**Finance and Operations Division**

Office of Actuarial and Financial Analytics

**Attestation for Qualified Directed Payments - QDPs within**

**CCO Payment Rates**

|  |  |  |
| --- | --- | --- |
| [ ]  *Initial Attestation* | [ ]  *Updated Attestation* | 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 compliance with the Qualified Directed Payments - QDPs within CCO Payment Rates requirements 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 C, Section 1, Paragraph d, Subparagraph (2), Sub-Subparagraph (k) of the Medicaid Contract, which is incorporated by reference in the Non-Medicaid and OHP Bridge-Basic Health Program Contracts.

The Qualified Directed Payments - QDPs within CCO Payment Rates requirements subject to this Attestation are found in the Medicaid Contract at Exh. C, Sec. 1, Para. d, Sub.Para. (2) and, as applicable, are incorporated by reference in the Non-Medicaid and OHP Bridge-Basic Health Program Contracts at Exh. C, Sec. 1, Para. d, Sub.Para. (1), Sub-Sub.Paras. (a-f).

***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 CCO named above is in compliance with the requirements specified in the CCO Contracts, as applicable to each contract, for the Qualified Directed Payments - QDPs within CCO Payment Rates listed below:
	1. “Increased Payments for Assertive Community Treatment (ACT), Supported Employment Services (SE), Outpatient Mental Health Treatment and Services (OP MH), and Outpatient Substance Use Disorder Treatment and Services (OP SUD) for Primarily Medicaid Providers” found in Exh. C, Sec. 1, Para. d, Sub.Para. (2), Sub-Sub.Para. (a) of the Medicaid Contract; and
	2. “Culturally and Linguistically Specific Services (CLSS) Payment Increase for BH Participating Providers” and “Culturally and Linguistically Specific Services (CLSS) Payment Increase for Traditional Health Workers (THWs)” found in Exh. C, Sec. 1, Para. d, Sub.Para. (2), Sub-Sub.Paras. (b-c) of the Medicaid Contract; and
	3. “Co-Occurring Disorder (COD) Services Payment Increase” found in the Medicaid Contract at Exh. C, Sec. 1, Para. d, Sub.Para. (2), Sub-Sub.Para. (d); and
	4. “Dental Services Add-on Payment,” “New Dental Provider Incentive,” and “Existing Dental Provider Access Incentive” found in the Medicaid Contract at Exh. C, Sec. 1, Para. d, Sub.Para. (2), Sub-Sub.Paras. (e-g); and
	5. “Minimum Fee Schedule for Providers of Residential SUD, ABA, Mobile Crisis Services, Mobile Crisis Intervention Services, and Wraparound” found in the Medicaid Contract at Exh. C, Sec. 1, Para. d, Sub.Para. (2), Sub-Sub.Para. (h).

|  |
| --- |
| **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” |