



Certification of Network Adequacy Data and Documentation Submission

Purpose

The County Mental Health Plan (MHP) submissions shall comply with the requirements set forth in Title 42 Code of Federal Regulations (CFR) part 438.606. Further, the MHP Director and Chief Administrative Officer (CAO), or equivalent, must certify that the information submitted by the MHP in their county is accurate, complete and truthful. Certification must be in accordance with federal requirements and the terms of the MHP Contract, as a condition for receiving payment under a Medi-Cal managed care program, the MHP must comply with the provisions of 42 CFR parts 438.604 and 438.606. All MHPs must complete and submit both certifications of network adequacy data and documentation submission forms to DHCS.

Certification templates are on page 3 and 4 of this document.

Submission Instructions

MHPs shall submit the NACT and supporting documentation no later than April 1. The Annual Submissions will be due on April 1, or the next business day if the 1st day of the month falls on a weekend or holiday. The submissions must comply with the reporting periods below:

- Fiscal Year 2019/2020: Annual Certification - April 1 (reporting period: December 1, 2019 – February 29, 2020)
- Fiscal Year 2020/2021: Annual Certification – April 1 (reporting period: December 1, 2020 to February 28, 2021)

The MHP Director and Chief Administrative Officer, or equivalents, must certify that the information submitted by the MHP in their county is accurate, complete and truthful. The certification must be submitted with the NACT and supporting documentation as described in Enclosure 2.¹ Submission of the NACT and supporting documentation and the accompanying certification is a condition for receiving payment.²

Any County that is found deficient and placed on a CAP must submit the NACT and supporting documentation by January to demonstrate compliance. The submissions must comply with the reporting periods below:

- State Fiscal Year 2019/2020: CAP County submission - January 2 (reporting period: September 1, 2020 – November 30, 2020)
- State Fiscal Year 2020/2021: CAP County submission - January 2 (reporting period: September 1, 2021 – November 30, 2021)

In addition, MHPs are required to notify DHCS by email to MHSDFinalRule@dhcs.ca.gov within 10 business days, any time there has been a

¹ 42 CFR. § 438.604

² 42 CFR. § 438.600(b)

significant change in the MHP's operations that would render the MHP non-compliant with standards for network adequacy and capacity including, but not limited to, the composition of the MHP's provider network. For example, MHPs must notify DHCS if the loss of a network provider, e.g., a psychiatrist(s) serving children/youth, results in the MHP being out of compliance with provider-to-beneficiary ratios.

**COUNTY CERTIFICATION OF NETWORK ADEQUACY DATA AND
DOCUMENTATION SUBMISSION**

I, _____,
hereby certify that I am the Director of [ENTER COUNTY DEPARTMENT], or the
Director's designee, for [INSERT COUNTY NAME HERE] County. In accordance with
Title 42 of the Code of Federal Regulations, sections 438.604 and 438.606, I attest on
behalf of [INSERT COUNTY NAME HERE] County Mental Health Plan (MHP) that the
submission of data, information and documentation to the Department of Health Care
Services (DHCS) in support of assurances as required in 438.207 is accurate,
complete, and truthful based upon best information, knowledge, and belief. I understand
that the documentation submitted will form the basis for DHCS' certification that the
MHP has complied with the State's requirements for the availability and accessibility of
services, including the adequacy of the provider network.

I certify to the accuracy of the following data, information and documentation, submitted
to DHCS, on [DATE]:

- Network Adequacy Certification Tool (NACT)
- [List all relevant supporting documentation]

Printed Name: _____

Signature: _____

Title: _____

Date: _____

**COUNTY CERTIFICATION OF NETWORK ADEQUACY DATA AND
DOCUMENTATION SUBMISSION**

I, _____,
hereby certify that I am the County Administrative Officer (CAO), or equivalent, for
[INSERT COUNTY NAME HERE] County. In accordance with Title 42 of the Code of
Federal Regulations, sections 438.604 and 438.606, I attest on behalf of [INSERT
COUNTY NAME HERE] County Mental Health Plan (MHP) that the submission of data,
information and documentation to the Department of Health Care Services (DHCS) in
support of assurances as required in 438.207 is accurate, complete, and truthful based
upon best information, knowledge, and belief. I understand that the documentation
submitted will form the basis for DHCS' certification that the MHP has complied with the
State's requirements for the availability and accessibility of services, including the
adequacy of the provider network.

I certify to the accuracy of the following data, information and documentation, submitted
to DHCS, on [DATE]:

- Network Adequacy Certification Tool (NACT)
- [List all relevant supporting documentation]

Printed Name: _____

Signature: _____

Title: _____

Date: _____