North Sound BH-ASO
2021 E. College Way, Suite 101, Mt. Vernon, WA 98273
Phone: (360) 416-7013 Fax: (360) 899-4754
www.nsbhaso.org

EXCLUSION ATTESTATION STATEMENT

Pursuant to 42 CFR 455, Contract for the Provision of Medicaid Covered Behavioral Health Services (Section F, General Terms and Conditions for Contractor), and North Sound BH-ASO Policy 2001.00, North Sound BH-ASO requires Behavioral Health Agency (BHA) network providers to implement procedures to screen its employees, contractors and subcontractors prior to hiring or contracting, monthly and as directed by contract, including members of Governing Boards/Committees, and members of other Boards in a position to influence federal funds.

BHA network providers are responsible for completing and submitting this form in its entirety no later than close of business on the last business day of each month. Completed forms may be submitted via email to: deliverables@nsbhaso.org.

Date form is being completed (Day/Month/Year)**:**

Agency Name:

Name of Individual completing form (First/Last)**:**

Title of Individual completing form:

Phone Number of Individual completing form:

Email of Individual completing form:

Period exclusionary checks completed for*: Select Month Select year

*Exclusionary checks will be completed the month following the period being checked. For example, exclusionary checks for January would be performed in February using January databases and the completed form would be submitted no later than the last business day of February. This would be the February Report (*Date Form is being completed)* using the January database (*Period exclusionary checks completed for*).

☐ Yes, I hereby attest on behalf of the above-referenced Agency, that such Agency has completed exclusionary checks for the following individuals (check all that apply):

☐ New Hires ☐ Current Employees ☐ New Contracts ☐ Current Contracts

☐ All Subcontracts ☐ Governing Board Members and any Board Members who are in a position to influence federal funds

☐ Yes, I hereby attest on behalf of the above-referenced Agency, that such Agency has completed exclusionary checks against the following exclusionary databases:

- Washington State Department of Health new release (WA DOH)
  - http://www.doh.wa.gov/Newsroom/ (Current Year News Releases)
- United States Health and Human Services, Office of Inspector General, List of Excluded Individuals and Entities website database (HHS OIG LEIE)
  - http://oig.hhs.gov/exclusions/index.asp
- System for Awards Management Excluded Parties Listing System (SAM EPLS) website search
  - https://www.sam.gov/index.html/#1

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BHA network providers will report any excluded individuals and entities discovered in the screening within **10 business days** to the BH-ASO. BHAs will provide the name, date of birth, social security number, job position title, date of hire, date of exclusionary screening check showing exclusion and database used and location employee is providing service to the North Sound BH-ASO, Compliance Officer, by secure E-mail, Subject: (mm/dd/yyyy) Exclusion Screening Failure, to: compliance_officer@nsbhaso.org

By signing below, I attest the information in this document is true and accurate.

Signature:

- **Electronic Signature is considered valid only when document is submitted by e-mail from the signer's designated e-mail address**
- **If faxing application, signature must be handwritten**