

The background features a light purple-to-blue gradient. In the upper center, there is a faint, glowing sun with rays. Scattered across the page are numerous water droplets of various sizes, some with highlights and shadows, giving them a 3D appearance. The text is centered in a bold, black, sans-serif font.

**EL DORADO COUNTY MONTHLY
ATTESTATION OF COMPLIANCE
WITH REPORTING REQUIREMENTS**



TODAY'S FOCUS

- IMPORTANCE OF ENSURING COMPLIANCE WITH REPORTING REQUIREMENTS
 - REVIEW OF ATTESTATION QUESTIONS
 - ATTESTATION WORKFLOW
 - REVIEW OF FORM
- 

IMPORTANCE OF ENSURING COMPLIANCE WITH REPORTING REQUIREMENTS

- ENSURING COMPLIANCE WITH REPORTING REQUIREMENTS IS A CONDITION OF ODS.
- CONTRACTS WITH MULTIPLE PROVIDERS IN MULTIPLE COUNTIES AND MULTIPLE REPORTING SYSTEMS CREATES A LOT OF MOVING PARTS.
- TO HELP TRACK COMPLIANCE TO REQUIREMENTS, EDC DMC-ODS IS IMPLEMENTING THIS FORM, WHICH IS A FORMAL ATTESTING OF YOUR PROGRAM/SITE'S COMPLIANCE WITH REPORTING REQUIREMENTS.

REVIEW OF FORM QUESTIONS

- QUESTIONS FALL UNDER FOUR CATEGORIES:
 - TRIGGERING EVENTS
 - QUALITY MANAGEMENT CHECKLIST
 - DATA REPORTING
 - CERTIFICATION OF DATA ACCURACY

TRIGGERING EVENT QUESTIONS

- AT ANY TIME DURING THE REPORT MONTH WAS YOUR LICENSE, REGISTRATION, CERTIFICATION OR APPROVAL TO OPERATE A SUBSTANCE USE TREATMENT PROGRAM OR PROVIDE A COVERED SERVICE REVOKED, SUSPENDED, MODIFIED, OR NOT RENEWED?
 - IF YOU ANSWERED "YES" PLEASE EXPLAIN.
 - DID YOU NOTIFY EDC SUDS QA SUPERVISOR IN WRITING WHEN THIS OCCURRED?

TRIGGERING EVENT QUESTIONS

- AT ANY TIME DURING THE REPORT MONTH DID ANY EVENT OCCUR WHICH WOULD REQUIRE RECERTIFICATION SUCH AS A CHANGE IN OWNERSHIP, CHANGE IN SCOPE OF SERVICES, REMODELING OF A FACILITY, A CHANGE IN LOCATION OR OTHER?
 - IF YOU ANSWERED "YES" OR "OTHER" PLEASE EXPLAIN
 - DID YOU NOTIFY EDC SUDS QA SUPERVISOR IN WRITING WHEN THIS OCCURRED?

TRIGGERING EVENT QUESTIONS

- AT ANY TIME DURING THE REPORT MONTH DID THE FACILITY CLOSE OR CHANGE TREATMENT MODALITY?
 - IF YOU ANSWERED "YES" PLEASE EXPLAIN.
 - DID YOU NOTIFY EDC SUDS QA SUPERVISOR IN WRITING WHEN THIS OCCURRED?

TRIGGERING EVENT QUESTIONS

- AT ANY TIME DURING THE REPORT MONTH WERE ANY INCIDENT REPORTS MADE?
 - IF YOU ANSWERED "YES" PLEASE EXPLAIN.
 - DID YOU NOTIFY EDC SUDS QA SUPERVISOR IN WRITING WHEN THIS OCCURRED?

QUALITY MANAGEMENT CHECKLIST

- AT ANY TIME DURING THE REPORT MONTH WAS NEW CLINICAL STAFF HIRED?
 - IF YOU ANSWERED "YES" PLEASE LIST NAME & POSITION.

QUALITY MANAGEMENT CHECKLIST

- DID THE NEW STAFF HAVE APPROPRIATE EXPERIENCE AND TRAINING AT THE TIME OF HIRE, PRIOR TO DELIVERING SERVICES?
 - PLEASE LIST ALL TRAINING PROVIDED TO NEW STAFF.
 - DID THE NEW STAFF COMPLETE THE REQUIRED ASAM TRAINING PRIOR TO PROVIDING SERVICES AT THE FACILITY? PLEASE EMAIL TRAINING VERIFICATION TO: SUDSQUALITYASSURANCE@EDCGOV.US

QUALITY MANAGEMENT CHECKLIST

- DID YOU PERFORM THE MONTHLY CHECK TO ENSURE INDIVIDUAL STAFF ARE NOT SUSPENDED, INELIGIBLE, OR AN EXCLUDED INDIVIDUAL REGARDING PROVIDING SUD SERVICES (SEE PAGE 44 OF EDC PRACTICE MANUAL)?
 - IF YOU ANSWERED "NO" PLEASE EXPLAIN.

QUALITY MANAGEMENT CHECKLIST

- DID YOU FIND A RECORD OF ANY SUSPENDED, INELIGIBLE OR EXCLUDED INDIVIDUALS IN THE REPORT MONTH?
 - IF YOU ANSWERED "YES" PLEASE LIST STAFF NAME, POSITION AND CERTIFICATION/LICENSE NUMBER.

QUALITY MANAGEMENT CHECKLIST

- DID YOUR FACILITY RECEIVE ANY CORRECTIVE ACTION PLAN/NOTICE OF DEFICIENCY BY DHCS DURING THE REPORT MONTH?
 - DID YOU NOTIFY EDC SUDS QA SUPERVISOR IN WRITING WHEN THIS OCCURRED?

DATA REPORTING

- WERE ALL CALOMS SUBMITTED IN A TIMELY MANNER FOR THE REPORT MONTH? (SEE PRACTICE MANUAL SECTION- DOCUMENTATION TIMELINES BASED ON ASAM LOC GRID ON PGS 20-24).
 - IF YOU ANSWERED "NO" PLEASE EXPLAIN.

DATA REPORTING

- DATAR REPORT SUBMITTED FOR THE REPORT MONTH?
 - IF YOU ANSWERED "YES" WHAT DATE WAS DATAR SUBMITTED?

DATA REPORTING

- DID YOUR FACILITY REACH OR EXCEED 90% OF ITS TREATMENT CAPACITY?
 - DID YOU NOTIFY DHCS UPON REACHING OR EXCEEDING 90% OF ITS TREATMENT CAPACITY WITHIN SEVEN (7) DAYS? PROVIDERS AND/OR COUNTIES MUST NOTIFY DHCS BY EMAILING DHCSOWPS@DHCS.CA.GOV. THE SUBJECT LINE IN THE EMAIL MUST READ “CAPACITY MANAGEMENT.”

DATA REPORTING

- ASAM LEVEL OF CARE DATA SUBMITTED FOR THE REPORT MONTH?
 - IF YOU ANSWERED "YES" WHAT DATE WAS ASAM DATA SUBMITTED?

CERTIFICATION OF DATA ACCURACY

- RESPONDENT ATTESTS TO THE ACCURACY OF THE DATA BY:
 - TYPING IN NAME
 - POSITION/TITLE
 - DATE

A blue, rounded rectangular button with a gradient from dark blue at the top to light blue at the bottom. The word "Submit" is written in a bold, black, sans-serif font in the center. The button has a subtle shadow and a white highlight on its top edge, giving it a 3D appearance.

Submit

ATTESTATION WORKFLOW

- ATTESTATION ARE TO BE COMPLETED MONTHLY
- DUE NO LATER THAN THE 10TH OF THE FOLLOWING MONTH
 - EXAMPLE AUGUST 2021'S ATTESTATION WOULD BE DUE NO LATER THAN SEPTEMBER 10, 2021.

ATTESTATION WORKFLOW

- ATTESTATIONS ARE ACCESSED THROUGH LINK
 - [HTTPS://FORMS.GLE/VFDNYX7TA6WRAS6K7](https://forms.gle/VFDNYX7TA6WRAS6K7)
 - LINK WILL BE AVAILABLE ON OUR WEBSITE
 - [HTTPS://EDCGOV.US/GOVERNMENT/MENTALHEALTH/SUD](https://edc.gov.us/government/mentalhealth/sud)

ATTESTATION WORKFLOW

IT IS YOUR RESPONSIBILITY TO ENSURE THAT THE FORM IS SUBMITTED BY THE 10TH OF EVERY MONTH, NO EXCEPTIONS.

HOWEVER, THE STAFF YOU DESIGNATE RESPONSIBLE FOR SUBMITTING ATTESTATION, WILL RECEIVE A REMINDER EMAIL WITH THE LINK A FEW DAYS AFTER THE END OF EACH MONTH.