

Massachusetts Department of Public Health
Health Care Provider Reopen Attestation
Phase 2: Cautious



NOTE: This updated attestation form incorporates the capacity criteria and public health and safety standards required for Phase 1: Start and outlines additional requirements for health care providers that are not acute care hospitals in Phase 2: Cautious, effective June 8, 2020.

This self-attestation form is applicable to all health care providers other than acute care hospitals and **must be completed prior to performing Phase 2 services and procedures as defined in Massachusetts Department of Public Health (DPH) Reopen Approach for Health Care Providers (Providers that are Not Acute Care Hospitals) guidance for Phase 2** ("[DPH Provider Reopening Guidance Phase 2](#)").

The form must be signed by the provider's designated compliance leader or, in the case of a community health center (CHC) as defined in [DPH Provider Reopening Guidance Phase 1](#), the CHC's chief executive officer. Health care providers with multiple locations may sign and maintain one attestation on behalf of providers at all locations, as long as the designated compliance leader has clinical and operational control over the other locations. Health care providers shall prominently post a copy of the signed attestation form at each of its facilities, clinics and office locations.

A health care provider that meets the criteria below and intends to perform Phase 2 services and procedures must retain this attestation for inspection upon request by DPH.

Provider Information
Provider Name: Hilltown Community Health Centers, Inc.
Date of Self Attestation: 06/23/2020
Date to Begin Phase 2 Services: 06/24/2020
Individual Responsible for Compliance <i>Authorized compliance leader for the provider or Chief Executive Officer</i>
Name: Eliza B. Lake
Title: Chief Executive Officer
Phone Number: 413-238-5511
E-mail Address: elake@hchcweb.org



Attestation of Compliance Mark each criteria with an "X"	
In accordance with DPH Provider Reopening Guidance Phase 2 , the undersigned certifies that:	
Phase 1: Start Reopen Attestation Completed (please check one box):	
X	The health care provider has previously completed a Phase 1: Start Reopen Attestation in accordance with the DPH Provider Reopening Guidance Phase 1 and is available upon request of DPH at any time. <i>If the health care provider checks this box, complete the Phase 2 attestation below.</i>
X	The health care provider has not previously completed a Phase 1: Start Reopen Attestation in accordance with the DPH Provider Reopening Guidance Phase 1 . <i>If the health care provider checks this box, complete both the Phase 1 and Phase 2 attestations below.</i>
Phase 1 Attestation for Health Care Providers who have not yet completed the Phase 1 attestation:	
Public Health and Safety Standards	
X	The health care provider is in compliance with all Personal Protective Equipment and Other Essential Supplies standards outlined in DPH Provider Reopening Guidance Phase 1 .
X	The health care provider is in compliance with all Workforce Safety standards outlined in DPH Provider Reopening Guidance Phase 1 .
X	The health care provider is in compliance with all Patient Safety standards outlined in DPH Provider Reopening Guidance Phase 1 .
X	The health care provider is in compliance with all Infection Control standards outlined in DPH Provider Reopening Guidance Phase 1 .
X	The health care provider maintains and regularly updates written policies or procedures that meet or exceed all of the public health/safety standards outlined in DPH Provider Reopening Guidance Phase 1 .
Services and Procedures Provided	
X	The health care provider will provide only those in-person procedures and services consistent with the DPH Provider Reopening Guidance Phase 1 that based on the provider's clinical judgment, constitute: (1) high-priority preventative care, such as pediatric care and chronic disease care for high-risk patients, (2) urgent procedures or services that cannot be delivered remotely and would lead to high risk or significant worsening of the patient's condition if deferred, and (3) emergency procedures or services.
X	The health care provider is making clinical determinations about service provision in a manner consistent with the DPH Provider Reopening Guidance Phase 1 .
Compliance and Reporting	
X	The health care provider has designated a compliance leader at the highest level of the organization who is responsible for overseeing ongoing compliance with the standards and criteria outlined in DPH Provider Reopening Guidance Phase 1 .
X	The health care provider will maintain this attestation and documentation of compliance, including all written policies and protocols that incorporate or exceed the standards outlined in DPH Provider Reopening Guidance Phase 1 for PPE and supplies, workforce safety, patient safety, and infection control, and will make such documents available to DPH upon request at any time.
X	The health care provider is making reasonable efforts to recall furloughed direct care workers to the extent possible.



Phase 2: Cautious Attestations	
X	The health care provider has established a prioritization policy for scheduling and delivery of Phase 2 non-urgent care in accordance with this guidance and is making clinical determinations about service provision in a manner consistent with health equity principles in such policy and the DPH Provider Reopening Guidance Phase 2.
X	The health care provider is monitoring patient volume for non-essential, elective invasive procedures and services, in each facility, clinic, or office setting where such procedures and services are performed and is scheduling patient visits in a manner consistent with the DPH Provider Reopening Guidance Phase 2.
X	The health care provider is in compliance with CDC requirements and other public health guidance regarding environmental infection controls, which include specific requirements to suspend the use of all examination, procedural, and surgical areas in-between procedures for a mandated timeframe necessary for sufficient air changes to remove air-borne contaminants, prior to the thorough cleaning and disinfection of the room and equipment, as required in the DPH Provider Reopening Guidance for Phase 1 and DPH Provider Reopening Guidance Phase 2.
Certification and Attestation of Provider Readiness	
X	On behalf of the health care provider indicated above, I certify under the pains and penalties of perjury that the above certifications are true and accurate and the provider will continue to meet the criteria and standards in DPH Provider Reopening Guidance for Phase 1 and DPH Provider Reopening Guidance for Phase 2. I understand that should the health care provider become unable to meet any of the criteria or standards in DPH Provider Reopening Guidance for Phase 2 and contained within this form the provider must immediately notify DPH and cease performing Phase 2 until full compliance is obtained. I understand that if Phase 1 criteria are no longer met the health care provider must immediately notify DPH and cease performing Phase 1 and Phase 2 services until full compliance is obtained.
Signature:	<i>Eliza B. Lake</i>
Date:	<i>06/23/2020</i>
Name:	<i>Eliza B. Lake, CEO</i>