CHDP Examiner Agreement

Name of the CHDP Examiner: ______________________________________________________

THE CHDP EXAMINER AGREES TO THE FOLLOWING REQUIREMENTS:

1. Examiner will review and comply with the State CHDP Program Requirements, the
   CHDP Health Assessment Guidelines, the CHDP Provider Manual, and other CHDP
   documents as appropriate.
2. Examiner must maintain enrollment in State Medi-Cal and have a NPI number.
3. Examiner will perform CHDP Examinations only at a CHDP approved site.
4. Examiner will review and comply with all State Provider Information Notices when
   received from the County CHDP Administrative Office.
5. Examiner will comply with all County CHDP Administrative Policies and Procedures for
   the implementation of the CHDP Program, including but not limited to initial approval,
   renewal, orientation, site visits & periodic trainings.
6. Examiner will utilize State and County CHDP forms, tables and charts as needed to
   comply with the Program, including but not limited to the Schedule of Maximum
   Allowances (Fee Schedule), Eligibility Table, Eligibility Assessment Sheet (DHS 4073)
   and Periodicity Schedule (see online version and state Medi-Cal website for current
   CHDP changes).
7. Examiner will provide a summary of the visit to the parent or the patient immediately
   following the CHDP Examination.
8. If the County CHDP Director or Deputy Director determines that an examiner is not in
   compliance with the provisions of this agreement or the standards established by the
   County & State, that official may withdraw approval (Title 17, California Administrative
   Code, Sec. 6860f).
9. The County CHDP Administrative office may share the current status of the examiner
   with other CHDP Program Offices and Medi-Cal Programs.

I certify that I have read and understand the requirements of the CHDP Program. I
agree to follow these requirements and understand the conditions pertaining to non-
compliance (Section 6860f).

Examiner Signature:_________________________________________ Date: ____________