



ATTESTATION REGARDING COMPLETION OF SANCTION CHECKS

In accordance with Standard Practice Manual (SPM) COM 07-0933, Ineligible Persons Policy, I, _____, as the representative responsible for ensuring the Department of Behavioral Health (DBH) conducts the required monthly sanction checks certify the following:

- DBH has completed the required sanction checks against the following state and federal exclusion lists:
 - Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE);
 - General Services Administration System Aware Management (SAM); and
 - Department of Health Care Services Medi-Cal Suspended and Ineligible Provider List.
- DBH has checked the aforementioned lists in the month of _____ in the year _____ and has retained documentation to confirm its findings.
- DBH, its employees, contractors*, vendors, workforce members, interns, and volunteers, are not presently excluded from participation in federal or state health care programs based on the results of the required sanction checks.

***Important Note:** Contractors, as mentioned above, refers to individuals contracted with DBH such as contract physicians and not contract agencies nor its employees.

Printed Name

Signature

Date