

STATEMENT OF ASSURANCES  
Preschool/School Supportive Health Services Program (SSHSP) Providers

School District/County Agency: \_\_\_\_\_

1. The Preschool/School Supportive Health Services Program (SSHSP) provider (public school district or county agency) will provide the resources necessary to comply with the billing requirements of the New York State Medicaid program.
2. The SSHSP provider will provide orientation and training to district staff to ensure that personnel have a working knowledge of SSHSP procedures and requirements.
3. The SSHSP provider will establish procedures assuring that the services have been provided in a manner consistent with the provisions of the School Supportive Health Services Program (SSHSP) for Medicaid.
4. The SSHSP provider will comply with all professional standards as set by the appropriate national standards setting organization and with all federal and State laws or regulations applicable to the providers' field.
5. The SSHSP provider will assure that health practitioners and clinics under contract to provide School Supportive Health Services are appropriately licensed or certified.
6. The SSHSP provider will record and maintain information on the performance of evaluations and delivery of services for each eligible child served by related services staff. This information shall include: child specific information; the provider of service; the type of service; the date of service; and the units of services.
7. The SSHSP provider will establish procedures to assure that all SSHSP files are kept accurate, current and complete.
8. All statements made with respect to claims for payment are true, accurate and complete to the best of the SSHSP provider's knowledge and no material fact will be omitted from any claim form.
9. The SSHSP provider understands that payment and satisfaction of claims will be from federal and State Medicaid funds and that the SSHSP provider and its employees or agents may be prosecuted under applicable federal and State laws for any false claims, statements or documents or concealment of a material fact.
10. All records pertaining to the care, services and supplies provided, including all records which are necessary to disclose fully the extent of care, services and supplies provided to individuals under the New York State Medical Assistance Program, will be kept for a period of six years from the date of payment, and such records and information regarding claims and payment therefore shall be promptly furnished upon request to the local or State Department of Health, The State Medicaid Fraud Control Unit or the Secretary of the Department of Health and Human Services.
11. The SSHSP provider will comply with the Federal Civil Rights Act of 1964 and with section 504 of the Federal Rehabilitation Act of 1973, as amended, which forbid discrimination on the basis of race, color, national origin, handicap, age, sex and religion.
12. The SSHSP provider agrees to comply with the requirements for 42 CFR Part 455 relating to disclosures by providers.
13. The SSHSP provider shall be subject to and bound by all the rules, regulations, policies, standards, fee codes and procedures of the New York State Department of Health as set forth in Title 18 of the Official Compilation of Codes, Rules and Regulations of New York State and other publications of the Department, including Medicaid Management information System Provider Manuals and other official bulletins of the Department and understands and agrees that it shall be subject and shall accept, subject to due process of law, any determination pursuant to said rules, regulations, policies, standards, fee codes and procedures, including, but no limited to, any duly made determination affecting the SSHSP provider's past, present and future status in the Medicaid program and/or imposing any duly considered sanction or penalty.

Signature of Authorized Representative & Title	Date Signed