

**STATE OF MICHIGAN**  
Department of Licensing and Regulatory Affairs  
Bureau of Survey and Certification

**Attestation Statement for Exclusion from Prospective Payment System (PPS) for  
Rehabilitation Hospitals/Units**

Hospital Provider #: 23-

Cost reporting year:

Legal Name:

DBA Name:

Address:

City:

State:

Zip:

Is the excluded PPS unit at this address?    Yes:            No:            *If no, provide address below*

Unit Address:

City:

State:

Zip:

Number of Beds:

Total Sq. Ft. of Unit:

The Beds remain separate and are not co-mingled  
with other hospital service beds.

Room Numbers:

Rehab Director Name:

License #:

Phone #:

Deemed Status    *(If deemed, please attach a copy of the accreditation letter/certificate)*

TJC:            AOA:            DNV:            ACHC:            CIHQ:            NONE:

**This attestation Statement has been completed and signed by both our hospital Administrator or Chief Executive Officer (including hospitals with excluded units) and the Director of Rehabilitation (physician). Please read the following carefully.**

Based upon our personal knowledge and belief, we attest that the responses on the attached Rehabilitation Criteria work sheet (From CMS 437A or CMS 437B) are true and correct, and that this hospital/unit has met, meets and will continue to meet all the applicable requirements for exclusion from the IPPS for the period beginning (the first day of the hospital's fiscal year or cost reporting period), as set out in Subpart B of 42 CFR Part 412. We understand that the Centers for Medicare and Medicaid Services (CMS) or its representative has the right to conduct an on-site survey at any time to validate whether the statements made on the attached work sheet are accurate.

We agree that if our inpatient rehabilitation facility (IRF) fails to meet any of these requirements in the next three cost report years, we will notify our Regional Office and Medicare Administrative Contractor (MAC) of the change immediately in order to permit a valid determination of the IPPS excluded status prior to the beginning of the next cost reporting period.

**Statements or Entries Generally: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both. (18 U.S.C., Sec. 1001)**

\_\_\_\_\_  
Administrator/CEO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Rehab Signature

\_\_\_\_\_  
Date