**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH**
**HUMAN RESOURCES BUREAU**

STATEMENT OF ABILITY TO PROVIDE SERVICES UNDER
FEDERALLY FUNDED HEALTH CARE PROGRAMS

| Last Name | First Name | Employee Number |
|---|---|---|

I have reviewed the Los Angeles County Department of Mental Health (DMH) Policy 106.03. As an employee of the DMH, I understand that DMH Policy 106.03 requires me to:

1) Have the ability to provide services for which Medicare and Medi-Cal will pay directly or indirectly, including services which are clinical or administrative/managerial in nature, including support services, and

2) Provide a statement of my ability to provide services under federally funded health care programs, specifically that:

   a) ☐ I have* ☐ I have not (check one) been convicted of a criminal offense related to health care, or
   b) ☐ I have* ☐ I have not (check one) been debarred, excluded or otherwise made ineligible to provide services under federally funded health care programs, by a State or Federal agency.

** If you have been convicted of a criminal offense related to health care or have been debarred, excluded or are otherwise ineligible, please provide a detailed explanation on the back of this form.*

I understand that it is my responsibility to notify my immediate Program Manager or higher level manager of any change in my ability to provide services under federally funded health care programs, including suspension or exclusion. Further, I understand that the DMH will verify my ability to participate in federally funded health care programs on a monthly basis.

The following statement is made in compliance with DMH Policy 106.03.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, SERVICES RENDERED BY ME AS AN EMPLOYEE OF THE DEPARTMENT OF MENTAL HEALTH MAY BE BILLED TO MEDI-CAL AND MEDICARE AS APPROPRIATE.

| Date | Employee Name | Employee Signature |
|---|---|---|
| Date | Supervisor Name | Supervisor Signature |

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|---|---|
| ORIGINAL | Supervisor |
| COPIES | DMH-HRB Representative<br>Employee<br>Personnel File |