



RESIDENTIAL CONGREGATE PROVIDER COVID RELIEF/MITIGATION ATTESTATION

By my signature below, I hereby certify and attest that:

- (1) I have the legal authority to act on behalf of this: _____
Medicaid Provider ID #: _____ Name of Business _____
- (2) I agree with the terms/conditions/guidance of the COVID Relief/Mitigation Program outlined in the DHSS press release dated November 6, 2020;
- (3) I certify that _____ is currently operational and actively serving residents and intends to stay in operation serving residents through the end of the calendar year.
- (4) All funds/payment received under the COVID Relief Mitigation Program issued by the State of Alaska, Department of Health and Social Services shall be used in accordance with U.S. Treasury guidance (<https://home.treasury.gov/policy-issues/cares/state-and-local-governments>) to mitigate the impacts of COVID-19 on my facility, employees, and/or residents in my care including but not limited to:
 - o the purchase personal protective equipment (PPE);
 - o make minor Environmental Modifications (EMODs);
 - o compensate employees while they isolate when they test positive;
 - o Compensate relief workers that are needed due to employees who are in isolation and are unable to work.
 - o Offset higher salary expenses while serving residents who are COVID positive, or in quarantine related to possible COVID exposure

I understand that knowingly making a false statement may subject me to criminal prosecution or civil sanction, including, without limitation, monetary penalties. I understand that knowingly making a false statement may constitute the crimes of perjury (AS 11.56.200), medical assistance fraud (AS 47.05.210) and/or unsworn falsification (AS 11.56.210).

I understand use of these funds may be audited in a post-payment review and documentation of their use may be requested by the Department.

I certify, under penalty of perjury, that the information I have provided herein is true, accurate, and complete to the best of my knowledge.

Dated: _____

Signature

Printed name

Title

Print and sign this attestation, scan and submit to: residentialcares@alaska.gov. This attestation must be received by December 11, 2020.