

Outreach Enrollment Retention and Utilization (OERU)

County Allocation Certification Statement

County: \_\_\_\_\_ Fiscal Years: 06-07; 07-08; 08-09

I certify that the County's OERU Program and all subcontractors will comply with all provisions of the Request for Plan and Budget (RFPB) including attachments, any clarifying RFPB documents, and the provisions of the attached HIPAA Business Associate Addendum.

I certify that the County's OERU plan has been or will be approved by the County's governing board within the time frame required by the CDHS OERU program. I certify that the County will adhere to County OERU Allocation Letter Administrative Policy.

I certify that the County's OERU Program will comply with all applicable provisions of Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200); California Code of Regulations (CCR) Title 22 Division 3, Health Care Services; Insurance Code Division 2, Part 6.2 Chapter 1 commencing with Section 12693); CCR Investment Title 10, Chapter 5.8, (commencing with Section 2699.6500 through 2699.6905) and any applicable rules or regulations promulgated by the California Department of Health Services or by the Managed Risk Medical Insurance Board pursuant to the administration of the Medi-Cal and Healthy Families programs.

I certify that the County's OERU Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) and Title XXI of the Social Security Act (42 U.S.C. 1397 et seq.). I further agree that the County's OERU Program may be subject to all sanctions or other remedies applicable if the County OERU Program violates any of the above laws, regulations and policies with which it has certified it will comply.

Note: The availability of Title XIX, Title XXI and State General Funds is based upon the annual appropriation of funding in the Governor's FY budget. Reimbursement of invoices is subject to your County certifying its agreement to comply with, and its compliance with all applicable provisions.

Required Signatures

\_\_\_\_\_  
OERU Program Director

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name:

Phone: \_\_\_\_\_

\_\_\_\_\_  
Responsible County Department Director

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name:

Phone: \_\_\_\_\_