

## **HEALTH AGENCY CONTRACTOR COMPLIANCE CERTIFICATION/ATTESTATION**

In accordance with the FY 2023-24 Contract between your organization and the County of San Luis Obispo, below are the required Certifications identified in Exhibit E.5.Compliance Certification of the contract. Please review each Certification summary below and sign at bottom of page certifying acknowledgement of each statement and return this certification form to Maria Brown at magbrown@co.slo.ca.us.

### **1. Required Training**

#### **Health Information Privacy & Security:**

Contractor certifies its employees, contractors and agents have read, acknowledge receipt, and comply with approved training and policy regarding laws protecting client health Information and personally identifying information. Examples of such training is provided by the county at: [Health Agency Contractor and Network Provider Support Page - County of San Luis Obispo \(ca.gov\)](#)

#### **Compliance Plan:**

Contractor certifies its employees, contractors and agents have read, acknowledge receipt, and comply with all provisions of the latest edition your agencies Compliance Plan and Code of Ethics or Conduct. An example of the County Health Agency's Compliance Plan and Code of Conduct are located at: [Health Agency Contractor and Network Provider Support Page - County of San Luis Obispo \(ca.gov\)](#)

#### **Cultural Competency Plan:**

Contractor certifies that it and all its employees, contractors and agents have read and received a copy of the latest edition of the County Cultural Competence Plan and agree to abide by its provisions located at: [Health Agency Contractor and Network Provider Support Page - County of San Luis Obispo \(ca.gov\)](#)

### **2. Employee/Contractor/Vendor/Agent Checks**

#### **Inspector Generals' Excluded Provider List:**

Contractor certifies that neither it nor any of its employees, contractors, vendors or agents are listed on the Excluded Provider List of the Office of the Inspector General (LEIE). The contractor further certifies that the LEIE has been checked on a monthly basis over the course of the past 12 months and will continue to be checked on a monthly basis. The Inspector General list of excluded individuals or entities may be found at [Search the Exclusions Database | Office of Inspector General \(hhs.gov\)](#)

#### **Medi-Cal Excluded Provider List:**

Contractor certifies that neither it nor any of its employees, contractors, vendors or agents are listed on the Medi-Cal List of Excluded or Ineligible Providers. The contractor further certifies that the Medi-Cal Excluded Provider List has been checked on a monthly basis over the course of the past 12 months and will continue to be checked on a monthly basis. The Medi-Cal list of suspended and ineligible providers may be found at: [Medi-Cal: Suspended and Ineligible Provider List](#)

#### **System of Awards Management (SAM) List:**

Contractor certifies that neither it nor any of its employees, contractor's vendors or agents are listed on the SAM List. Contractor further certifies that the SAM Excluded Provider List has been checked on a monthly basis over the course of the past 12 months and will continue to be checked on a monthly basis. The SAM list of suspended and ineligible providers may be found at: [System for Award Management \(sam.gov\)](#)

#### **NPI/NPPES:**

Contractor certifies that all employees, contractors or agents who are required to have a NPI number have been checked monthly against the NPPES list on a monthly basis over the course of the past 12 months and will continue to check conduct the check on a monthly basis. This list includes a verification that NPI number and taxonomy number have not changed, and if so, the discrepancy has been corrected. The NPPES provider list may be found at: [NPPES NPI Registry \(hhs.gov\)](#)

#### **Social Security Master Death File:**

Contractor certifies that neither it nor any of its employees, Contractor's vendors or agents are listed on the Social Security Master Death File (MDF). The Master Death File is not publically available and must be subscribed to for a fee from the US Department of Commerce. NOTE: There are third party vendors who conduct these checks for a nominal fee.

**National Practitioner Data Bank (NPDB) List**

Contractor certifies that neither it nor any of its employees, contractors, vendors or agents are listed on the NPDB list. The contractor further certifies that the NPDB List has been checked on a monthly basis over the course of the past 12 months and will continue to be checked on a monthly basis. The NPDB list may be found at: [The NPDB - Home Page \(hrsa.gov\)](#)

**3. Other Attestations**

**Conflicts of Interest:**

Contractor certifies that Contractor, Contractor’s employees, Board of Directors, officers and/or immediate family have no interest, and shall not acquire any interest, direct or indirect, which conflicts with the rendering of services under this Contract or conflicts with the law.

**Disclosures - Conviction of Crimes / Ownership Interest of Greater than 5%:**

Contractor certifies that it has disclosed to the County, in writing, the name, date of birth, and Social Security number of any person(s) who:

- has/have an ownership interest in the contractor of greater than 5%; and/or,
- is/are a managing employee/s of the contractor and has/have been convicted of a crime related to federal health care programs.

**Licensing Restrictions**

- Contractor certifies that none of its employees, contractors or agents has ever had a professional license, registration or certification revoked, limited, restricted, suspended, placed on probation/conditional status, or had other disciplinary action taken against them by a licensing or certification board.
- Contractor certifies that none of its employees, contractors or agents have ever had professional privileges or membership revoked, cancelled or denied.
- Contractor certifies that any of its employees, contractors or agents who have ever been convicted of a felony have reported the circumstances of the conviction to the contractor and the contractor has determined that the conviction will not affect the individual’s ability to perform any of the contracted functions.

**Drug Free Work Place**

Contractor certifies that none of its employees, contractors or agents use drugs or alcohol in a manner that would affect their ability to perform any of the functions required by this contract. Further, contractor certifies that it’s employees, contractors or agents follow the [County of San Luis Obispo Drug Free Work Place Policy](#) or that they follow a similar policy created by and for the Contractor.

Please list the name of the Contractor’s HIPAA Privacy Officer: \_\_\_\_\_

Please list the name of the Contractor’s HIPAA Security Officer: \_\_\_\_\_

Please list the name of the Contractor’s Compliance Officer: \_\_\_\_\_

**CONTRACTOR**

\_\_\_\_\_  
Contractor/Entity Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Signature Name & Title