**EXHIBIT**

**(Rev.)**

**Model Attestation for Rural Emergency Hospital Enrollment and Conversion**

(Date of Request)

Name of Facility

Street Address

City, State, ZIP code

Dear (State Agency),

(Name of facility) is requesting enrollment and conversion to a Rural Emergency Hospital (REH). (Name of facility) is considered an eligible facility because as of December 27, 2020, the facility was operating as (choose one of the following options)

1. A critical access hospital
2. A hospital, as defined in section 1861(d)(1)(B) of the Act with not more than 50 beds located in a county (or equivalent unit of local government) that is considered rural (as defined in section 1881(d)(2)(D) of the Act
3. A hospital, as defined in section 1881(d)(1)(B) of the Act with not more than 50 beds that was treated as being located in a rural area that has had an active reclassification from urban to rural status as specified in 412.103 of this chapter as of December 27, 2020

I understand that as an REH, the facility must meet all the Conditions of Participation (CoPs) in 42 CFR Part 485 Subpart E, including the following:

\_\_\_\_ §485.514 CoP: Provision of Services

\_\_\_\_ §485.516 CoP: Emergency Services

\_\_\_\_ §485.526 CoP: Infection prevention and control and antibiotic stewardship programs

\_\_\_\_ §485.528 CoP: Staffing and staff responsibilities

\_\_\_\_ §485.534 CoP: Patient Rights

\_\_\_\_ §485.538 CoP: Agreements **(attach copy of transfer agreement with a certified level I or II trauma center)**

\_\_\_\_ §485.544 CoP: Physical Environment

Based upon my personal knowledge and belief, I attest that (name of facility) currently meets and will continue to meet all of the requirements for Rural Emergency Hospitals set forth in Subpart E of 42 CFR Part 485.

(Facility Name)

I understand that the Centers for Medicare & Medicaid Services (CMS) or its representative has the right to conduct an on-site survey at any time to validate compliance with all applicable requirements for REHs.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Administrator/Chief Executive Officer of REH)

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_