***Attestation for Wraparound***

***Policies and Procedures***

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| --- | --- | --- | --- |
| Contract Year: 2024 | | | |
| Coordinated Care Organization (Contractor) Name: | |  | |
| Medicaid Contract Number (6 digits only): |  | |

The Coordinated Care Organization (CCO) named above must have written Wraparound policies and procedures (Wraparound P&Ps) pursuant to Exhibit M, Section 21, Paragraph m in the contract between the Oregon Health Authority (OHA) and the CCO. The CCO is required to submit this Attestation relating to Wraparound P&Ps as stated in the OHA memo to the CCO dated [December 14, 2023](https://www.oregon.gov/oha/HSD/OHP/Announcements/2024-Attestation-SOC-Wraparound-PPs1223.pdf).

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, the Wraparound P&Ps that will be used throughout, or are currently in use for the duration of, Contract Year 2024 by the CCO and any Subcontractor(s) to which the CCO may have Delegated responsibility for Wraparound meet the content requirements identified in the document OHA provided to the CCO on the CCO Contract Forms Website (which is referred to in the document itself as a self-evaluation checklist).

**CONTRACTOR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |
| 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” | | | | |