State of California
Department of Health Care Services (DHCS)

COUNTY MENTAL HEALTH PLAN (MHP) ATTESTATION

FISCAL YEAR (FY) 2014-2015
COMPLIANCE WITH SPECIFIED MEDI-CAL REQUIREMENTS

All MHPs scheduled in the FY 2014-2015 Triennial System Review must execute and return this Attestation, no later than 60 days prior to the MHP's scheduled review. (Refer to Enclosure 3 – Program Oversight and Compliance Review Schedule for FY 2014-2015)

Instructions:

A. When the MHP is in full compliance with all 25 items in the Attestation:
- Initial in the space next to each numbered item to confirm compliance.
- MH 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 in compliance with that item.
- The MHP must specify one date in the addendum when all items in the Attestation will be in compliance.
- MH 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 name)_____, as the Mental Health Director of the County of _____(name of County), or _____, as the lawful and appropriate designee of the County Mental Health Director, hereby attest regarding the County's compliance with the following Medi-Cal requirements:

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 A,"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 A, "Access"**

3._____The MHP shall ensure that it complies with cultural competence and linguistic requirements including the development and implementation of a cultural competence plan. **(Prior Items 4 & 5 have been incorporated into Item 3)** CCR, title 9, chapter 11, section 1810.410. DMH Information Notice 10-02, Enclosures, Criterion 7, Section III, C, Page 22, Criterion 7, Section IV, A, Page 22, Criterion 5, Section IV, Pages 18 &19, and DMH Notice 10-17, Enclosures, Criterion 7, Section III, C, Page 17, Criterion 7, Section IV, A, Page 18, Criterion 5, Section IV, Pages 13-14, title VI, Civil Rights Act of 1964 (U.S. Code 42., Section 2000d), CFR, title 45, Part 80. **Protocol, Section A, "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 A, "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 A, "Access"**

6._____The MHP must maintain written policies and procedures that provides for the education of staff 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 A, "Access"**

7._____The MHP shall have in place, and follow written policies and procedures and have in effect mechanisms to ensure consistent application of review criteria for authorization decisions. CFR, title 42, section 438.210. **Protocol, Section B, "Authorization"**

8._____The MHP shall provide out-of-plan services to beneficiaries placed out of county. CCR, title 9, chapter 11, sections 1830.220 and 1810.365, W&IC section 14716, 14717, and DMH Information Notice No. 97-06, D, 4. **Protocol, Section B, "Authorization"**

9._____The MHP shall ensure its compliance with requirements regarding authorization, documentation, provision and reimbursement of services when a child is in a foster care, KinGAP or Aid to Adoptive Parents (AAP) aid code and residing outside his or her county of origin. The MHP shall ensure that it complies with the timelines when processing or submitting authorization requests for children in a foster care, AAP, or KinGAP aid code living outside his or her county of origin. CCR, title 9, chapter 11, section 1830.220 (b)(3) and (b)(4)(A);Welfare and Institutions Code (W&IC) sections 11376,16125,14716, DMH Information Notice No. 09-06, DMH Information Notice No. 97-06 and DMH Information Notice No. 08-24. **Protocol, Section B, "Authorization"**

10._____The MHP shall ensure access for foster care children outside his/her county of adjudication and ensure that it complies with the use of that it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DMH, unless exempted by DHCS. CCR, title 9, chapter 11, sections 1810.220.5 and 1830.220 (b)(3) and (b)(4)(A), DMH Information Notices No. 09-06, Page 2, No. 08-24 and No. 97-06, D, 4, Welfare and Institutions Code (W&IC) sections 14716, 14717, 11376, 14684, and 16125. **Protocol, Section B, "Authorization"**

11._____The MHP shall 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 C, "Beneficiary Protection"**

12._____The MHP shall 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 C, "Beneficiary Protection"**

13._____The MHP shall 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 Cal. Code Regulations., title 9, chapter 11, section1810.230.5. CFR, title 42, section 438.408(d)(2)(ii); CCR, title 9, chapter 11, section 1850.208(f)(2). **Protocol, Section C, "Beneficiary Protection"**

14._____The MHP shall 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 C, "Beneficiary Protection"**

15._____The MHP shall 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 C, "Beneficiary Protection"**

16._____The MHP shall 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 C, "Beneficiary Protection "**

17._____The MHP shall ensure that grievances are resolved within established timeframes and that any required notice of an extension is given. CFR, title 42, section 438.408(a),(b)(1) and CCR, title 9, chapter 11, section 1850.206(b). **Protocol, Section C, "Beneficiary Protection"**

18._____The MHP shall ensure that appeals are resolved within established timeframes and that any required notice of an extension is given. CFR, title 42, sections 438.408(a),(b)(2) and CCR, title 9, chapter 11, section 1850.207(c). **Protocol, Section C, "Beneficiary Protection"**

19._____The MHP shall ensure that expedited appeals are resolved within established timeframes and that any required notice of an extension is given. CFR, title 42, section 438.408(a),(b)(3) and CCR, title 9, chapter 11, section 1850.208. **Protocol, Section C, "Beneficiary Protection"**

20._____The MHP shall 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),(c). **Protocol, Section D, "Funding, Reporting, and Contracting Requirements"**

21._____The MHP shall 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 Welfare and Institutions Code (W&IC), section 5614 (b)(4). **Protocol, Section D, "Funding, Reporting, and Contracting Requirements"**

22._____The MHP shall ensure that adult and children performance outcome system data is reported. Welfare and Institutions Code (W&IC), section 5610; County Performance Contract. **Protocol**, **Section D, "Funding, Reporting, and Contracting Requirements"**

23._____The MHP shall have written policies and procedures for selection, retention, credentialing and recredentialing 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"**

24._____The MHP shall 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"**

25._____The MHP shall ensure that it provides the information specified at 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 25 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 Department of Health Care Services (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: _____

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Please return the Attestation to the following address no later than 60 days prior to the MHPs scheduled triennial review:

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