***Attestation Form for CCO Documents***

***Previously Approved by OHA***

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| CCO Name: | Contract Year for this Attestation: |
| CCO Contact: |
| CCO Medicaid Contract Number: | CCO-A Plan ID: |

**Instructions:** The Coordinated Care Organization (CCO) 2.0 contract requires the documents listed below to be submitted to the Oregon Health Authority (OHA) annually for review and approval. If a document has not been changed since it was last approved by OHA, then the CCO may, for its annual submission, submit this attestation form. The completed and signed form must be submitted by the document’s annual due date to [CCO.MCODeliverableReports@dhsoha.state.or.us](mailto:CCO.MCODeliverableReports@dhsoha.state.or.us).

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| ***Document*** | ***OHA approval date*** | ***CCO notes (optional)*** |
| Non-Emergent Medical Transportation policies and procedures |  |  |
| Intensive Care Coordination policies and procedures |  |  |
| Third Party Liability Recovery policies and procedures guidebook |  |  |
| Annual Fraud, Waste and Abuse Prevention Plan \* |  |  |
| Fraud, Waste and Abuse Prevention Handbook \* |  |  |
| Behavioral Health policies and procedures |  |  |
| Wraparound policies and procedures |  |  |
| System of Care policy |  |  |

\* This form may not be used for two consecutive years for these documents.

I, the undersigned (as CEO, CFO, or delegate of CEO or CFO), hereby attest that the above document(s) has/have not been changed since the OHA approval date indicated.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |