MC 1982 C Attestation: Medi-Cal Specialty Mental Health Services Quarterly Claim for Reimbursement - Quality Assurance/Utilization Review (QA/UR) Cost

Date:		County Code:		County:		Quarter:	
Fiscal Year:		Claim for Quarter Ending:			Mark "X" if Replacement Claim:		
Total Federal Match Calculated (SPMP):				Total Federal Match Calculated (Other) :			
Total Federal Match and State General Fund Calculated (SPMP):				Total Federal Match and State General Fund Calculated (Other):			
Total SGF Calculated (SPMP):				Total SGF Calculated (Other):			
Total Administrative Federal Financial Participation Calculated: (SPMP)				Total Administrative Federal Finanacial Participation Calculated (Other):			

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I am authorized to sign this certification on behalf of the County; that I have not violated any of the provisions of Section 1090 et sec. of the Government Code; that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code; that the claim is based on actual, total-funds expenditures for services to eligible beneficiaries; and that to the best of my knowledge and belief this claim is in all respects true, correct, and in accordance with the law. I further certify under penalty of perjury that the claim is based on actual, total-funds expenditures made by the County of public funds that meet the requirements for claiming federal financial participation (FFP) pursuant to all applicable requirements of state and federal law, including, but not limited to CFR Title 42, Section 430.30 and 433.51, and the Federal Office of Management and Budget Circular A-87, and that the expenditures claimed have not previously been, nor will they be claimed at any other time as claims to receive FFP funds under Medicaid or any other program. The County understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. Pursuant to Section 433.32 of Title 42, Code of Federal Regulations (CFR), the County agrees to keep for a minimum of three years after final determination of costs is made through the DHCS reconciled Cost Report settlement process and retained beyond the three-year period if audit findings have not been resolved, a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing services, on request, within the State of California to the California Department of Health Care Services (DHCS), the Medi-Cal Fraud Unit, California Department of Justice, Office of the State Controller, U.S.

Department of Health and Human Services, or their duly authorized representatives. The County also certified under penalty of perjury that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin,

Date: Print Name:

Local Mental Health Director

Executed at: Signature:

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the here in claimant responsible for the examination and settlement of accounts; that I am authorized to sign this certification of the county , and that the information is to be used for filing a claim with federal government for federal funds pursuant to Section 430.30 of Title 42 CFR; that I have not violated any of the provisions of Section 1090 et sec. of the Government Code; that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code; that the claim is based on actual, total-funds expenditures for services to eligible beneficiaries; and that to the best of my knowledge and belief this claim is in all respects true, correct, and in accordance with the law. The County further certifies under penalty of perjury that: all claims for services provided to county mental health clients have been provided to the clients by the County; the services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan; and that all information submitted to the Department is accurate and complete. The County understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. Pursuant to Section 433.32 of Title 42, Code of Federal Regulations (CFR), the County agrees to keep for a minimum of three years after final determination of costs is made through the DHCS reconciled Cost Report settlement process and retained beyond the three-year period if audit findings have not been resolved, a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing services, on request, within the State of California to the California Department of Health Care Services (DHCS), the Medi-Cal Fraud Unit, California Department of Justice, Office of the State Controller, U.S. Department of Health and Human Services, or their duly authorized representatives. The County also certified under penalty of perjury that services are offered and provided without discrimination based on race, religion, color,

Date: Print Name:

County Auditor Controller or City Financial Officer

Executed at: Signature:

Instructions

Heading Instructions:

County: From dropdown Selection, select the County Name.
County Code: From dropdown selection, select the County Code
Date: Enter the date the claim form is submitted.
Fiscal Year: From dropdown selection, select Fiscal Year in which costs were incurred.
Claim for Quarter Ending: From dropdown selection, select the quarter ending date Month/Day for the costs incurred in.
Quarter: From the dropdown selection, select the quarter the costs incurred.
Total Federal Match Calculated: Put SPMP and Other amounts from 1982C workbook.
Total Federal Match and State General Fund Calculated: Put SPMP and Other amounts from 1982C workbook.
Total SGF Calculated: Put SPMP and Other amounts from 1982C workbook.
Total Administrative Federal Finanacial Participation Calculated: Put SPMP and Other amounts from 1982C workbook.

Certifications:

Each claim form must include the signed certification of the Local Mental Health Director and either the County Auditor-Controller, City Finance Officer, or the Local Mental Health Accounting Officer.

After completing and signing this attestation, combine with the completed SMHS QAUR 1982 (c) claim workbook and send this claim to: 1982CClaim@dhcs.ca.gov

***SPMP- Skilled Professional Medical Peronnel**

Quality Assurance and Utilization Review Activities (From DMH Letter 05-11, Enclosure 1)

• Utilization review and training activities related to monitoring of MHP program integrity standards, including services provided by subcontractors;

• Utilization review and training activities required as part of clinical performance improvement projects;

• Quality Improvement (QI) Committee meetings, preparation time, documentation of minutes, and follow-up of clinical QI issue

• Clerical time spent supporting utilization review chart selection, gathering of chart and billing documentation, and follow-up of clinical QA issues;

• QA activities required for development, implementation, evaluation, and revision of clinical practice guidelines;

• Utilization review activities required for Therapeutic Behavioral Services (TBS), assistance with state audits, and federal audits of TBS;

• Personnel time and materials for assisting state and federal auditors with county audits for compliance with External Quality Review standards, and other related Medi-Cal specialty mental health services standards;

• Utilization review activities required as part of medication monitoring;

• Training of SPMP and staff who are directly supporting SPMP for utilization review and QA activities;

• Personnel time required for the operation of management information systems that are necessary for completion of utilization review activities;

• Plan development activities if not billed as case management or other specialty mental health service