



Office of
Mental Health

Office of Addiction
Services and Supports

KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

CHINAZO CUNNINGHAM, MD
Commissioner

eFMAP Attestation for CORE/BH HCBS

Certification pursuant to Section 9817 of the American Rescue Plan Act (P.L. 117-2)

(Organization) _____ hereby certifies and attests to the following:

- (Name) _____ is the (Title) _____ of (Org.) _____ and is duly authorized by (Org.) _____ to provide this attestation and certification on its behalf.
- The funding provided to pursuant to Section 9817 of the American Rescue Plan Act (P.L. 117-2) or the Coronavirus Response and Relief Supplement Appropriations Act (P.L. 116-260) will be or was used solely for eligible workforce recruitment and retention activities as outlined in the Guidance on Expansion and Implementation Eligible Funding Activities for Adult BH HCBS and CORE Services (“The Guidance”).
- Such funding will not be and was not used for any other purpose or expense. Each provider is required to develop an implementation plan to ensure that the funding is utilized for permissible activities as outlined in The Guidance.

Name of Organization: _____

Organization’s Business Address: _____

Officer’s Signature: _____ Date: _____

I understand that my signature represents that I am signing and responding to all certifications and attestations listed above.

Print Name: _____

Title of Person signing this form: _____

Contact Phone Number/Email Address: _____

Agency Code: _____

Return this completed form by March 31, 2022 to:

ATTN: Workforce Funding Activities
Office of Mental Health
Community Budget and Fiscal Management
44 Holland Avenue Albany, NY 12229

Or email to: OMH.Workforce@omh.ny.gov