***Attestation for Prior Authorization Determinations***

***for Substance Use Disorder Services***

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| --- | --- | --- | --- |
| Contract Year: 2023 | | | |
| Coordinated Care Organization (Contractor) Name: | |  | |
| Medicaid Contract Number (6 digits only): |  | |

Pursuant to Exhibit M, Section 23, Paragraph c in the [2023](https://www.oregon.gov/oha/HSD/OHP/CCO/2023-CCO-Contract-Template.pdf#page=308) contract between the Oregon Health Authority (OHA) and the Coordinated Care Organization (CCO) named above, the CCO is required to report on the qualifications of staff, including those of any Subcontractor(s), making Prior Authorization (PA) decisions for Substance Use Disorder (SUD) treatment services and supports.

OHA has determined that an Attestation from the CCO is sufficient to meet this contract requirement for Contract Years 2023 and 2024 as OHA communicated in its November 1, 2023, [memo](https://www.oregon.gov/oha/HSD/OHP/Announcements/Staff-Qualifications1123.pdf) addressed to CCOs. This Attestation is the resulting document for Contract Year 2023.

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 CCO contract, to make this Attestation on behalf of the CCO named above; and
2. To the best of my knowledge, CCO staff responsible for making PA determinations for SUD treatment services and supports in Contract Year 2023 as well as staff of any Subcontractor(s) to which the CCO may have Delegated such responsibility have working knowledge of the American Society of Addiction Medicine (ASAM) Criteria, as required by the OHP SUD 1115 Demonstration waiver (and as “the ASAM Criteria” is defined in OAR 309-019-0105).

**CONTRACTOR**

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