**Program Name:**

**Legal Entity Name:**

**Program Unit/Subunit Numbers:**

**Items highlighted in red are required to be submitted along with signed Attestation.**

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| --- | --- | --- | --- |
|   | **Provider Overall Compliance** | Yes, No, N/A | Comments/ Program Process Explanation |
| 1 | Program attests to having P&P’s verifying the services claimed 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) *(****Programs to submit their Program Integrity P&P and documentation evidencing service verification activities as identified in their P&P (i.e., service reports from EHR, verification letters with client signature, client sign in sheets, signature logs, call logs) with attestation).*** |  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 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. |        |
| 6 | Program attests to having an internal process to ensure that the Coordination with Primary Care Physicians and Behavioral Health Form is completed within clinically reasonable timeframe upon opening client to program services and evidences coordination with (fax cover sheet, progress note, etc.), or documented reason why not completed. (Form and evidence is scanned into EHR or located in hybrid chart.) |  Choose an item. |        |
| 7 | 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 or located in hybrid chart.) |  Choose an item. |        |
| 8 | 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. |        |
| 9 | 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. |       |
| 10 | Program attests that they are in compliance with completion of the CSI Standalone Collection document at intake and annually. | Choose an item. |       |
| 11 | Program attests they are in compliance with completing the Coordinated Care Consent in SmartCare for each client at intake. | Choose an item. |       |