**Program Name:**

**Legal Entity Name:**

**Program Unit/Subunit Numbers:**

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| --- | --- | --- | --- |
|   | **Provider Overall Compliance** | Yes, No, N/A | Comments/ Program Process Explanation |
| 1 | Program attests to having P&P verifying that paid claims were provided to beneficiaries and that services were medically necessary. County and Contracted programs are expected to conduct regular Program Integrity activities on a continual basis and maintain records for audit purposes. (OPOH Section B) |  Choose an item. |        |
| 2 | Program attests to having P&P to conduct internal reviews of medical records on a regular basis in order to ensure that service documentation meets all County, State and Federal standards, and that all Short-Doyle Medi-Cal billing is substantiated. If the clinical documentation does not meet documentation standards as set forth in the current California State Department of Mental Health “Reasons for Recoupment” the P&P indicates program responsibility and process for addressing corrections.  |  Choose an item. |        |
| 3 | Program attests to having Notice of Adverse Benefit Determinations policy and procedure in place and are in compliance with requirements. |  Choose an item. |        |
| 4 |  Program attests to having an internal process to maintain a staff signature log that is current and up to date.  |  Choose an item. |        |
| 5 | Program attest to having a P&P for the provision of telehealth or telephone services which includes documented consent (written or verbal) specific to the provision of telehealth services prior to initial delivery of services. |  Choose an item. |        |
| 6 | Program attests that for clients whose primary language is something other than English, they provide informing materials and/or services to client in primary language. |  Choose an item. |        |
| 7 | Program attests to having internal process that outcome measures are completed as required within timelines. (if applicable)? (For CYF/TAY: Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptoms Checklist 35 (PSC-35), for AOA: RMQ, IMR, MORS, LOCUS)  |  Choose an item. |       |
| 8 | Program attests to having an internal A/OA Quarterly Utilization Review Committee (URC) process that is documented and records maintained, providing a quarterly review of a minimum of 5 clients (AOA programs only)  |  Choose an item. |        |
| 9 | Program attests to having an internal process to ensure that UM/UR due date and documentation requirements (UM/UR Auth forms) are completed as required. (CYF programs only). |  Choose an item. |        |
| 10 | Program attests to having an internal process to ensure that the Coordination with Primary Care Physicians and Behavioral Health Form is completed within 30 days of assignment and evidences coordination with (fax cover sheet, progress note, etc), or documented reason why not completed. (Form and evidence is scanned into EHR) |  Choose an item. |        |
| 11 | Program attests that the Youth Transition Self Evaluation (YTSE) form has been completed for CYF and TAY clients within one month of 16th birthday and at ages 17, 17 ½, 18 and annually thereafter until discharged. (Form is scanned into EHR) |  Choose an item. |        |
| 12 | Program attests to having an internal process in place to address gaps in service delivery including re-engagement attempts and potential client discharge. |  Choose an item. |        |
| 13 | Program attests to having an internal process in place when completing the Transition of Care Tool for referral for MCP services to ensure linkage completed for "closed loop". |  Choose an item. |        |
| 14 | Progress Report to Child Family Wellbeing form is completed and updated within appropriate timelines and form indicates that CANS were shared with CFWB, or reason documented why not. (CYF only) |  Choose an item. |        |
| 15 | Program attests that if a client is eligible for IHBS an authorization for IHBS has been established? (CYF programs only) | Choose an item. |       |
| 16 | Program attests that they are in compliance with applicable Federal and State laws (including but not limited to 45 CFR, Americans with Disabilities Act, Patient Protection and Affordable Care Act, Medicaid/CHIP Final Rule) by providing the following information and materials to clients as part of the intake process (and/or annually, if required) and documenting within the client record: • Guide to Medi-Cal Healthcare Services brochure• Advance Directive • Voter Registration • Language/Interpretation services and availability• Grievance/Appeal process and brochure• MHP Notice of Privacy Practices• Provider List | Choose an item. |       |

 ***ATTESTATION: I have reviewed the information submitted by this program for Self-Review/Attestation process for accuracy. No changes were made to these charts to bring items into compliance or to falsely represent program compliance scores. To the best of my knowledge, all information presented here is accurate.***

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|       |  |  |  |  |  |       |
| *Program Manager’s Printed Name* |  | *Program Manager’s Signature* |  | *Date* |  | *Program Manager’s Phone #* |
|       |  |  |  |  |  |  |
| *Legal Entity Executive’s Printed Name* |  | *Legal Entity Executive’s Signature* |  | *Date* |  |  |

Designated QA Specialist has reviewed program attestation and required documentation for compliance as part of the Quality Assurance Performance Review monitoring activities.

QA Comments:

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| --- | --- | --- | --- | --- | --- |
|       |  |  |  |  |  |
| *QA Specialist Printed Name* |  | *QA Specialist Signature* |  | *Date* |  |