

Community-Based Organization Participant Attestation Statement Instructions:

Attached please find the Community-Based Organization Participant Attestation Statement for Millennium Collaborative Care Performing Provider System (“Millennium PPS”) led by Erie County Medical Center Corporation (“ECMCC”). New York State requires that PPSs have signed authorizations from each organization in their network. In order to certify your participation in Millennium PPS, we are requesting that you complete and return the Participant Attestation Statement.

Completing the attached documents:

Please fill in required information electronically (in PDF format) or by hand with black ink.

- ✦ **Participant Attestation Statement:** Fill in the name and title of the officer signing the Attestation, Organization name, and contact info as indicated
- ✦ **Attachment A:** Fill in the names of any additional organizations that are owned, controlled or affiliated with your organization
- ✦ Please have an authorized officer of your Organization sign and date the Participation Attestation Statement

Returning the documents:

- ✦ Please return the Participation Attestation Statement and Attachment A to **mobrien2@millenniumcc.org**
- ✦ Subject line should read: “[Organization Name] Attestation Statement”
- ✦ If you prefer to send hard copies, please mail to:

Millennium Collaborative Care
Attn: Marlene O’Brien
1461 Kensington Avenue
Buffalo, NY 14215

Questions/Comments:

If you have questions, comments, or concerns regarding the completion of the Attestation Statement, please contact Marlene O’Brien (716.898.4950, mobrien2@millenniumcc.org).

Thank you for participating in the Millennium Collaborative Care PPS.

Community-Based Organization Participant Attestation Statement

The undersigned individual is an authorized signatory of _____ (the "Organization"). By executing this Participant Attestation Statement, the undersigned confirms that he or she has the requisite authority to act on behalf of the Organization and affiliated organizations listed in Attachment A and confirms that the Organization and affiliate organizations listed in Attachment A agree to participate in the Delivery System Reform Incentive Payment Program ("DSRIP") Performing Provider System ("PPS") known as the Millennium Collaborative Care PPS ("Millennium PPS") led by Erie County Medical Center Corporation ("ECMCC"). By signing this Participant Attestation Statement, the Organization formally consents, on behalf of itself and the affiliated organizations listed in Attachment A, to participation in the Millennium PPS and authorizes Millennium PPS and ECMCC to list the Organization as a member of the Millennium PPS network.

Signature:
Date:
Print name:
Title:
Name of organization:
Organization mailing address:
Organization phone:
Organization email:

