

COUNTY ATTESTATION TO COMPLIANCE
WITH DRUG MEDICAL POSTSERVICE PREPAYMENT AND
POSTSERVICE POSTPAYMENT (PSPP)
CORRECTIVE ACTION PLAN
(Form used for both DMC-ODS and DMC State Plan counties)

The Contractor shall monitor and attest completion by providers with CAP requirements as required by any PSPP reviews. The Contractor shall attest to DHCS, using the County Attestation to Compliance DHCS Form 8049, that the corrective actions in the CAP have been completed by the provider. Submission of DHCS Form 8049 by Contractor must be completed within the timeline specified in the approved CAP, as noted by DHCS.

I hereby attest that _____, DMC # _____, has fully implemented
(Provider Name) (Provider #)
all corrective actions in the PSPP Report issued on _____.
(Date of PSPP Report)

_____	_____
Print Name	Title
_____	_____
Signature	Date
_____	_____
Phone	E-Mail
_____	_____
Agency	County

Please submit DMC-ODS Wavier form to: SudCountyReports@dhcs.ca.gov
Please submit DMC State Plan form to: MCBHDMonitoring@dhcs.ca.gov