## COUNTY MENTAL HEALTH PLAN (MHP) ATTESTATION OF COMPLIANCE WITH SPECIFIED MEDI-CAL REQUIREMENTS FISCAL YEAR (FY) 2016/2017

All MHPs scheduled for triennial review during FY 2016-2017 must execute and return this Attestation no later than 30 days prior to the MHP's scheduled review (please refer to Enclosure 3 – Program Oversight and Compliance Review Schedule for FY 2016-2017).

## Instructions:

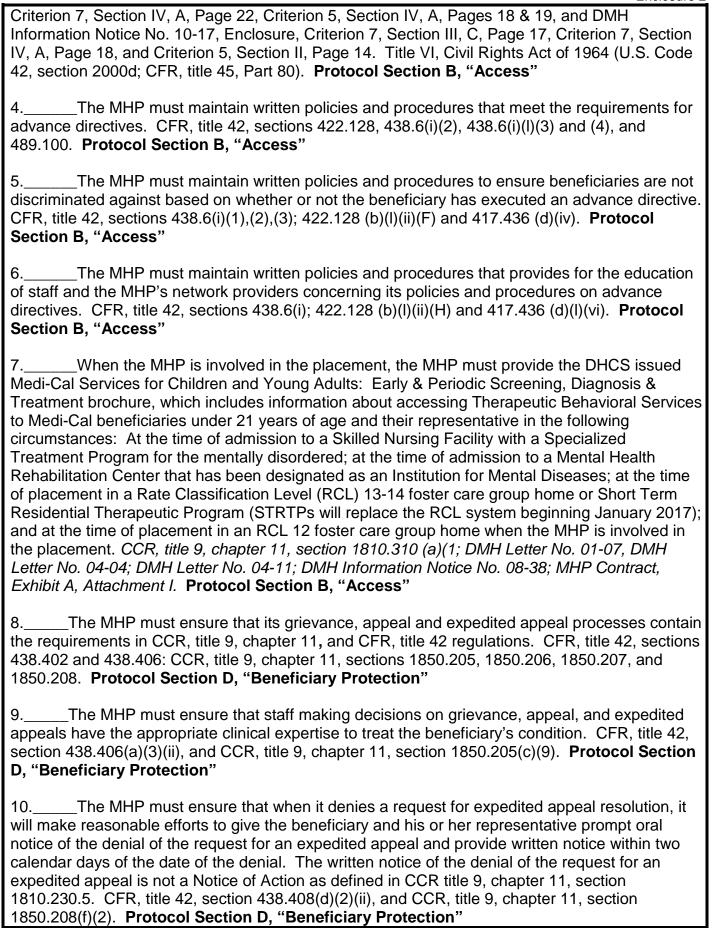
- A. When the MHP is in full compliance with all 22 items in the Attestation:
  - Initial in the space next to each numbered item to confirm compliance.
  - Mental Health Director or Designee must sign on page 4 of the Attestation.
  - Date and return to DHCS at the address noted on page 4 of the Attestation.
- B. When the MHP is not in full compliance:
  - Any item not initialed will require an explanation (via an addendum) stating why the MHP is not compliant with that item.
  - The MHP must specify, in the addendum, a date when all items in the Attestation will be in compliance.
  - Mental Health Director or Designee must sign on page 4 of the Attestation.
  - Date and return to DHCS at the address noted on page 4 of the Attestation.
  - When the MHP is in full compliance by the above specified date, an amended Attestation will be due to DHCS.

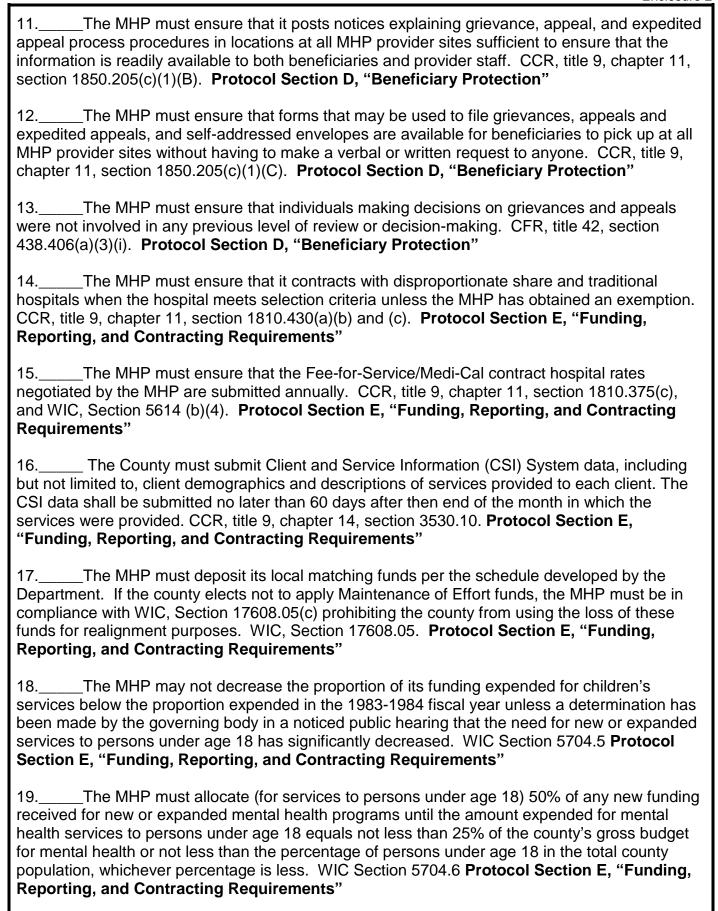
DHCS reserves all rights and remedies pursuant to its oversight authority to monitor and take actions regarding instances of non-compliance.

I, Print/Type Name, as the Mental Health Director or the lawful and appropriate designee of the Mental Health Director of the County of Enter Name of County hereby attest to the County's compliance with the federal and state laws and regulations, as well as the contract between the MHP and DHCS, included in this Attestation.

## Please read the items and initial:

1The MHP shall ensure that it makes a good faith effort to give affected beneficiaries written notice of termination of a contracted provider, within 15 days after receipt or issuance of the termination notice to each enrollee who received his or her primary care from, or was seen or a regular basis by, the terminated provider. CFR, title 42, section 438.10 (f)(5). <b>Protocol Section B</b> , "Access"
2The MHP shall have written policies regarding beneficiary rights. CFR, title 42, section 438.100(a)(b) and (d) and DMH Letter No. 04-05. <b>Protocol Section B, "Access"</b>
3The MHP must ensure that it complies with cultural competence and linguistic requirements, including the development and implementation of a cultural competence plan. California Code of Regulations (CCR), title 9, chapter 11, section 1810.410. Department of Mental Health (DMH) Information Notice 10-02, Enclosure, Criterion 7, Section III, C, Page 22,





20The MHP must have written policies and procedures for selection, retention, credentialing and re-credentialing of providers; the provider selection policies and procedures must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. CFR, title 42, section 438.214(a)-(e). <b>Protocol Section G, "Provider Relations"</b>
21The MHP must ensure that it oversees and is accountable for any functions and responsibilities that it delegates to any subcontractor and before any delegation evaluates the prospective subcontractor's ability to perform the activities to be delegated. CFR, title 42, section 438.230(a). <b>Protocol Section G, "Provider Relations"</b>
22The MHP must ensure that it provides the information specified in CFR, title 42, section 438.10(g)(1) about the grievance system to all providers and subcontractors at the time they enter into a contract. CFR, title 42, section 438.414. <b>Protocol Section G, "Provider Relations"</b>
Please provide an attached addendum page(s) with an explanation for all items above not initialed. List each omitted item by number, and for each item, state the reason the MHP is not currently in compliance, and the date it expects to be in compliance with all items. Once the MHP is able to certify compliance to all 22 items in the Attestation, the MHP is to resubmit a signed Attestation with the box checked "Amended" to the DHCS.  Amended
ATTESTATION
I hereby certify under penalty of perjury that, to the best of my knowledge, information, and/or belief, and to the extent indicated or as limited above and/or in any attached addendum, the MHP is currently in compliance with this specified list of Medi-Cal related requirements, and that the corresponding, supporting documents and records are available and accessible to the California DHCS upon request. I am aware that the documents and records may be requested at any time, including during an onsite review.
Mental Health Director (or Designee):Date:
Print Name: Print Title:
County Name/Address:
Please return the Attestation to the following address no later than 30 days prior to the MHPs scheduled triennial review:

California Department of Health Care Services
Mental Health Services Division
Program Oversight and Compliance Branch
Attention: Chief, Compliance Section, MS 2703
P. O. Box 997413
Sacramento, CA 95899-7413