

RE:	Compliance Attestation Form Signature Reminder
FORM REFERENCE	Compliance Attestation (AVATAR) Policy 104: Compliance Plan Policy 132: Credentialing and Recredentialing
EFFECTIVE	February 13 th , 2020

As part of our ongoing monitoring efforts, QI is requesting that **Attestation Forms** are signed at the beginning of employment and at minimum, every three (3) years thereafter in order to comply with state and federal credentialing requirements.

PROCEDURES

For AVATAR users:

- 1. Search "Compliance Attestation," search for your user name
- 2. Enter date of signature
- 3. Select "No" if you are completing the signature electronically
 - a. Select "yes" if you are using a paper form, please enter the name of your supervisor whom you gave the form to send form via fax to QI: (831) 755-4350
- 4. FOR MCBH STAFF ONLY: Review the MCBH Compliance Plan, Code of Conduct, and Attestation
- 5. FOR CONTRACT PROVIDERS ONLY: Review the <u>Provider Compliance Plan, Code of Conduct,</u> and Provider Attestation
- 6. Sign attestation
- 7. Enter your name
- 8. Submit

Curious about your team's attestations? Helpful Reports:

- MCBH Supervisor and QI staff: 944 Compliance Attestation
- Provider Supervisor and QI staff: 677 Provider Attestation Report

Compliance Attestation	
Compliance Attestation 2	Date Today Yesterday
Submit	Document signed via paper and given to program supervisor/ma Supervisor/Manager name who received document Yes Image: No
	My signature below confirms that I have reviewed and understand Monterey County Behavioral Health Compliance Plan, Code of Conduct, and Attestation related to my employment and understand my role in reporting activity/conduct that may be in violation of the Code of Conduct including, but not limited to: Billing or reimbursement regulations; fraudulent transactions Conflict of Interest Falsification of documents Documentation irregularities
4	Monterey County Employees- Click Here to Review Compliance Plan, Code of Conduct and Attestation
	-Staff Signature
6	Click Here to Sign
7	Staff Name
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For NON- AVATAR Users:

- 1. Review the Provider Compliance Plan, Code of Conduct, and Provider Attestation
 - a. Complete Contract Provider Compliance Plan Review attestation form (pg. 14)
 - b. Send completed Contract Provider Compliance Plan Review Attestation form via:
 - FAX: (831) 755-4350
 - EMAIL: <u>415-QA@co.monterey.ca.us</u>
 - USPS: 1611 Bunker Hill Way, Suite 120, Salinas, CA, 93906