The Holman Group
Managed Behavioral Health Care Services

Provider Training Notification and Attestation

Provider or Group Name:			
NPI #:		**Tax ID # (if applicable):**	
Email:		**Phone:**	

TRAININGS AND ATTESTATIONS		
Required Provider Training & Compliance Attestations. **Please check all that apply and complete all required sections.**		
☐	Cultural Competency Training	Provider attests that all personnel who interact with Holman members or are responsible for policies affecting Holman members have completed training that includes: • Cultural competency and health equity principles • Implicit bias awareness • Nondiscrimination standards • Disability accommodation requirements • LGBTQIA+ cultural competency • Trauma-informed care principles • Language access obligations Training must occur upon hire and periodically thereafter, consistent with regulatory expectations.
☐	Serving Seniors and Persons with Disabilities	Provider attests that applicable staff have completed competency training addressing: • Age-related clinical considerations • Disability accommodations • Access to care for vulnerable populations • Compliance with ADA and nondiscrimination laws
☐	Language Assistance Program Attestation (Disclosure)	Provider attests that: • Members are informed of their right to free interpreter services. • Qualified interpreters are used when serving members with limited English proficiency. • Family members or minors are not used as interpreters except in emergencies. • Staff are trained on the Plan's Language Assistance Program. • Language access services are documented appropriately. Provider agrees to comply with Language Assistance Program regulations.

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<td>Bilingual Capability Attestation (Section 1300.67.04)</td>
<td>Pursuant to DMHC Language Assistance Program Regulations, Holman must identify providers and/or staff who are fluent in languages other than English. Provider attests that the individuals listed below:

Are fluent in the language(s) indicated.
Have completed a language capability assessment or self-attestation of fluency.
Agree to provide services in the listed language(s) to Holman members.
Will notify Holman within five (5) business days of any change in language capability.

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<tr><th>Provider/ Staff Name</th><th>NPI# (if applicable)</th><th>Language(s)</th><th>Assessment Type (Formal/ Self)</th><th>Date of Assessment</th></tr>
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<td>☐</td>
<td>Provider Directory Attestation</td>
<td>Provider certifies that all information listed in The Holman Group Provider Directory is accurate, complete, and current, including but not limited to:

Practice location(s)
Telephone numbers
Office hours
Telehealth availability
Languages spoken
Specialty areas
Acceptance of new patients
Licensure status
DEA registration (if applicable)
Professional liability coverage
Board certification (if applicable)

Provider agrees to notify Holman in writing within five (5) business days of any material changes.

The Provider and/or their authorized representative attest to the following:

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 not accepting patients, any changes/challenges to licenses, DEA, insurance, malpractice claims, NPDB/HIPDB reports, discipline, criminal convictions, etc.)
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☐	HIPAA and Information Security Training for Providers	Provider attests that all applicable staff have completed HIPAA privacy and security training and maintain compliance with federal and state confidentiality laws. Provider ensures that personnel completed The Holman Group's HIPAA and Information Security Training.
	Level of Care Criteria Training	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. **Network providers are not required t**o participate in the education program; however, Holman has made available the clinical criteria at no cost upon request to providers and enrollees. **Level of Care Criteria Resources:** • American Society of Addiction Medicine (ASAM) • Level of Care Utilization System (LOCUS) • Child and Adolescent Level of Care Utilization System (CALOCUS) • Child and Adolescent Service Intensity Instrument (CASII)* • Early Childhood Service Intensity Instrument (ECSII) • World Professional Association for Transgender Health - WPATH Standards of Care (WPATH) • DSM-5-TR • American Academy of Child & Adolescent Psychiatry (AACAP) • American Association of Community Psychiatrists (AACP) • American Psychiatric Association (APA) Please contact The Holman Group's Provider Relations Department for more information.

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 of the change.

I hereby certify that the information provided in this document is true, complete, and accurate to the best of my knowledge.

I understand that:

- *Providing false or misleading information may result in corrective action, contract termination, or reporting to regulatory authorities.*
- *I must notify The Holman Group in writing within five (5) business days of any material change affecting this attestation.*
- *Failure to comply with regulatory training and documentation requirements may affect network participation status.*

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Submission Instructions
Please sign and submit this completed form via secure email to:

PR@HolmanGroup.com

For questions, contact Provider Relations at:
800-321-2843

Signatory Name/ Title (Print)	**Signature**	**Date**