

**COUNTY MENTAL HEALTH PLAN (MHP) ATTESTATION
OF COMPLIANCE WITH SPECIFIED MEDICAL REQUIREMENTS
FISCAL YEAR (FY) 2017/2018**

All MHPs scheduled for triennial review during FY 2017-2018 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 2017-2018).

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:

1. _____ The 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 on a regular basis by, the terminated provider. CFR, title 42, section 438.10 (f)(5). **Protocol Section B, "Access"**
2. _____ The MHP shall have written policies regarding beneficiary rights. CFR, title 42, section 438.100(a)(b) and (d) and DMH Letter No. 04-05. **Protocol Section B, "Access"**
3. _____ The 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,

Criterion 7, Section IV, A, Page 22, Criterion 5, Section IV, A, Pages 18 & 19, and DMH Information Notice No. 10-17, Enclosure, Criterion 7, Section III, C, Page 17, Criterion 7, Section IV, A, Page 18, and Criterion 5, Section II, Page 14. Title VI, Civil Rights Act of 1964 (U.S. Code 42, section 2000d; CFR, title 45, Part 80). **Protocol Section B, "Access"**

4._____The MHP must maintain written policies and procedures that meet the requirements for advance directives. CFR, title 42, sections 422.128, 438.6(i)(2), 438.6(i)(l)(3) and (4), and 489.100. **Protocol Section B, "Access"**

5._____The MHP must maintain written policies and procedures to ensure beneficiaries are not discriminated against based on whether or not the beneficiary has executed an advance directive. CFR, title 42, sections 438.6(i)(1),(2),(3); 422.128 (b)(l)(ii)(F) and 417.436 (d)(iv). **Protocol Section B, "Access"**

6._____The MHP must maintain written policies and procedures that provides for the education of staff and the MHP's network providers concerning its policies and procedures on advance directives. CFR, title 42, sections 438.6(i); 422.128 (b)(l)(ii)(H) and 417.436 (d)(l)(vi). **Protocol Section B, "Access"**

7._____When the MHP is involved in the placement, the MHP must provide the DHCS issued Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnosis & Treatment brochure, which includes information about accessing Therapeutic Behavioral Services to Medi-Cal beneficiaries under 21 years of age and their representative in the following circumstances: At the time of admission to a Skilled Nursing Facility with a Specialized Treatment Program for the mentally disordered; at the time of admission to a Mental Health Rehabilitation Center that has been designated as an Institution for Mental Diseases; at the time of placement in a Rate Classification Level (RCL) 13-14 foster care group home or Short Term Residential Therapeutic Program (STRTPs will replace the RCL system beginning January 2017); and at the time of placement in an RCL 12 foster care group home when the MHP is involved in the placement. *CCR, title 9, chapter 11, section 1810.310 (a)(1; DMH Letter No. 01-07, DMH Letter No. 04-04; DMH Letter No. 04-11; DMH Information Notice No. 08-38; MHP Contract, Exhibit A, Attachment I.* **Protocol Section B, "Access"**

8._____The MHP must ensure that its grievance, appeal and expedited appeal processes contain the requirements in CCR, title 9, chapter 11, and CFR, title 42 regulations. CFR, title 42, sections 438.402 and 438.406; CCR, title 9, chapter 11, sections 1850.205, 1850.206, 1850.207, and 1850.208. **Protocol Section D, "Beneficiary Protection"**

9._____The MHP must ensure that staff making decisions on grievance, appeal, and expedited appeals have the appropriate clinical expertise to treat the beneficiary's condition. CFR, title 42, section 438.406(a)(3)(ii), and CCR, title 9, chapter 11, section 1850.205(c)(9). **Protocol Section D, "Beneficiary Protection"**

10._____The MHP must ensure that when it denies a request for expedited appeal resolution, it will make reasonable efforts to give the beneficiary and his or her representative prompt oral notice of the denial of the request for an expedited appeal and provide written notice within two calendar days of the date of the denial. The written notice of the denial of the request for an expedited appeal is not a Notice of Action as defined in CCR title 9, chapter 11, section 1810.230.5. CFR, title 42, section 438.408(d)(2)(ii), and CCR, title 9, chapter 11, section 1850.208(f)(2). **Protocol Section D, "Beneficiary Protection"**

11._____The MHP must ensure that it posts notices explaining grievance, appeal, and expedited appeal process procedures in locations at all MHP provider sites sufficient to ensure that the information is readily available to both beneficiaries and provider staff. CCR, title 9, chapter 11, section 1850.205(c)(1)(B). **Protocol Section D, “Beneficiary Protection”**

12._____The MHP must ensure that forms that may be used to file grievances, appeals and expedited appeals, and self-addressed envelopes are available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request to anyone. CCR, title 9, chapter 11, section 1850.205(c)(1)(C). **Protocol Section D, “Beneficiary Protection”**

13._____The MHP must ensure that individuals making decisions on grievances and appeals were not involved in any previous level of review or decision-making. CFR, title 42, section 438.406(a)(3)(i). **Protocol Section D, “Beneficiary Protection”**

14._____The MHP must ensure that it contracts with disproportionate share and traditional hospitals when the hospital meets selection criteria unless the MHP has obtained an exemption. CCR, title 9, chapter 11, section 1810.430(a)(b) and (c). **Protocol Section E, “Funding, Reporting, and Contracting Requirements”**

15._____The MHP must ensure that the Fee-for-Service/Medi-Cal contract hospital rates negotiated by the MHP are submitted annually. CCR, title 9, chapter 11, section 1810.375(c), and WIC, Section 5614 (b)(4). **Protocol Section E, “Funding, Reporting, and Contracting Requirements”**

16._____The County must submit Client and Service Information (CSI) System data, including but not limited to, client demographics and descriptions of services provided to each client. The CSI data shall be submitted no later than 60 days after the end of the month in which the services were provided. CCR, title 9, chapter 14, section 3530.10. **Protocol Section E, “Funding, Reporting, and Contracting Requirements”**

17._____The MHP must deposit its local matching funds per the schedule developed by the Department. If the county elects not to apply Maintenance of Effort funds, the MHP must be in compliance with WIC, Section 17608.05(c) prohibiting the county from using the loss of these funds for realignment purposes. WIC, Section 17608.05. **Protocol Section E, “Funding, Reporting, and Contracting Requirements”**

18._____The MHP may not decrease the proportion of its funding expended for children’s services below the proportion expended in the 1983-1984 fiscal year unless a determination has been made by the governing body in a noticed public hearing that the need for new or expanded services to persons under age 18 has significantly decreased. WIC Section 5704.5 **Protocol Section E, “Funding, Reporting, and Contracting Requirements”**

19._____The MHP must allocate (for services to persons under age 18) 50% of any new funding received for new or expanded mental health programs until the amount expended for mental health services to persons under age 18 equals not less than 25% of the county’s gross budget for mental health or not less than the percentage of persons under age 18 in the total county population, whichever percentage is less. WIC Section 5704.6 **Protocol Section E, “Funding, Reporting, and Contracting Requirements”**

20._____The 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). **Protocol Section G, “Provider Relations”**

21._____The 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). **Protocol Section G, “Provider Relations”**

22._____The 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. **Protocol Section G, “Provider Relations”**

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**

