

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

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The Certification is to be executed by the Facility's

- a. Operator for Proprietary Facility; or
- b. Officer of a Voluntary Facility; or
- c. Public Official Responsible for Operation of a Public Facility.

Facility Name: \_\_\_\_\_ ("Facility")  
Operating Certificate Number: \_\_\_\_\_  
MDS Period: \_\_\_\_\_  
DCN: \_\_\_\_\_  
Certifying Person's Title: \_\_\_\_\_

The undersigned attests that the minimum data set ("MDS") reported by the facility to the Centers for Medicare and Medicaid Services ("CMS") on the date referenced above is complete and accurate.

By executing this certification, the undersigned acknowledges and certifies that:

- 1. she/he has sufficient knowledge of the facts to be able to truthfully execute this certification;
- 2. all statements presented in this certification are true;
- 3. any misrepresentation or falsification of any information contained on this certification or in any MDS submission to the CMS, may be punishable by fine and / or imprisonment under New York State Law and Federal Law. Such violations include, but may not be limited to perjury, making a false statement to a government agency, filing a false instrument, False Claims Act violations, etc.

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**Certifying Operator, Officer or Official's Signature**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me  
Personally came \_\_\_\_\_, to me known as the  
\_\_\_\_\_ (title) of the Facility identified herein and  
Who executed the foregoing instrument, and (s)he acknowledged  
to me that (s)he executed the same.

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Notary Public  
My Commission Expires: \_\_\_\_\_

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Authority:  
10 NYCRR 86-2.40 (m)(9)

(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.