

Appendix 1
Completing the Certification Statement

The Certification Statement is intended to ensure that the information contained in the claiming plan package is true, correct, and accurately reflects the performance of the MH MAA described in the claiming plan. The Certification Statement will be signed by the mental health plan's MH MAA Coordinator. The following instructions describe the information that is to be included on each line of the certification form.

Line	Instructions
(1)	Name of the mental health plan that is submitting the MH MAA claiming plan
(2)	Address where the mental health plan is located
(3)	Phone number for the MH MAA Coordinator
(4)	Name of the MH MAA Coordinator
(5)	MH MAA Coordinator sign the certification form in blue or black ink
(6)	Title of the MH MAA Coordinator
(7)	Date the MH MAA Coordinator signed the certification statement

Appendix 1

CERTIFICATION STATEMENT	
(1) Mental Health Plan (MHP): _____	
(2) Mental Health Plan Address: _____ <div style="text-align: center; margin-top: 10px;"> Street Address </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ City _____ State _____ Zip </div>	
(3) Mental Health Medi-Cal Administrative Activities Coordinator’s Phone Number: _____	
<p>In signing this certification, I am certifying that the information provided herein is true and correct and accurately reflects the performance of the Mental Health Medi-Cal Administrative Activities described in this claiming plan.</p> <p>I am also certifying that invoices submitted to the State Department of Health Care Services for reimbursement shall be based on the approved claiming plan and shall be submitted in accordance with the MH MAA invoice instructions. Any knowing misrepresentation of the activities described herein may constitute violation of the Federal False Claims Act.</p> <p>I understand that this claiming plan shall be subjected to the review and approval of the State Department of Health Care Services and federal Centers for Medicare and Medicaid Services.</p>	
_____ (4) Typed Name (Mental Health Medi-Cal Administrative Activities Coordinator)	_____ (5) Signature (Mental Health Medi-Cal Administrative Activities Coordinator)
_____ (6) Title	_____ (7) Date

Appendix 2

CLAIMING UNIT FUNCTIONS GRID		
(1) Mental Health Plan (MHP): _____		
(2) Submittal Date: _____	(3) Amendment Date: _____	
(4) Claiming Unit Name: _____		(5) No. of Staff: _____
(6) Claiming Unit Address _____		
Street Address		
City	State	Zip
(7) Contact Person: _____		
(8) Contact Person's Phone Number: _____		
(9) Contact Person's Address (If different from above) _____		
Street Address		
City	State	Zip
(10) Description of Claiming Unit Functions:		

Appendix 3: Activity Code 4

**Medi-Cal Outreach –Not Discounted
(Mode 55, SFC 01-03)**

(1) Claiming Unit: _____ (2) Submittal Date: _____

(3) Mental Health Plan: _____ (4) Amendment Date: _____

(5) _____

(6) _____

(7) _____

(8) _____

(9) _____

(10) _____

(11) _____

(12) _____

(13) _____

Appendix 4: Activity Code 6

Medi-Cal Eligibility Intake Not Discounted (Mode 55, SFC 04-06)	
(1) Claiming Unit: _____	(2) Submittal Date _____
(3) Mental Health Plan: _____	(4) Amendment Date _____
(5) _____	
(6) _____	
(7) _____	
(8) _____	

Appendix 5: Activity Code 8

Referral in Crisis Situations for Non-Open Cases Discounted (Mode 55, SFC 11-13)	
(1) Claiming Unit: _____	(2) Submittal Date _____
(3) Mental Health Plan: _____	(4) Amendment Date _____
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Appendix 6: Activity Code 10

Medi-Cal/Mental Health Services Contract Administration Not Discounted (Mode 55, SFC 07-08)	
(1) Claiming Unit: _____	(2) Submittal Date _____
(3) Mental Health Plan: _____	(4) Amendment Date _____
(5) _____	
(6) _____	
(7) _____	

Appendix 7: Activity Code 11

Medi-Cal/Mental Health Services Contract Administration Discounted (Mode 55, SFC 14-16)	
(1) Claiming Unit: _____	(2) Submittal Date _____
(3) Mental Health Plan: _____	(4) Amendment Date _____
(5) _____	
(6) _____	
(7) _____	
(8) _____	

Appendix 8: Activity Code 13

**PROGRAM PLANNING AND POLICY DEVELOPMENT
DISCOUNTED
(Mode 55, SFC 35-39)**

(1) Claiming Unit: _____	(2) Submittal Date _____
(3) Mental Health Plan: _____	(4) Amendment Date _____

(5) _____

(6) _____

(7) _____

(8) _____

(9) _____

Appendix 9: Activity Code 14

**SPMP PROGRAM PLANNING AND POLICY DEVELOPMENT
DISCOUNTED
(Mode 55, SFC 24-26)**

(1) Claiming Unit: _____ (2) Submittal Date _____

(3) Mental Health Plan: _____ (4) Amendment Date _____

(5) _____

(6) _____

(7) _____

(8) _____

Appendix 10: Activity Code 16

**SPMP CASE MANAGEMENT OF NON-OPEN CASES
DISCOUNTED
(Mode 55, SFC 21-23)**

(1) Claiming Unit: _____ (2) Submittal Date _____

(3) Mental Health Plan: _____ (4) Amendment Date _____

(5) _____

(6) _____

(7) _____

(8) _____

Appendix 11: Activity Code 17

MH MAA COORDINATION AND CLAIMS ADMINISTRATION NOT DISCOUNTED (Mode 55, SFC 09)	
(1) Claiming Unit: _____	(2) Submittal Date _____
(3) Mental Health Plan: _____	(4) Amendment Date _____
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Appendix 12: Activity Code 18

**General Administration
REALLOCATED**

(1) Claiming Unit: _____ (2) Submittal Date _____

(3) Mental Health Plan: _____ (4) Amendment Date _____

(5) _____

(6) _____