

**SOM Exhibit 127**

Attestation Statement for Exclusion from the IPPS  
Covering the Period from \_\_\_\_\_(Month/Year) to the Present  
(Based on the Dates Contained in the Letter from the State Agency)

Name of State Agency Director  
Name of State Agency  
Address  
City, State, Zip  
Date

Dear (State Agency Director):

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).

Based upon our personal knowledge and belief, *we* attest that the responses on the attached Rehabilitation Criteria work sheet (Form CMS 437A or CMS 437B) are true and correct, and that (name of IPPS-Excluded Hospital or Unit) has met, meets and will continue to meet all the applicable requirements for exclusion from the IPPS for the period beginning (first day of 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/ Fiscal Intermediary (MAC/FI) 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*.

(Include the next sentence for units only): The unit is located in (enter building name, room numbers and address), and consists of \_\_\_\_\_square feet. The beds remain separate and are not co-mingled with other hospital service beds.

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)

***Signatures:***

Signature \_\_\_\_\_  
(Administrator *or* Chief Executive Officer of the hospital)

Title \_\_\_\_\_

Date \_\_\_\_\_

*Signature* \_\_\_\_\_  
(*Director of Rehabilitation*)

*Director of Rehabilitation's License number* \_\_\_\_\_

*Today's date* \_\_\_\_\_

*Start date of employment* \_\_\_\_\_

*Documentation attached of full time or part-time status.*