
3. \_\_\_\_\_ agrees to submit work plans and deliverable documents as required by the contracted Health and Recovery Plans (HARPs) and the State. Release of Infrastructure Program Extension funding is subject to review and approval of required workplans and deliverables by the HARP.
4. \_\_\_\_\_ is fiscally viable and is not encumbered by a significant unpaid disallowance(s) or legal claims against it that would jeopardize its ability to participate in this Infrastructure Program Extension.
5. \_\_\_\_\_ affirms that where the provider/BH IPA receives Infrastructure Program Extension funding from multiple HARPs for the same or different application budget request, the provider/BH IPA will clearly distinguish allocation of funds to ensure any single expenditure or activity is unduplicated.
6. \_\_\_\_\_ affirms that where a provider/BH IPA receives Infrastructure Program Extension funding, whether from one or multiple HARPs, the:
  - a. Provider will not accept funds in excess of \$1,500,000 total across all awards; or
  - b. BH IPA will not accept funds in excess of fifteen percent of each award's total.

7. **Applicable to Providers Only (BH IPAs leave blank):** \_\_\_\_\_ is in “active” status as a provider of BH HCBS and/or CORE Services and will remain in active status for the duration of the Infrastructure Program Extension.
8. This information is true, accurate, and complete to my knowledge. Provider understands that any falsification, omission, or concealment of material fact may result in revocation of approval to participate in this Infrastructure Program Extension.
9. The individual signing below represents he or she has full and legal authority to execute this attestation for and on behalf of the party for which he or she is executing this attestation and to bind that party.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency Name