

County of San Bernardino

Department of Behavioral Health

Medi-Cal Site Certification Procedure

Effective Date 08/12/13

Approval Date 08/12/13

 CaSonya Thomas, Director

Purpose

To provide staff with standardized steps to complete Medi-Cal site certifications for Department of Behavioral Health (DBH) and contract providers (CP) of DBH outpatient mental health services.

Notification and Checklist

This procedure is accompanied by [DBH Business Change Preparation Phase Flow Chart](#). The [Medi-Cal Certification Checklist](#) provides for each type of Medi-Cal site certification as follows:

- New Contract
- Adding a new location (includes expansion in the same building)
- Change of location (entire program)
- Purchase Order
- Reciprocal link with another County
- Standard site renewal-recertification
- Adding of service

Note: If a Fee for Service Provider or a DBH Contract provider Facility is closing, refer to the [Fee for Service Provider Closure Checklist](#)

Basic Preparation Procedure

The DBH Program Manager (PM) responsible for the program, clinic or provider requiring the Medi-Cal site certification will serve as the facilitator and coordinate the steps below to complete the process.

Step	Role	Action
1	PM or Designee	Upon receipt of a request from a provider, or upon becoming aware of an internal decision of a change requiring Medi-Cal site certification, verifies the Contract Provider's National Provider Identifier (NPI) number specific to the facility and program exist. Important: All names, addresses, spelling and numerical data, must match exactly on every form/document. Note: The DBH Office of Compliance obtains the NPIs for County of San Bernardino DBH clinics in accordance with the HIPAA National Provider Identifier (NPI) Policy and Procedure .

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**Basic
Preparation
Procedure
(continued)**

Step	Role	Action
2	PM or Designee	<p>Ensures a letter of intent is completed, by the provider as appropriate. The letter of intent includes:</p> <ul style="list-style-type: none"> • Provider Name and Provider Number (4 digit DHCS State Number) if available • Services that will be provided or changed • Explanation as to why the services/target population will change (new contract, relocation, etc.) • Previous and current address for relocation or additional suite number, etc. when applicable • Effective Date of change • Name, title and telephone number of on-site contact person <p>Note: PM is required to ensure fire clearance is complete as date of certifications cannot be prior to date of Letter of intent</p>
3	PM Designee or Provider	<p>Assembles the Medi-Cal certification packet according to the applicable checklist, including any forms required for specific requests. Medi-Cal certification packet may consist of:</p> <ul style="list-style-type: none"> • Change order request • Letter of Intent • DBH Forms: <ul style="list-style-type: none"> ○ Medi-Cal Certification Packet Approval, BOP022 ○ Request for Cost Center Number, BOP023 ○ Mode of Service, BOP024 ○ Reporting Unit Setup, QM073 • DHCS Forms: (State Medi-Cal Certification packet): <ul style="list-style-type: none"> ○ New Short Doyle Medi-Cal (SD/MC) Provider Certification Application, 7-16 ○ SD/MC Provider Agreement Claim Certification, 7-17 ○ Medi-Cal Provider Data Form, 7-18 ○ Medi-Cal Provider Disclosure Statement of Significant Beneficial Interests, 7-19 • Schedule A (Most recent approved copy with all signatures) • Head of Service license

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**Basic
Preparation
Procedure**
(continued)

Step	Role	Action
3 (cont)	PM Designee or Provider	<ul style="list-style-type: none"> • Current Fire Notice/Clearance • W-9 Form (Contracted Providers only) • Obtain MHS 127 Report if available • Copy of NPI - name and address must match exactly <p>Note: Provider submits the packet to the PM after assembly. PM review packet for accuracy and completion, including all forms required on the checklist</p> <ul style="list-style-type: none"> • Sign the Medi-Cal certification packet • Submits packet and related forms to Quality Management (QM)
4	QM	<ul style="list-style-type: none"> • Verify or apply for Provider File Update • Apply for Legal Entity Number from DHCS as needed by completing form MH 3840 • Review the package as complete • Coordinates any changes needed with the requesting PM
5	QM	<ul style="list-style-type: none"> • If appropriate, will conduct an onsite inspection and perform one of the following: • Prepare documents for the State, if appropriate • Create a Plan of Correction, if appropriate • Submit request packet to Deputy Director of Program Support Services for approval <p>Note: Once the Plan of Correction is complete, QM will forward the packet to Fiscal.</p>
6	QM	<ul style="list-style-type: none"> • Prepares Medi-Cal Transmittal Form • Provider file update (if required) • Attach required Medi-Cal documents • Forward documents to Fiscal
7	Fiscal	<ul style="list-style-type: none"> • Review Schedule A for accuracy when a new RU has been identified to establish rates • Forward packet to Information Technology (IT)
8	IT	<ul style="list-style-type: none"> • Review packet to ensure Schedule A is included • Establish 5th and 6th digits to complete RU number, based on type of program being certified (If it is not available, send back to Fiscal to create code numbers, once completed, Fiscal will send to IT) • Verify Medi-Cal provider is eligible on the Online Provider System (OPS)

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**Basic
Preparation
Procedure
(continued)**

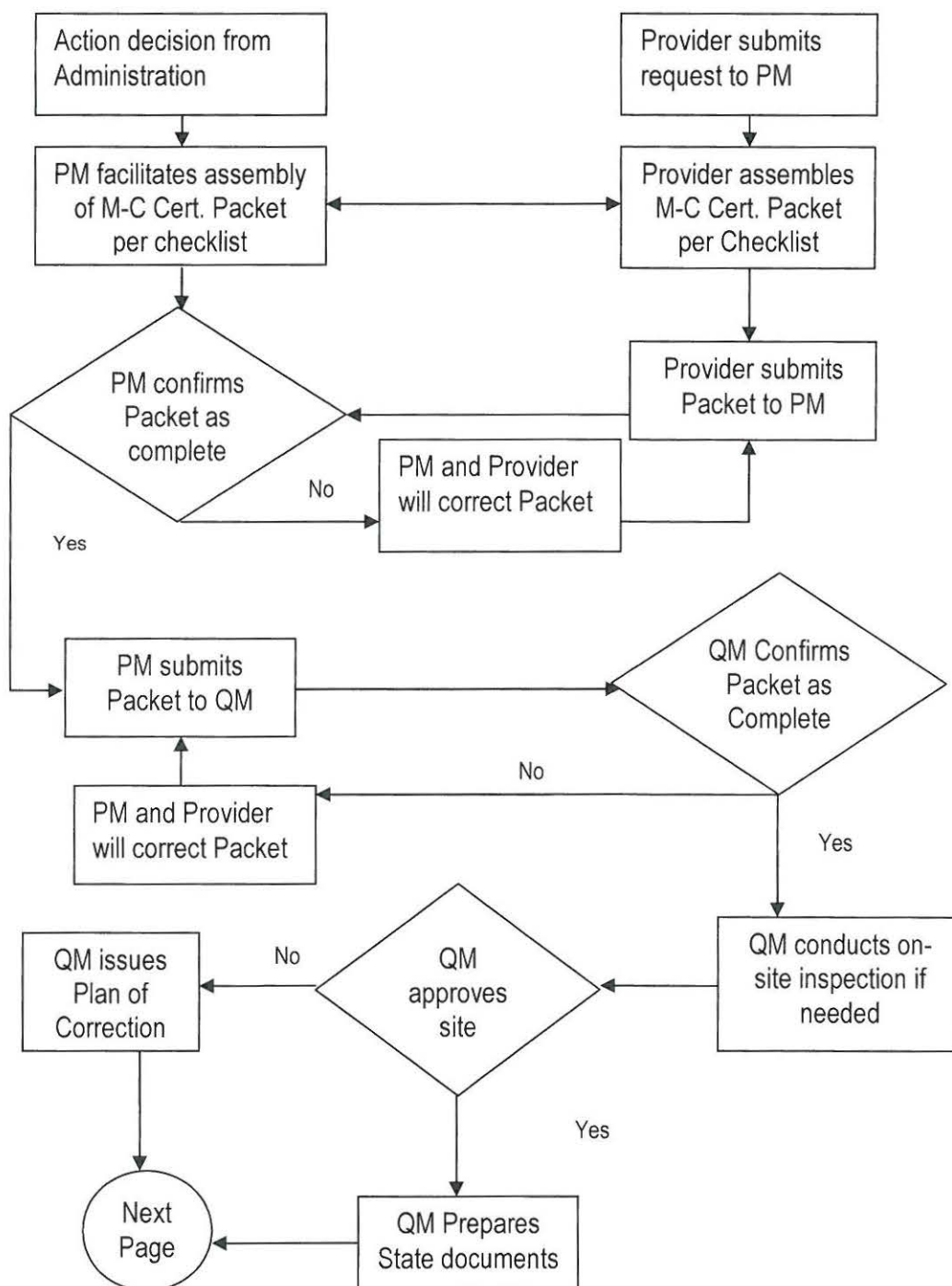
Step	Role	Action
8 (cont)	IT	<ul style="list-style-type: none"> • Confirm the reporting unit number with Fiscal • Set up the following information in the Behavioral Health Management Information System (BHMIS): <ul style="list-style-type: none"> ○ Provider Master (initial setup information for reporting unit) ○ Provider balances (procedure codes) ○ Print queue when not already existing • Send copy of provider balances to Fiscal. Fiscal will verify the rates are correct on the MHS127 Balance Sheet, and send a copy to the PM (once completed, Fiscal will send back to IT) • Activate the office/clinic in BHMIS • Communicates/Trains clinic staff regarding: <ul style="list-style-type: none"> ○ System users ○ Print queues for reports ○ Log-ins/passwords ○ BHMIS use or confirm no training is needed ○ Software needed ○ Purchase of a virtual private network for sharing Protected Health Information (PHI) ○ Obtaining a File Transfer Protocol (FTP) site • Email notification of the new/changed office/clinic to DBH: <ul style="list-style-type: none"> ○ Executive Team ○ Fiscal ○ Billing Office ○ Alcohol and Drug Services ○ QM PMII ○ QM Access Unit ○ Prevention and Early Intervention ○ Contracts ○ Research and Evaluation ○ Public Information Officer ○ Program Manager
9	QM	Sends welcome letter to Provider granting certification after all requirements have been met

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DBH Business
Change
Preparation
Phase Flow
Chart

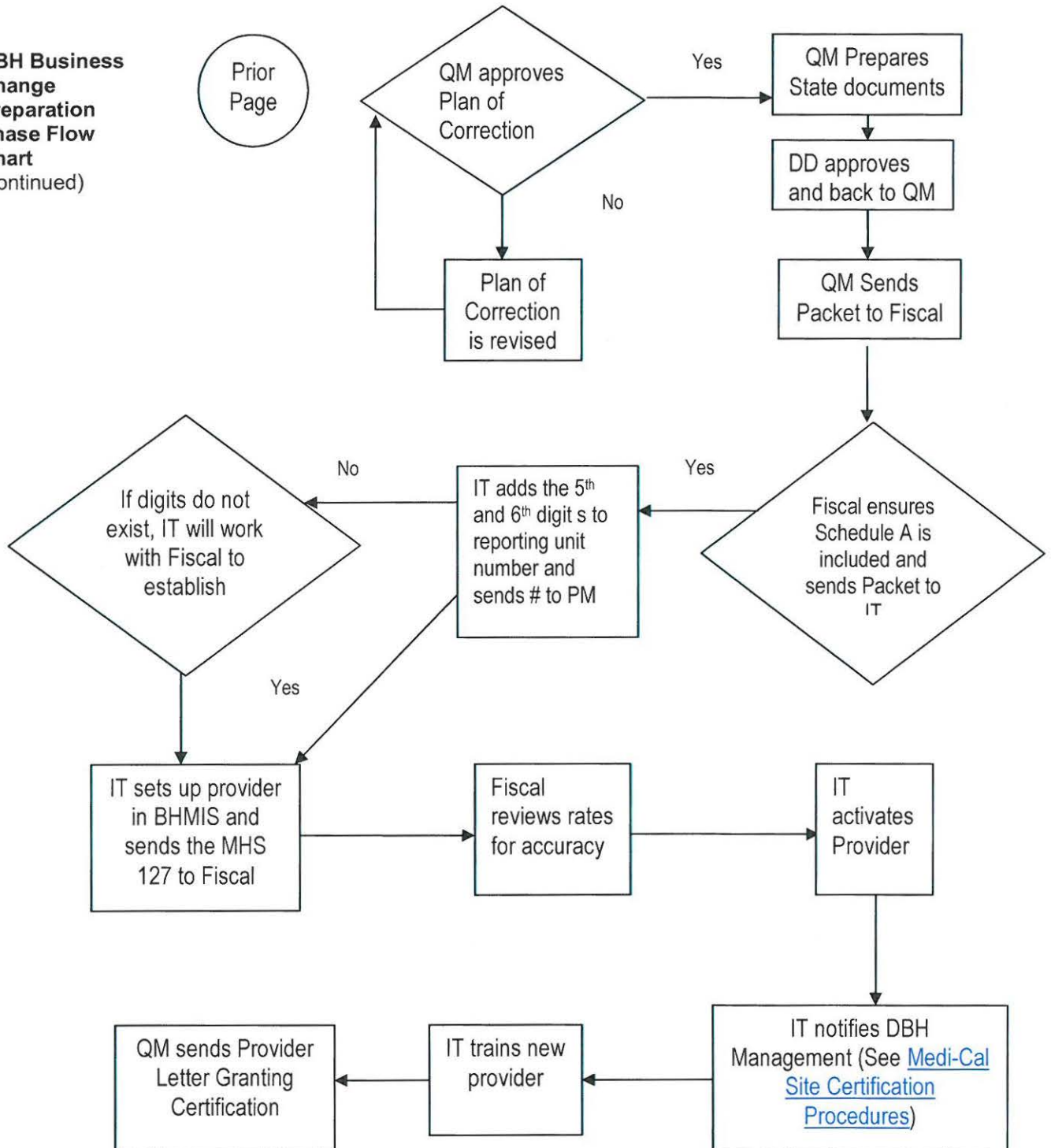


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DBH Business
Change
Preparation
Phase Flow
Chart
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**Related Policy
and Procedure**

Department of Mental Health Information Notice 10-04:

[Recertification/Certification Procedures for County-Owned or Operated
Short-Doyle Medi-Cal Providers](#)

DBH Standard Practice Manual:

- QM6002: [Medi-Cal Site Certification Policy](#)
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