

San Mateo County Behavioral Health & Recovery Services (BHRS)

Contractor Attestation

This attestation must be signed by an individual with authority to sign on behalf of the organization they represent to attest to the accuracy and completeness of the information provided.

The completed Attestation may be mailed or scanned and emailed to:

BHRS Contract at-----This is due at contract initiation and annually by June 30.

If the agency is not in full compliance with the items below, a written explanation and plan of correction must be attached and returned with this attestation.

Please initial the areas you are in compliance with:

1. ____ Initials: Contractor implemented and distributed the BHRS Compliance Plan and Standards of Conduct (or one consistent with BHRS Compliance Program), to all employees working with BHRS San Mateo clients at initiation of contracting and annually thereafter. There is documented evidence that employees received these documents at hire and yearly.
2. ____ Initials: All employees completed the BHRS Compliance Online Training and BHRS Fraud Waste and Abuse (FWA) training modules located at <http://www.smchealth.org/bhrs/providers/ontrain> within one week of hire/contract and annually thereafter. The contractor has retained copies of the certificate of completion as proof of training compliance.
3. ____ Initials: The contractor has reviewed and complies with the Consumer Problem Resolution Process Policy 03-03 policy and procedures.
4. ____ Initials: Prior to hiring an employee the contractor will ensure that the individual being considered for employment have been screened: 1. For clinical and medical staff- credentials are verified: a. National Provider Identifiers are verified at <https://npiregistry.cms.hhs.gov/> b. Licenses are verified at www.breeze.ca.gov 2. For all staff - an exclusion review is conducted: a. Office of Inspector General (OIG) and the Medi-Cal Suspended and Ineligible list are checked in the exclusion review at: <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp> b. MD/NP/Psychologist/MFT/LCSW/LPPC: checked for Medicare exclusions at: <https://med.noridianmedicare.com/web/jeb/enrollment/opt-out/opt-out-listing> . No person is hired that is an excluded person or not in good standing with any professional board. (Compliance Policy for Funded Services Provided by Contracted Organizational Providers Policy 04-01).
5. ____ Initials: All of the above exclusion databases will be checked monthly including the Office of Inspector General (OIG), Medi-Cal Suspended and Ineligible Lists and the Medicare Exclusion list. • The contractor will notify the BHRS Quality Management of any excluded or debarred staff. Immediate action will be taken by the contractor to terminate the excluded or debarred staff or to remove the individual from providing services and claiming Federal and State funds.

6. ____ Initials: Contractor verifies the licenses and/or registration of all clinical staff before hire and during employment to ensure that clinical staff are in good standing at <https://www.breeze.ca.gov>. The contractor will notify BHRS Quality Management immediately of any violations and will not allow any staff to practice outside of their scope.
7. ____ Initials: Contractor is in compliance with HIPAA, Confidentiality Laws and PHI security and has a written Privacy and Security policy.
8. ____ Initials: Contractor meets the requirement for annual privacy/confidentiality training with in-house or by utilizing the BHRS training module. Records are maintained for all staff.
9. ____ Initials: Contractor ensures that all employees comply with BHRS Policy 93-11, Critical Incident Reporting and that reports are delivered to BHRS QM according to the policy.
10. ____ Initials: Contractor has a Quality Management Plan to ensure that standards specified in this attestation and their contract are met and submitted BHRS QM annually by June 30.
11. ____ Initials: If the contractor stores or provides medications, will store and dispense medications in compliance with all applicable State and Federal standards. Written policies and procedures are in place for dispensing, administering, and storing consistent with BHRS Policy 99-03, Policy 04-08.
12. ____ Initials: The Contractor meets all site Certification Requirements if providing Medi-Cal Reimbursable Services and and notifies BHRS Quality Management of any changes as stated in BHRS policy 98-12 Agency Provider Certification - Medi-Cal.

List any areas you are not in compliance with. Please attach a plan or correction for each of those areas.

I hereby certify under penalty of perjury under the laws of the State of California that, to the best of my knowledge, information and/or belief, _____ is currently in compliance with this specific list of requirements and that supporting documents and records are available and accessible to BHRS upon request. I am aware that the documents and records may be requested at any time, including during an onsite review.

CEO Signature: _____ Date: _____

Print Name: _____

Print Title: _____