COUNTY OF MARIN

Behavioral Health and Recovery Services
Department of Health and Human Services

Date:	[Date]
To:	Jennifer Wasson / jen.wasson@marincounty.gov
From:	[Agency Name and Name of Staff Submitting]
Site:	[Site/Program Name] – *Note: A separate attestation shall be sent for each certified/licensed service site*
Re:	Monthly Attestation of Compliance with Reporting Requirements – [Month/Year]

Please indicate whether your agency is current in compliance with the reporting and notification requirements referenced below. If you are not currently in compliance, please describe why and your plans and timeframe to achieve compliance. Please also indicate any technical assistance needs from the County.

Submitted to BHRS (and DHCS as applicable)		
	In Compliance	**Explanation (If Not in Compliance)**
DATAR *Due by the 10th of the month*	☐ Yes ☐ No	
Billing *Due by the 10th of the month*	☐ Yes ☐ No	
CalOMS	☐ Yes ☐ No	
Monthly Excluded Provider Check *Exhibit I*	☐ Yes ☐ No	
Address Open Admissions *Referenced Attachments*	☐ Yes ☐ No	

Notified BHRS (and DHCS as applicable)			
	Any Occurrences	**If Yes, Compliant with Notification**	**If any occurrences, describe the occurrence(s)**
Staff Changes *New Form: Staff User Form*	☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	
Interim Services *BHRS-59*	☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	
Unusual Occurrence or Incident	☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	
Reduction in Services, Changes in Location, Facility/Program Closure etc.	☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	
Corrective Action Plan/Notice of Deficiency Received or Addressed	☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	
NOABD *Report of all NOABDs issued*	☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	
Recovery Residences Only *Residents in SUS Services*	☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	
90% Capacity	☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	
Residential Facilities Only Available public treatment openings at the end of the month "BEDS" (should match DATAR)			

By signing below, I attest that to the best of my knowledge, the above information is true and correct. I further attest that I am authorized to sign on behalf of my agency.

_____ _____ _____

(Executive Director/Authorized Designee) (Printed Name) (Date)

Please complete, sign and return this form by the 10th of the month (or the next business day if the 10th falls on a weekend or holiday) to Jennifer Wasson / jen.wasson@marincounty.gov .