Census Date_____

NEW YORK STATE - DEPARTMENT OF HEALTH
Division of Finance and Rate Setting

MINIMUM DATA SET (MDS) CENSUS ROSTER SUBMISSION
OPERATOR' S CERTIFICATION

Facility Name_____ Phone ( ) _____

Operating Certificate Number_____ Facility ID _____

The following statement must be read and a certification of such be signed by the operator or administrator for the appropriate ownership category. Please enter only one signature. Care should be exercised so that the signature and title of the responsible individual appear under the correct sponsorship (ownership) category.

CERTIFICATION STATEMENT

Misrepresentation or falsification of any information contained on this form may be punishable by fine and/or imprisonment under New York State law and Federal law.

CERTIFICATION OF OPERATOR

I certify that the MDS Census Roster data transmitted under DCN _____is complete and accurate and includes all residents in the facility as of the midnight census date of _____ [date]. I further certify the Minimum Data Set assessment information for each of the residents on the roster is, to the best of my knowledge, complete and accurate and meets all applicable Medicare and Medicaid requirements. I understand that this information is used in part to receive payment from federal and state funds. I further understand that payment of such funds is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information.

I also certify that I have read the above statement and that the information furnished is true and correct to the best of my knowledge.

_____
Date

Proprietary: _____
Signature of Operator or Principal Partner Or Principal Officer of Corporation*

_____
Title

Voluntary: _____
Signature of Administrator

_____
Title

Governmental: _____
Signature of Commissioner or
Administrative Officer

_____
Title

*An administrator who is not an operator is NOT acceptable

(Rev 02/2013)