Medicaid Division

CCO Operations Unit

**Attestation for Behavioral Health Policies and Procedures**

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|  |  | | Contract Year: **2025** |
| Coordinated Care Organization (CCO): | |  | |
| Medicaid Contract Number (6 digits only): | |  |

The CCO named above is required to submit the Attestation relating to its Behavioral Health policies and procedure (P&Ps) under the three CCO Contracts it has entered into with the Oregon Health Authority (OHA): the Medicaid Contract, the Non-Medicaid Contract, and the OHP Bridge-Basic Health Program Contract (collectively, the CCO Contracts”).

Capitalized terms not defined in this Attestation have the meanings assigned to them in the CCO Contracts.

The CCO is required to submit this Attestation pursuant to Exhibit M, Section 4 of the Medicaid Contract, which is incorporated by reference in the Non-Medicaid Contract and OHP Bridge-Basic Health Program Contracts.

***By signing this Attestation, I, the undersigned, hereby attest to the following:***

1. I have authority, in accordance with Section 4.1.1 in the General Provisions of the Medicaid Contract (which is incorporated by reference in the Non-Medicaid Contract and expressly set forth in Section 4.1.1 in the General Provisions of the OHP Bridge-Basic Health program Contract), to make the Attestation on behalf of the CCO named above with respects to the CCO Contracts; and
2. To the best of my knowledge, the Behavioral Health P&Ps that will be used throughout, or are currently in use for the duration of, Contract Year 2025 by the CCO and any Subcontractor(s) to which the CCO may have delegated responsibility for Behavioral Health services (i) meet the content requirements identified in the document OHA provided to the CCO on the CCO Contract Form [Website](https://www.oregon.gov/oha/hsd/ohp/pages/cco-contract-forms.aspx) (which is referred to in the document itself as a self-evaluation checklist) and (ii) shall continue to meet the same content requirements through the duration of Contract Year 2025.

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| **CCO** | | | | | | |
|  | |  |  | |  |  |
| Name | |  | Signature | |  | Date |
| *Authority of above signer:* | Chief Executive Officer | | | Chief Financial Officer | | |
| Employee with delegated authority as designated by the “Delegation Authorization and Signature Form” | | | | | |