

Section I: Instructions

- The Department of Health Care Services (DHCS) mandates ALL Medi-Cal Managed Care Primary Care Providers (PCP) receive training on the implementation of Long-Term Services & Supports (LTSS).
- After completing training, complete and fax this Attestation form to SCFHP Provider Services at **1-408-376-3537**.

Section II: Provider Information

Provider Name		Medical Group/Facility Name (if applicable)		
Street Address		City	State	Zip code
Telephone Number	Fax Number		Email Address	

Section III: Attestation

I acknowledge that this office has received Long Term Services & Supports training via the Santa Clara Family Health Plan website.

Signature of Physician/Designee	Printed Name and Title	Date
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Section IV: Long-Term Services & Supports Training Agenda

- LTSS Benefits
- Identifying Eligible Members
- LTSS Services
- How are LTSS Services Obtained in Santa Clara County?
- In-Home Supportive Services (IHSS)
- Community-Based Adult Services (CBAS)
- Multipurpose Senior Services Program (MSSP)
- Skilled Nursing Facilities (SNF)

Section V: All PCPs and Office Staff Sign in Sheet (please attach additional pages if necessary)

Printed Name and Title	Signature