DHHS - Behavioral Health
QI-67 Organizational Provider Employee Screening

AGENCY NAME: _____

SUBMITTED BY: _____

REPORTING MONTH/YEAR: _____

Pursuant to 42 C.F.R. § 438.214(d), the Contractor shall not employ or contract with providers or other individuals and entities excluded from participation in federal health care programs (as defined in section 1128B(f) of the Social Security Act) under either Section 1128, 1128A, or 1156 of the Social Security Act. Federal Financial Participation is not available for amounts expended for providers excluded by Medicare, Medicaid, or the State Children's Health Insurance Program, except for emergency services.

The Contractor shall check the Office of the Inspector General's (OIG) List of Excluded Individuals/Entities, the Medi-Cal Suspended and Ineligible Provider List (S&I List), the Department of Consumer Affairs (DCA) License Search, and the System Award Management (SAM) database **monthly** to prevent employment of, or payments to, any individuals or entities on those lists. Per DMH Letter Number 10-05, this must be satisfied prior to Medi-Cal certification of any individual or organizational provider. If a provider is listed on either the OIG List of Excluded Individuals/Entities, the Medi-Cal S&I List, or the SAM database, the Contractor shall not certify or pay any provider with Medi-Cal funds, and any such inappropriate payments or overpayments may be subject to recovery and/or be the basis for other sanctions by the appropriate authority.

A completed and signed screening form must be submitted by the end of each month.

Mail to: DHHS-BH Quality Improvement, Provider Relations Coordinator, 720 Wood Street, Eureka CA 95501

Email to: MHB-QI_QA@co.humboldt.ca.us

Or fax to: DHHS-BH Quality Improvement, Provider Relations Coordinator, (707) 476-4096

Last Name	First Name	License #	Date of OIG List Check	Result	Date of Medi-Cal List Check	Result	Date of DCA License Check	Result	Date of SAM Database Check	Result
Ex: Smith	*Susie*	*LCSW 99999*	*mm/dd/yy*	*Not currently excluded*	*mm/dd/yy*	*Not currently excluded*	*mm/dd/yy*	*Clear*	*mm/dd/yy*	*Clear*

Links:

OIG List of Excluded Individuals and Entities	https://exclusions.oig.hhs.gov/Default.aspx
Medi-Cal Suspended and Ineligible Provider List	http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp
Department of Consumer Affairs License Search	https://search.dca.ca.gov/
System for Award Management (SAM)	https://www.sam.gov/SAM/

We have verified the status of our current employees in the US Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities, the Medi-Cal List of Suspended or Ineligible Providers, and the Excluded Parties List System in the System Award Management database. In addition, the status of all licensed employees was verified through the Department of Consumer Affairs License Search.

_____ _____

Manager Signature Date