



CONTRACT CERTIFICATION ATTACHMENT E

Contract Term:

Contract #:

Agency Name:

Address:

OMH Contact Person:

Phone/Email Address:

The OMH Director (or designee) charged with oversight of the above referenced contract/amendment certifies that the above noted agency has satisfactorily met the standards for provision of service and consumer care required by the NYS OMH for this program. This determination was based on oversight and due diligence review during the previous contract year and included the following checked items as appropriate.

Certified Program: Yes No

If Yes:

Please list the relevant Operating Certificate Number(s):

- Billings reviewed for Accuracy Annually
Satisfactory Quality Assurance Review
Review of Annual Consolidated Fiscal Report
Consumer Satisfaction Review
Timely and Professional Response to Referrals for Service
Program Review
Site Visit
Annual Contract Review Meeting
Other

Attach additional documentation and comments as appropriate.

If No:

- Billings reviewed for Accuracy Annually
Satisfactory Quality Assurance Review
Review of Annual Consolidated Fiscal Report
Consumer Satisfaction Review
Timely and Professional Response to Referrals for Service
Program Review
Site Visit
Annual Contract Review Meeting
Other

Attach additional documentation and comments as appropriate.

Signature & Date:

Nancy P. Splonskowski
Director, Contracts and Claims Unit, CBFM