



7.2.8 SHORT-DOYLE MEDI-CAL SITE CERTIFICATION FOR COUNTY OWNED AND OPERATED AND MHP CONTRACT PROVIDERS

Issue Date: 02/23/1998

Revision History: 01/21/2025, 02/02/2016

References: DMH Information Letter 10-04; 2.DMH Notice 02-06; 04-09; MHP Contract Exhibit A – Attachment 8; DHCS SD/MC Certification Protocol; CCR, Title 9, 1810.435-436 and 622-630; and CFR, Title 42, Section 438.10(f)(1)

Policy Owner: QAPI, Quality Assurance Manager

Director Signature: **Signature on File**

I. Policy Statement

The purpose of this policy is to ensure that all Mental Health Plan (MHP) County-owned and operated and contracted program sites (organizational providers), that claim Short-Doyle/Medi-Cal (SD/MC) obtain and maintain the appropriate certification through the Department of Health Care Services (DHCS). The policy also serves to outline the MHP Quality Assurance (QA) units' responsibility in facilitating the certification process.

II. Scope

This policy applies to the Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD) Quality Assessment and Performance Improvement (QAPI) Site Certification Team.

III. Definitions

- A. Piggy-backing: when one county MHP uses the Medi-Cal Specialty Mental Health Services (SMHS) certification of a provider that was conducted by another county MHP, or by DHCS.
- B. Host County: the county MHP that holds the active Medi-Cal SMHS certification for the provider in which the client receives services.

- C. Piggy-backing County: the county MHP in which the client's Medi-Cal is registered.
- D. Satellite Site: a site owned, leased, or operated by an organizational provider at which specialty mental health services are delivered to beneficiaries fewer than 20 hours per week, or, if located at a multiagency site at which specialty mental health services are delivered by no more than two employees or contractors of the provider.

IV. Policy

- A. Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD) maintains a policy that all MHP County-owned and operated and contracted program sites (organizational providers), that claim SD/MC obtain and maintain the appropriate certification through DHCS.
- B. For MHP contract providers to claim services through SD/MC, the MHP shall require an initial certification and subsequent recertification every (3) years. All MHP County-owned and operated programs will be initially certified by the DHCS. DHCS shall conduct the SD/MC initial certifications for County-owned and operated programs and recertifications for County-owned and operated Crisis Stabilization Units (CSU) and Day Rehabilitation programs. The on-site review required by California Code of Regulations, title 9, section 1810.435(d), as a part of the certification process, shall be made of any site owned, leased, or operated by the provider and used to deliver covered services to beneficiaries, except that on-site review is not required for public school or satellite sites.
- C. The MHP QA unit is responsible for certification/recertification and will conduct necessary monitoring of contract providers. The MHP QA unit conducts recertifications of certain MHP County-owned and operated providers as specified by State regulations and the MHP contract with the DHCS.

V. Procedures

INITIAL CERTIFICATION (ACTIVATION)

MHP County-Owned and Operated Provider: DHCS Review

- A. Revenue Management Unit (RMU) will submit the Provider File Update (PFU) to the Provider Enrollment Division (PED) for routing to Provider Information Management System (PIMS) for generation of the new provider number and activation of Mode of Service/Service Function (MS/SF).
- B. DHCS will perform onsite reviews for all MHP County-Owned and Operated programs.

- C. MHP QA Specialist will coordinate with QA Senior Office Assistant (SOA) to schedule Fire Inspection (See SOA Procedure-FIRE CLEARANCE & SITE CERT PREPARATION).
- D. MHP QA Specialist will obtain the following documents:
 - 1. Provider File Number (from RMU).
 - 2. MHS 155 SD/MC Site Certification Program Description (from Program Manager).
 - 3. Current Fire Clearance (from QA SOA).
 - 4. Current Head of Service (HOS) License (from Program Manager, or breeze.ca.gov).
- E. MHP QA Specialist will send to DMHcertification@dhcs.ca.gov:
 - 1. Completed DHCS 1736 County-Owned and Operated Provider Certification Application.
 - 2. MHS 155 SD/MC Site Certification Program Description.
 - 3. Current Fire Clearance.
 - 4. HOS License.
 - 5. Policies and Procedures, upon request.
- F. MHP QA Specialist will save all communication and associated documents in a dedicated electronic folder, by program name and certification year.
- G. MHP QA Specialist will add new providers to the Site Certification tracker and make necessary updates.
- H. All fields of information must be completed and updated ongoing.
- I. Once DHCS provides the date of onsite review, the MHP QA Specialist will:
 - 1. Inform impacted program staff of the forthcoming certification review.
 - 2. Ensure QA SOA provides site with current Medi-Cal informing materials.
 - 3. Ensure QA SOA provides site with current policy and procedure.
- J. Upon DHCS onsite review approval, DHCS will coordinate transmittal and PIMS update of MS/SF codes. DHCS will send the certification letter to MHP Director and MHP QA Specialist.

1. Recertification is due every (3) years from the activation date.

New MHP Contract Provider: MHP Conducts Onsite

- A. RMU will submit the PFU to PED for routing to PIMS for generation of the new provider number and activation of MS/SF.
- B. RMU will complete the Service Code Selection (SCS) form and send it to the MHP QA Specialist.
- C. MHP QA Specialist will verify completeness and accuracy of the information provided by RMU and Contracts staff on the SCS form. This includes cross-referencing the information listed on the SCS form with the following sites:
 1. NPI Registry look-up (<https://npiregistry.cms.hhs.gov/>).
 - a. Verify that Doing Business As Name and Primary Practice Address cited in the NPI registry matches the SCS form and the address exactly as stated on the USPS site.
 2. USPS look-up (<https://tools.usps.com/zip-code-lookup.htm>).
 - a. Cross reference USPS address (down to the last 4 digits of the zip code) with the primary practice address cited in the NPI registry and the service location address cited on the SCS form.
 - b. If the information in the USPS does not match precisely the information cited in the NPI registry, clarify internally (RMU, Contracts Staff, or Contract Manager) and when appropriate with the Contract Provider.
 - c. Any necessary changes to the NPI must be made by the Contract Provider and the appropriate internal staff will make updates to the SCS form.
 3. HOS look-up (breeze.ca.gov).
 - a. Confirm that the associated HOS has a current and valid license in Breeze.
 - b. MHP QA Specialist will take a screen shot of the HOS license on breeze and save in program specific site certification folder.
- D. To prepare for and conduct the Desk Review portion of the Site Certification, the MHP QA Specialist will:

1. Complete the QA portion of the SCS form, indicating the status of site certification for all selected MS/SF codes, enter the Contract Provider's Tax ID and the HOS.
 2. Make initial contact with the Contract Provider and initiate SD/MC Site Certification process.
 3. Inform the Contract Provider of the role of the MHP QA Specialist and next steps with the SD/MC certification process.
 4. Arrange a time to meet with the Contract Provider to review and discuss the site certification process and documents.
 5. E-mail the Contract Provider guidance and documents necessary to complete the SD/MC certification, with a specified due date. This packet includes:
 - a. Site Certification/Recertification Documents Checklist.
 - b. MHS 155 SD/MC Site Certification Program Description.
 - c. MHS 154 SD/MC Site Certification/Recertification Application.
 - d. Medi-Cal Informing Materials Checklist (use most recent version).
 - e. SD/MC Site Certification Protocol (use most recent version - Standard or STRTP).
 - f. CBO Site Certification Exclusion Screening Verification Policy Example.
 - g. Employee List Example for Exclusion Screenings (Evidence of screenings from 3 months prior to initiation of site certification).
 - h. Site Certification Exclusion Checklist (use most recent version).
- E. Prior to conducting the onsite review MHP QA Specialist will:
1. Provide to the Contract Provider technical assistance specific to the SD/MC site certification process and route provider inquiries to the appropriate entity (e.g. contract manager, BHD contracts staff, or RMU staff).
 2. Verify accuracy and completeness of all submitted documents:
 - a. Policies and Procedures.
 - b. Proof of HOS.
 - c. Granted and current Fire Clearance.

- i. The Contract Provider site cannot be certified without a fire safety inspection that meets local fire codes.
 - ii. The service activation date cannot be further back than the fire clearance date.
 - d. MHS 155 SD/MC Site Certification Program Description and MHS 154 SD/MC Site Certification/Recertification Application.
 - e. Evidence of suspended and excluded individuals and entities review (Office of Inspector General List of Excluded Individuals/Entities, DHCS List of Suspended and Ineligible Provider list, Death Master file, System for Award Management) and corresponding staff list, and
 - f. Obtain any Community Care or Residential Licenses.
3. MHP QA Specialist will not complete an onsite review until there is an active and current fire clearance for the Contract Provider site(s).
- F. At the time of onsite review, MHP QA Specialist will:
- 1. Utilize the most current SD/MC Site Certification Protocol to verify compliance with the Title 9 and DHCS contract requirements specific to the services being rendered by the Contract Provider.
 - 2. Complete the SD/MC Site Certification protocol as indicated in the included instructions, noting the status of compliance.
 - 3. Ensure to reference the most current Medi-Cal Informing Materials Checklist when onsite to verify availability of all required documents.
- G. Post Desk Review & Onsite:
- 1. Once the Contract Provider demonstrates compliance with the desk review and onsite review requirements, MHP QA Specialist will submit DHCS 1735 transmittal form to DHCS for activation (No need to submit HOS or Fire Clearance).
 - 2. Upon DHCS approval, DHCS will coordinate transmittal and PIMS update of MS/SF codes. DHCS will send approved transmittal to the MHP.
- H. MHP QA Specialist will check PIMS for Medi-Cal/Mode of Service (MC/MS) begin date to verify accuracy of MS/SF activation date and capture screenshot - save in site specific folder.
- 1. Upon receipt of the approved transmittal, the MHP QA Specialist will do the following:

- a. Draft and send a certification letter along with the approved transmittal and PIMs screenshot to the Contract Provider.
 - b. Cc internal staff: RMU, Admin Support/Contracts staff, Contract Manager, QA Manager and Section Manager.
 - c. A separate folder should be created for each Contract Provider and all essential communications and associated documents shall be saved within.
2. Recertification will be due every (3) years from initial activation date.

RECERTIFICATION

- A. MHP will log and track all Medi-Cal certified providers/sites via a digital tracker. Tracker will be reviewed regularly (bi-weekly) to ensure certified programs are adhering to the 3-year recertification window and timely termination of applicable programs.
- B. DHCS will conduct recertification/onsite reviews for county-owned and operated providers/sites when any of the following apply:
 1. Crisis Stabilization (10/20, 10/25).
 2. Day Treatment (10/81, 10/85, 10/91, 10/95).
 3. Providers located within juvenile detention facilities.
 4. County-owned and operated providers that have a change of address.
 5. Activation of one or more of the MS/SF listed below:
 - a. Medication Support (15/60).
 - b. Exception: Activation of "Prescription Only" Med Support (15/60) does not require an onsite review. It is important to note "Prescription Only" Med Support (15/60) does not allow for the dispensing, administering and/or storing of medications including samples.
- C. County-owned and operated providers for whom onsite review by DHCS is not required are those County-owned and operated providers who are currently certified for any of the MS/SF listed below:
 1. Case Management/Brokerage (15/01).
 2. Mental Health Services (15/30).

3. Therapeutic Behavioral Health Services (15/58).
4. Medication Support (15/60).
5. Crisis Intervention (15/70).

MHP County-Owned and Operated Provider: DHCS Conducts Onsite

- A. Prior to onsite review, at least 3-6 months before the expiration of the existing Medi-Cal recertification, MHP QA Specialist will:
 1. E-mail DHCS (DMHCertification@dhcs.ca.gov) to coordinate the recertification.
 2. Obtain current fire clearance for the provider site(s).
 - a. The provider site cannot be recertified without a fire safety inspection that meets local fire codes.
 - b. The service activation date cannot be further back than the fire clearance date.
- B. Ensure QA SOA provides site with current Medi-Cal informing materials.
- C. Ensure QA SOA provides site with current policy and procedure.
- D. Provide notification to the Program Manager of the forthcoming recertification.
- E. MHP QA Specialist will obtain the following documents:
 1. Provider File Number (from RMU).
 2. MHS 155 SD/MC Site Certification Program Description (from Program Manager).
 3. Current Fire Clearance (from QA SOA).
 4. Current Head of Service (HOS) License (from Program Manager, or breeze.ca.gov).
- F. MHP QA Specialist will send to DMHcertification@dhcs.ca.gov:
 1. Completed DHCS 1736 County-Owned and Operated Provider Certification Application.
 2. MHS 155 SD/MC Site Certification Program Description.
 3. Current Fire Clearance.

4. HOS license meets established criteria and is current and valid on <https://www.breeze.ca.gov>.
 5. Policies and Procedures, upon request.
- G. MHP QA Specialist will schedule onsite review with the Program Manager, or follow-up with DHCS to conduct/coordinate the onsite review once the provider/site demonstrates compliance with the desk review and prior to the expiration of the current Medi-Cal Re/Certification date.
1. NOTE: Onsite review must be completed prior to the expiration of the existing site re-/certification date in Provider Information Management System (PIMS).
- H. DHCS will send the certification letter to MHP Director and Cc the sending MHP QA Specialist.
- I. Recertification will be due in (3) years from the recertification date.
- J. Post receipt of DHCS approved transmittal and site certification letter, MHP QA Specialist will:
1. Check PIMS for recertification date to verify accuracy of MS/SF activation date update and capture screenshot - save in site specific folder.
 2. Save DHCS certification letter and approved transmittal in site specific folder.
 3. E-mail DHCS certification letter and approved transmittal to BH Contracts, RMU, QA Manager, Contract Manager/Section Manager.

MHP County-Owned and Operated Provider: MHP Conducts Onsite

- A. Prior to onsite review, at least 3-6 months before the expiration of the existing Medi-Cal recertification, MHP QA Specialist will:
1. Ensure QA SOA has scheduled and obtained current fire clearance for the provider site(s).
 - a. The provider site cannot be recertified without a fire safety inspection that meets local fire codes.
 - b. The service activation date cannot be further back than the fire clearance date.
 2. Ensure QA SOA provides site with current Medi-Cal informing materials.
 3. Ensure QA SOA provides site with current policy and procedure.

4. Provide notification to the Program Manager of the forthcoming recertification.
5. Gather the following support documents and conduct the desk review portion of the Medi-Cal recertification:
 - a. MHS 155 Short-Doyle Medi-Cal Program Description Form.
 - b. DHCS 1737 MHP Recertification of County-Owned and Operated Providers Self-Survey.
 - c. Policies and Procedures (see P&P Binder Index).
 - d. Current fire clearance (conducted within the 12 months prior to the expiration of the current Medi-Cal Certification).
 - e. HOS license meets established criteria and is current and valid on <https://www.breeze.ca.gov>.
- B. MHP QA Specialist will schedule onsite review with the Program Manager to conduct/coordinate the onsite review once the provider/site demonstrates compliance with the desk review and prior to the expiration of the current Medi-Cal Re/Certification date.
 1. NOTE: Onsite review must be completed prior to the expiration of the existing site re-/certification date in Provider Information Management System (PIMS)
- C. Post Desk Review & Onsite:
 1. Once the program demonstrates compliance with the desk review and onsite review requirements, MHP QA Specialist will submit to DHCS:
 - a. MHS 155 Short-Doyle Medi-Cal Program Description Form.
 - b. DHCS 1737 MHP Recertification of County-Owned and Operated Providers Self-Survey.
 - c. Current fire clearance (conducted within the 12 months prior to the expiration of the current Medi-Cal Certification).
 - d. HOS license.
 2. Upon DHCS approval, DHCS will coordinate transmittal and PIMS update of MS/SF codes. DHCS will send approved transmittal to the MHP.
 - a. DHCS will send the recertification letter to MHP Director and Cc the sending MHP QA Specialist.

- b. Recertification will be due in (3) years from the recertification date.
- 3. Post receipt of DHCS approved transmittal and site certification letter, MHP QA Specialist will:
 - a. Check PIMS for last MC certification (cert) date and capture screenshot - save site specific folder.
 - b. E-mail DHCS certification letter and approved transmittal to BH Contracts, RMU, QA Manager, Contract Manager/Section Manager.

MHP Contract Provider: MHP Conducts Onsite

- A. Prior to onsite review, at least 3-6 months before the expiration of the existing Medi-Cal recertification, MHP QA Staff will:
 - 1. E-mail the Contract Provider to coordinate the recertification.
 - 2. To prepare for and conduct the Desk Review portion of the Site Recertification, the MHP QA Specialist will:
 - a. Make initial contact with Contract provider, e-mail the Contract Provider guidance and documents necessary to complete the SD/MC certification, with a specified due date. This packet includes:
 - i. Site Certification/Recertification Documents Checklist.
 - ii. MHS 155 SD/MC Site Certification Program Description.
 - iii. MHS 154 SD/MC Site Certification/Recertification Application.
 - iv. Medi-Cal Informing Materials Checklist (use most recent version).
 - v. SD/MC Site Certification Protocol (use most recent version - Standard or STRTP).
 - vi. CBO Site Certification Exclusion Screening Verification Policy Example.
 - vii. Employee List Example for Exclusion Screenings (Evidence of screenings from 3 months prior to initiation of site certification).
 - viii. Site Certification Exclusion Checklist (use most recent version).
- B. Arrange a time to meet with the Contract Provider to review and discuss the site certification process and documents.

C. Prior to conducting the onsite review MHP QA Specialist will:

1. Provide to the Contract Provider technical assistance, specific to the SD/MC site certification process, and will route provider inquiries to the appropriate entity (e.g. contract manager, BHD contracts staff, or RMU staff).
2. Verify accuracy and completeness of all submitted documents:
 - a. Policies and Procedures.
 - b. Proof of Head of Service.
 - c. Granted and current Fire Clearance.
 - d. The Contract Provider site cannot be certified without a fire safety inspection that meets local fire codes.
 - e. The service activation date cannot be further back than the fire clearance date.
 - f. MHS 155 SD/MC Site Certification Program Description and MHS 154 SD/MC Site Certification/Recertification Application.
 - g. Evidence of suspended and excluded individuals and entities review (Office of Inspector General List of Excluded Individuals/Entities, DHCS List of Suspended and Ineligible Provider list, Death Master file, System for Award Management) and corresponding staff list.
 - h. Obtain any Community Care or Residential Licenses.
 - i. Review most recent SCS form on file.
 - i. Any questions should be submitted to RMU.
3. If recertification is due to an address change, update as necessary the status of site certification for all selected Mode/Service Function Codes, enter the provider's Tax ID, and the Head of Service (HOS).
 - a. Send revised SCS to RMU and Cc BHD contracts for confirmation of revised SCS and notification of recertification.

D. MHP QA Specialist will not complete an onsite review until there is an active and current fire clearance for the Contract Provider site(s).

E. At the time of onsite review, MHP QA Specialist will:

1. Utilize the most current SD/MC Site Certification Protocol to verify compliance with the Title 9 and DHCS contract requirements specific to the services being rendered by the Contract Provider.
2. Complete the SD/MC Site Certification protocol as indicated in the included instructions, noting the status of compliance.
3. Ensure to reference the most current Medi-Cal Informing Materials Checklist when onsite to verify availability of all required documents.

F. Post Desk Review & Onsite:

1. Once the Contract Provider demonstrates compliance with the desk review and onsite review requirements, MHP QA Specialist will submit DHCS 1735 transmittal form to DHCS for activation (No need to submit HOS or Fire Clearance).
2. Upon DHCS approval, DHCS will coordinate transmittal and PIMS update of MS/SF codes. DHCS will send approved transmittal to the MHP.
3. MHP QA Specialist will check PIMS for last MC certification (cert) date and capture screenshot - save site specific folder.
4. Upon receipt of the approved transmittal, the MHP QA Specialist will do the following:
 - a. Draft and send a certification letter along with the approved transmittal and PIMS screenshot to the Contract Provider.
 - b. Cc internal staff: RMU, Admin Support/Contracts staff, Contract Manager, QA Manager and Section Manager.
 - c. A separate folder should be created for each Contract Provider and all essential communications and associated documents shall be saved within.
 - d. Recertification will be due every (3) years from initial activation date.

PLAN OF CORRECTION (POC)

- A. DHCS will issue a POC if deficiencies are found for Medi-Cal certifications conducted by DHCS.
- B. MHP QA Specialist will issue a Plan of Correction (POC) if deficiencies are found for Medi-Cal certifications conducted by the MHP.
 1. Indicate on the SD/MC Site Certification Protocol if a POC is required.

2. Complete and issue the POC form to the impacted provider.
 3. Submit the transmittal to DHCS upon correction of deficiencies.
- C. The MHP County-owned and Operated Provider or MHP Contract Provider must correct the out of compliance items within (30) days of POC issuance, or as specified in the POC request.

PIGGY-BACKING

- A. If the existing Medi-Cal Certification service modalities do not match, the piggy-backing MHP may request that the host county conduct an additional program onsite and/or activate the necessary service modalities for the piggy-backing MHP's use, or the piggy-backing MHP QA unit will perform an onsite review.
- B. The host county MHP will perform site certification functions for providers in their county regardless of whether they contract with the provider for services.
- C. When Sonoma County is the Host County:
 1. The piggy-backing county will request the following documents from the Sonoma County MHP QA Specialist:
 - a. Approved DHCS 1735 Transmittal.
 - b. Certification Letter.
 - c. PIMS Screenshot.
 - d. Head of Service (person and their License).
 - e. Current and Valid Fire Clearance.
 - f. Copy of Residential License or Community Care License (if applicable).
 2. MHP QA Specialist will:
 - a. Send the requested documents to the piggy-backing county.
 - b. Update the tracker titled "ACTIVE County-Owned and Contract Providers."
 - c. Update tab "Piggy-back Request Contact List" with piggy-backing county information.
 - d. Update the tab "Contractor" with piggy-back request narrative.
 - e. Save emails and piggy-back documents in the file corresponding Contract Provider site certification folder.

D. When Sonoma County is the Piggy-backing County:

1. MHP QA Specialist will request the following piggy-back certification documents from the Host County:
 - a. Approved DHCS 1735 Transmittal.
 - b. Certification Letter.
 - c. PIMS Screenshot.
 - d. Head of Service (person and their License).
 - e. Current and Valid Fire Clearance.
 - f. Copy of Residential License or Community Care License (if applicable).
2. MHP QA Specialist will submit to DHCS:
 - a. Completed Sonoma County DHCS 1735 Transmittal form.
 - b. Host County approved DHCS 1735 Transmittal form.
 - c. Certification Letter from Host County.
3. MHP QA Specialist will:
 - a. Update the tracker titled "ACTIVE County-Owned and Contract Providers."
 - b. Update tab "Piggy-back Request Contact List" with piggy-backing county information.
 - c. Update the tab "Contractor" with piggy-back request narrative.
 - d. Save emails and piggy-back documents from the Host County in the file corresponding Contract Provider site certification folder.

E. Post receipt of DHCS approved transmittal and site certification letter, MHP QA Specialist will:

1. Check PIMS for recertification date to verify accuracy of MS/SF activation date update and capture screenshot - save site specific folder.
2. Send certification letter and approved transmittal to the contract provider.
3. E-mail certification letter and approved transmittal to BH Contracts, RMU, QA Manager, Contract Manager/Section Manager.

TERMINATION OF COUNTY-OWNED OR CONTRACTED PROVIDERS

- A. At the discretion of the Behavioral Health Division Director, a Contract Provider may be given a written notice of termination. Contract Providers may also terminate their contract with the MHP.
- B. The MHP shall make a good faith effort to give written notice of termination (NOABD Termination Notice) of a Contract Provider to each beneficiary who was seen on a regular basis by the terminated provider, 30 calendar days prior to the effective date of the termination or 15 calendar days after receipt or issuance of the termination notice, whichever is later.
- C. Follow-up care will be arranged, based on the client's need for continued services.
- D. A copy of the written notice of provider termination shall be kept in the client record and a second copy will be given to Quality Assurance.
- E. MHP QA Specialist will:
 - 1. Complete and submit to DHCS the DHCS 1735 Transmittal form, upon notification of provider termination (via the SCS form).
 - 2. Update provided SCS form with provider termination information and route to RMU and contracts staff.
 - 3. Note changes of the status of this provider on the Site Certification tracker and make necessary updates to provider folder (do not delete provider).
 - 4. Check PIMS for termination date and capture screenshot - save site specific folder.
 - 5. Send termination letter to the contract provider.
 - 6. E-mail termination letter and approved termination transmittal to BH Contracts, RMU, QA Manager, Contract Manager/Section Manager.

ADDITIONAL INFORMATION

- A. MHP QA staff are to be notified in the following situations, as they may require a recertification review:
 - 1. Major staffing changes.

2. Organizational and/or corporate structure changes (ex. conversion to non-profit status).
3. Addition of day treatment, crisis stabilization, or medication support services where medications are stored, administered, or dispensed from the provider site.
4. Significant changes in the physical plant of the provider site (ex. those physical plant changes that would require a new fire clearance).
5. A change in ownership.
6. A change of location.
7. Substantial complaints about the provider.
8. Unusual site-related events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.
9. NOTE: A new fire safety inspection may be required if the facility undergoes major renovation or other structural changes.

B. National Provider Identifier Requirements

1. The National Provider Identifier (NPI) number is necessary to obtain the Legal Entity number from DHCS.
2. The DHS RMU unit will notify the DHCS Provider File unit who will issue a program provider number.
3. Each program site location must have its own NPI number. One address, equals one NPI number.
4. New locations require a new NPI.
5. Moving locations requires updating the address associated with the NPI number.
6. If moving, providers must update their NPI number to the new address.
7. Contract Provider must process the NPI request and the new NPI must be provided to the MHP QA Specialist prior to the completion of any certification.
8. RMU will process NPI requests for county-owned and operated programs.
9. For providers in schools, the Contract Provider's (not the school's) Employee Identification Number must be used.

C. Determination of the Medi-Cal Activation Date

1. This Medi-Cal Activation Date is established when billing for provision of services can begin and is determined by the following information:
 - a. Date the provider requested certification-date the MHP and provider entered into an agreement/contract.
 - b. Date the site was operational - the date the client received their first services.
 - c. Date of the current fire clearance-must be within (1) year from onsite review.
 - d. The Medi-Cal activation date is the latest of the three dates above and cannot be beyond (6) months from the date of completed transmittal submittal.

VI. **Forms**

- A. Site Certification Program Description, MHS 155 SD/MC.
- B. SD/MC Site Certification/Recertification Application, MHS 154.

VII. **Attachments**

The DHCS certification forms listed below are located at: www.dhcs.ca.gov/services/MH/Pages/Certifications.aspx.

DHCS 1735 Medi-Cal Certification and Transmittal.

DHCS 1735 Instructions and sample form.

DHCS 1736 County-Owned and Operated Provider Certification Application Form.

DHCS 1736 Instructions.

DHCS 1737 MHP Re-Certification of County-Owned and Operated Providers Self-Survey Form.

DHCS 1737 Instructions.

DHCS 1746 Director's Designee Information.