



Attachment E – Certification of Network Adequacy Data and Documentation Submission

Purpose

Title 42, Code of Federal Regulations, Sections 438.604 and 438.606 require Mental Health and Drug Medi-Cal Organized Delivery System Plans (here after referred to as “Plans”), to certify specified data, documentation, and information submitted to DHCS. Plans must submit documentation to demonstrate compliance with DHCS’ requirements for availability and accessibility of services, including the adequacy of the provider network¹. The Plan’s Director, Chief Executive Officer (CEO), or an individual who reports to the Director or CEO with the delegated authority to sign for the Director or CEO, so that the Director or CEO is ultimately responsible for the certification, must sign the certification statement, certifying that the information submitted by the Plan is “accurate, complete and truthful” to the declarant’s “best information, knowledge, and belief.” The certification must be submitted with the NACT and supporting documentation.² Submission of the NACT and supporting documentation and the accompanying certification must be in accordance with federal requirements and the terms of the Plan’s Contract, and is a condition for receiving payment.³

Submission Instructions

Plans shall submit the NACT and supporting documentation no later than July 1st, or the next business day if the 1st day of July falls on a weekend or holiday. The submissions must comply with the reporting period below:

- Fiscal Year 2021/2022: Annual Certification – July 1, 2021 (reporting period: December 1, 2020 to February 28, 2021)

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 2021/2022: CAP County submission – March 1, 2022 (reporting period: September 1, 2021 – November 30, 2021)

In addition, Plans are required to notify DHCS by email to within 10 business days, any time there has been a significant change in the Plan’s operations that would render the Plan non-compliant with standards for network adequacy and capacity including, but not limited to, the composition of the Plan’s provider network.

¹ 42 C.F.R. §§ 438.206 and 438.207(b)

² 42 CFR. § 438.604

³ 42 CFR. § 438.600(b)

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

_____,
hereby certify that I am the Director or CEO of [ENTER COUNTY DEPARTMENT], or
the Director or CEO'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 [INSERT
EITHER MHP or DMC-ODS] 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 Plan 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: _____