

Certification of Compliance

OAHA¹ Appeal Number: _____

Facility Name: _____

National Provider Identifier: _____

Facility Representative’s Name: _____

Facility Representative’s Title: _____

I hereby certify and declare under penalty of perjury under the laws of the State of California that the following is true and correct:

I am authorized to make this certification on behalf of the above named long-term health care facility (Facility) regarding the resident that is the subject of the above named case number (Resident).

Facility was served the hearing decision on the following date: _____.

Facility readmitted Resident on the following date: _____.

Facility did not readmit Resident, but otherwise complied with the hearing decision as of the following date _____, as follows (see instructions on page 2):

Facility has not readmitted Resident or permitted Resident to return to Facility for the reasons stated below (see instructions on page 2):

Signature of Facility Representative

Date

Print Name

Title

¹ Office of Administrative Hearings and Appeals

Instructions:

If Facility has not readmitted Resident as of the date of this certification, Facility must file subsequent certifications of compliance every seven days until it certifies that Resident was readmitted to Facility or the Department excuses this requirement.

Filing a certification does not excuse Facility’s failure to comply with any terms of the Decision and Order. Failure to timely comply with the terms of the Decision and Order and/or failure to timely file a certificate of compliance may result in a penalty of \$750 per day under Section 14126.029 of the Welfare and Institutions Code. In addition, the Facility may be subject to other enforcement or remedial action(s) as authorized under federal and state law for a violation of improper transfer or discharge or failure to readmit requirements.

Submit Completed Form:

Via email to LTC Certificate Intake mailbox: LTCertIntake@dhcs.ca.gov

OR

Via Fax at: (916) 440-5037

OR

Via mail:
Department of Health Care Services
Audits & Investigations Division
Medi-Cal Fraud Intake Unit
P.O. Box 997413, MS 2500
Sacramento, CA 95899