

**Certification to Elect to Continue Operation as a  
Fiscal Intermediary after March 3, 2020 for Current FIs  
NOT Included in Any Offer Under RFO #20039**



**Department  
of Health**

**TO BE SUBMITTED NO LATER THAN MARCH 20, 2020**

Name of Fiscal Intermediary (FI): \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Other Names FI may be known under (e.g., d/b/a): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

MMIS Number: \_\_\_\_\_

NPI Number: \_\_\_\_\_ (if applicable)

Contact Name: \_\_\_\_\_

Contact Phone and Email: \_\_\_\_\_

Total Number of consumers currently being served by FI: \_\_\_\_\_

Counties in which FI is currently operating:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above-named fiscal intermediary did not submit an offer as a Lead FI, nor was included in any offer as a collaborating partner, under RFO #20039 - New York State Fiscal Intermediaries for the Consumer Directed Personal Assistance Program. The FI is electing to continue operations until the Department's Contract Notification Date.

Name of authorizing individual: \_\_\_\_\_

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

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

RETURN ALL COMPLETED FORMS TO THE DEPARTMENT OF HEALTH AT:  
[ConsumerDirected@health.ny.gov](mailto:ConsumerDirected@health.ny.gov)