**Behavioral Health Division**

Child and Family Behavioral Health Unit

**Attestation for System of Care**

**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 this Attestation relating to its System of Care (SOC) policies and procedures (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 21, Paragraph o, Subparagraphs (3-4) of the Medicaid Contract, which is incorporated by reference into the Non-Medicaid Contract and as expressly set forth in the OHP Bridge-Basic Health Program Contract.

***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 as expressly set forth in Section 4.1.1 in the General Provisions of the OHP Bridge-Basic Health Program Contract), to make this Attestation on behalf of the CCO named above with respect to the CCO Contracts; and
2. To the best of my knowledge, the SOC 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 SOC (i) meet the content requirements identified in the document OHA provided to the CCO on the CCO Contract Forms [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 throughout 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” | | | | | |