



<b>Provider or Group Name:</b>			
<b>NPI #:</b>		<b>Tax ID # (if applicable):</b>	
<b>Email:</b>		<b>Phone:</b>	
<b>TRAININGS AND ATTESTATIONS</b>			
<b>Please check the following that apply to The Holman Group’s required Provider Training(s) and Attestations:</b>			
<input type="checkbox"/>	Cultural Competency Training	<p>Provider ensures that all the following personnel completed The Holman Group’s Cultural Competency Training:</p> <ul style="list-style-type: none"> <li>• All staff who interacts or who may potentially interact with The Holman Group’s members;</li> <li>• All staff who are responsible for policies and procedures affecting The Holman Group’s members;</li> <li>• Any other staff deemed appropriate by contractor or governing organization.</li> </ul>	
<input type="checkbox"/>	Serving Seniors and Persons with Disabilities	<p>Provider ensures that all the following personnel completed The Holman Group’s competency training regarding Service Seniors and Persons with Disabilities:</p> <ul style="list-style-type: none"> <li>• All staff who interacts or who may potentially interact with The Holman Group’s members;</li> <li>• All staff who are responsible for policies and procedures affecting The Holman Group’s members;</li> </ul> <p>Any other staff deemed appropriate by contractor or governing organization.</p>	
<input type="checkbox"/>	Language Assistance Program Attestation (Disclosure)	<p>Provider ensures that all the following personnel is aware and patients have access to The Holman Group’s Language Assistance Program and resources:</p> <ul style="list-style-type: none"> <li>• All staff who interacts or who may potentially interact with The Holman Group’s members;</li> <li>• All staff who are responsible for policies and procedures affecting The Holman Group’s members;</li> </ul> <p>Any other staff deemed appropriate by contractor or governing organization.</p>	



<input type="checkbox"/>	<p>Language Capability Attestation</p>	<p>In accordance with, Section 1300.67.04 of the Language Assistance Program Regulations, Holman needs to identify within its provider network those contracted providers who are themselves bilingual or who employ other bilingual providers and/or office staff, based on <b>language capability attestation forms</b> signed by the bilingual providers and/or office staff, attesting to their fluency in languages other than English.</p> <table border="1" data-bbox="480 499 1455 781"> <thead> <tr> <th>Provider Name</th> <th>NPI# (if applicable)</th> <th>Language(s)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td></td> <td></td> </tr> </tbody> </table>	Provider Name	NPI# (if applicable)	Language(s)	1.			2.			3.			4.			5.		
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<input type="checkbox"/>	<p>Provider Directory Attestation</p>	<p>The Provider and/or their authorized representative attest to the following:</p> <p><i>I certify that I have reviewed my information as shown on The Holman Group website is current, true, correct, accurate and complete to the best of my knowledge and belief, and is furnished in good faith. I will notify The Holman Group within 5 business days of any material changes to the information (i.e. accepting or no accepting patients, any changes/challenges to licenses, DEA, insurance, malpractice claims, NPDB/HIPDB reports, discipline, criminal convictions, etc.)</i></p>																		
<input type="checkbox"/>	<p>HIPAA and Information Security Training for Providers</p>	<p>Provider ensures that all the following personnel completed The Holman Group’s HIPAA and Information Security Training:</p> <ul style="list-style-type: none"> <li>All staff who interacts or who may potentially interact with The Holman Group’s members;</li> <li>All staff who are responsible for policies and procedures affecting The Holman Group’s members;</li> </ul> <p>Any other staff deemed appropriate by contractor or governing organization.</p>																		
	<p>Level of Care Criteria Training</p>	<p>Pursuant to SB855 California Safety Code sections 1374.721(e), subsection 2. – 3. The Holman Group utilizes a form education program by nonprofit clinical specialty associations for clinical review criteria. <b>Network providers are not required to</b> participate in the education program however Holman has made available the clinical criteria at no cost upon request to providers and enrollees.</p> <ul style="list-style-type: none"> <li>Level of Care Criteria Resources:</li> <li>American Society of Addiction Medicine (ASAM)</li> <li>American Association of Community Psychiatrists -</li> <li>Level of Care Utilization System (LOCUS)</li> <li>American Association of Community Psychiatrists -</li> <li>Child and Adolescent Level of Care Utilization System (CALOCUS)</li> </ul>																		



		<ul style="list-style-type: none"> <li>• American Academy of Child &amp; Adolescent Psychiatry -</li> <li>• Child and Adolescent Service Intensity Instrument (CASII)*</li> <li>• American Academy of Child and Adolescent Psychiatry</li> <li>• World Professional Association for Transgender Health -</li> <li>• WPATH Standards of Care</li> </ul> <p>Please contact The Holman Group’s Provider Relations Department for more information.</p>
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**ATTESTATION SUBMISSION INSTRUCTIONS**

*I hereby attest that the answers given by me to the foregoing questions and statements made are true and correct and complete in all respects, and understand that if any changes occur in the availability of the above I must notify The Holman Group within 30 days of the change.*

*Please sign and scan/ print this attestation form and email it to [PR@Holmangroup.com](mailto:PR@Holmangroup.com).*

<b>Signatory Name/ Title (Print)</b>	<b>Signature</b>	<b>Date</b>