

**County of San Bernardino
Department of Behavioral Health**

Medi-Cal Claim Certification of Authenticity Policy

Effective Date 06/19/12

Approved Date 06/19/12

CaSonya Thomas, Director

Policy It is the policy of the Department of Behavioral Health (DBH) to comply with applicable statutes and regulations to certify Medi-Cal Claim authenticity to satisfy Mental Health Plan (MHP) contractual requirements.

Responsibility DBH certifies the authenticity of Medi-Cal claims submitted for payment to the State via signature, as specified in the Mental Health Plan contract and per the following description.

Two (2) signatures are required on State of California Document No. MH1982 A, "Short-Doyle/Medi-Cal Monthly Claim for Reimbursement-Treatment Cost," as follows:

1. First signature is "Certification for Services Rendered, signatory designated as "Local Mental Health Director."
2. Second signature is "Certification for Actual Expenditures Made by County," signatories listed as any one of the following:
 - County Auditor-Controller
 - City Finance Officer
 - Local Mental Health Accounting Officer

DBH provides signatures on the above-referenced document as follows:

Priority	Signatory
1. Director	<ul style="list-style-type: none"> • Provides the first signature • Delegates signature responsibility to the Deputy Director in charge when not available to sign
2. Deputy Director in Charge	Provides the first signature on behalf of the Director, whenever delegated to be in charge of DBH operations
3. Deputy Director of Administrative Services	<ul style="list-style-type: none"> • Provides the second signature • Delegates second-signature responsibility at will to a qualified fiscal staff member when: <ul style="list-style-type: none"> ○ Providing the first signature on behalf of the Local Mental Health Director, as Deputy Director in Charge ○ Not available to sign

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County of San Bernardino Department of Behavioral Health

Medi-Cal Claim Certification of Authenticity Policy, Continued

Guidelines

The following guidelines apply to the submission of Medi-Cal claims:

- Confirmed as accurate, complete and truthful
 - Signed concurrently with submittal of the claim
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References

- Code of Federal Regulations, Title 42, Sections 430.30, 433.32, 433.51, 438.604, 438.606
 - California Code of Regulations, Title 9, Section 1840.112(c)
 - Mental Health Plan (MHP) Contract, Exhibit A, Attachment 3, Item No. 10
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