




Mental Health Medi-Cal Site Certification Procedure

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

Notification and Checklist This procedure is accompanied by DBH Business Change Preparation Phase Flow Chart. The Medi-Cal Certification Checklist (QM074) 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, and
- Adding of service

County Reciprocity In accordance with regulations, DBH may utilize another county's certification documents to Medi-Cal certify a contract agency for Specialty Mental Health Services (SMHS) in San Bernardino County. Conversely, another county may utilize DBH's Medi-Cal certification for one of its contract agencies so the agency may provide SMHS in the other county. If DBH is intending to utilize the Medi-Cal certification documents of another county for a contract agency, the applicable Quality Management staff member must reach out to the other county to verify the following before obtaining the documentation:

- Mode(s) of service the contract agency is certified for in the other county
 - Reciprocity can only be applied to the mode(s) of service the agency is certified in the other county. If another mode of service is needed in San Bernardino County, then a new Medi-Cal certification needs to be pursued.
- Date of certification
 - When the Medi-Cal certification expires in the other county, it will also expire in San Bernardino County and DBH will be responsible for requesting the new certification from the other county.

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Mental Health Medi-Cal Site Certification Procedure, Continued

County Reciprocity, Continued

- Location
 - Reciprocity is only applicable to the location(s) that are certified in the other county; any additional locations that San Bernardino intends to Medi-Cal certify that are not certified in another county will need Medi-Cal certification in San Bernardino County.
- Reciprocity of the Medi-Cal certification documents is highly encouraged for efficiency so that work is not duplicated by the agency or the counties.

Important Note: Communication between counties holding certification is crucial. If any changes occur without notification, it can affect services to clients in either or both counties.

Basic Preparation Procedure

The DBH Program Manager (PM) responsible for the DBH clinic/program or contract agency 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 contract agency, or identification of the need of a DBH clinic/program requiring Medi-Cal site certification, verifies the existence of a National Provider Identifier (NPI) number specific to the Contract Agency or DBH clinic/program facility and program. 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 San Bernardino County DBH clinics/programs in accordance with the HIPAA National Provider Identifier (NPI) Policy and Procedure. (COM0938) (COM0938-1)

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Mental Health Medi-Cal Site Certification Procedure, Continued

Basic Preparation Procedure (continued)

Step	Role	Action
2	PM or Designee	<p>Ensures a letter of intent is completed, by the contract agency as appropriate. The letter of intent includes:</p> <ul style="list-style-type: none"> • Contract agency 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, and • Name, title and telephone number of on-site contact person • PM is required to ensure fire clearance is complete as date of certifications cannot be prior to date of letter of intent
3	PM or Designee	<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: (Contact QM for forms); • Schedule A (Most recent approved copy with all signatures); • Head of Service license; • Current Fire Notice/Clearance; • W-9 Form (Contracted Agencies only); • MHS 127 Report if available; • Contract Agency and clinic/program NPI - name and address must match exactly, and

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Mental Health Medi-Cal Site Certification Procedure, Continued

Basic Preparation Procedure (continued)

Step	Role	Action
3 (cont.)	PM or Designee	<ul style="list-style-type: none"> Signed Medi-Cal certification packet. <p>Once these items are obtained, submits the packet and related forms to Quality Management (QM).</p> <p>Note: Contract agency submits the packet to the PM or designee after assembly. PM or designee reviews packet for accuracy and completion, including all forms required on the checklist before submitting to QM.</p>
4	QM	<ul style="list-style-type: none"> Verifies or applies for Provider File Update; Applies for Legal Entity Number from DHCS as needed by completing form MH 3840; Reviews the package as complete, and Coordinates any changes needed with the requesting PM or designee.
5	QM	<ul style="list-style-type: none"> If appropriate, conducts an onsite inspection and performs one of the following: <ul style="list-style-type: none"> Prepares documents for the State, if appropriate; Creates a Plan of Correction, if appropriate, and Submits request packet to Deputy Director of Program Support Services for approval. <p>Note: Once the Plan of Correction is complete, forwards the packet to Fiscal in accordance with Step 6.</p>
6	QM	<ul style="list-style-type: none"> Prepares Medi-Cal Transmittal Form; Completed provider file update (if required); Attaches required Medi-Cal documents, and Forwards documents to Fiscal.
7	Fiscal	<ul style="list-style-type: none"> Reviews Schedule A for accuracy when a new RU has been identified to establish rates, and Forwards packet to Information Technology (IT).
8	IT	<ul style="list-style-type: none"> Reviews packet to ensure Schedule A is included; Establishes 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); Verifies Medi-Cal provider is eligible on the Online Provider System (OPS);

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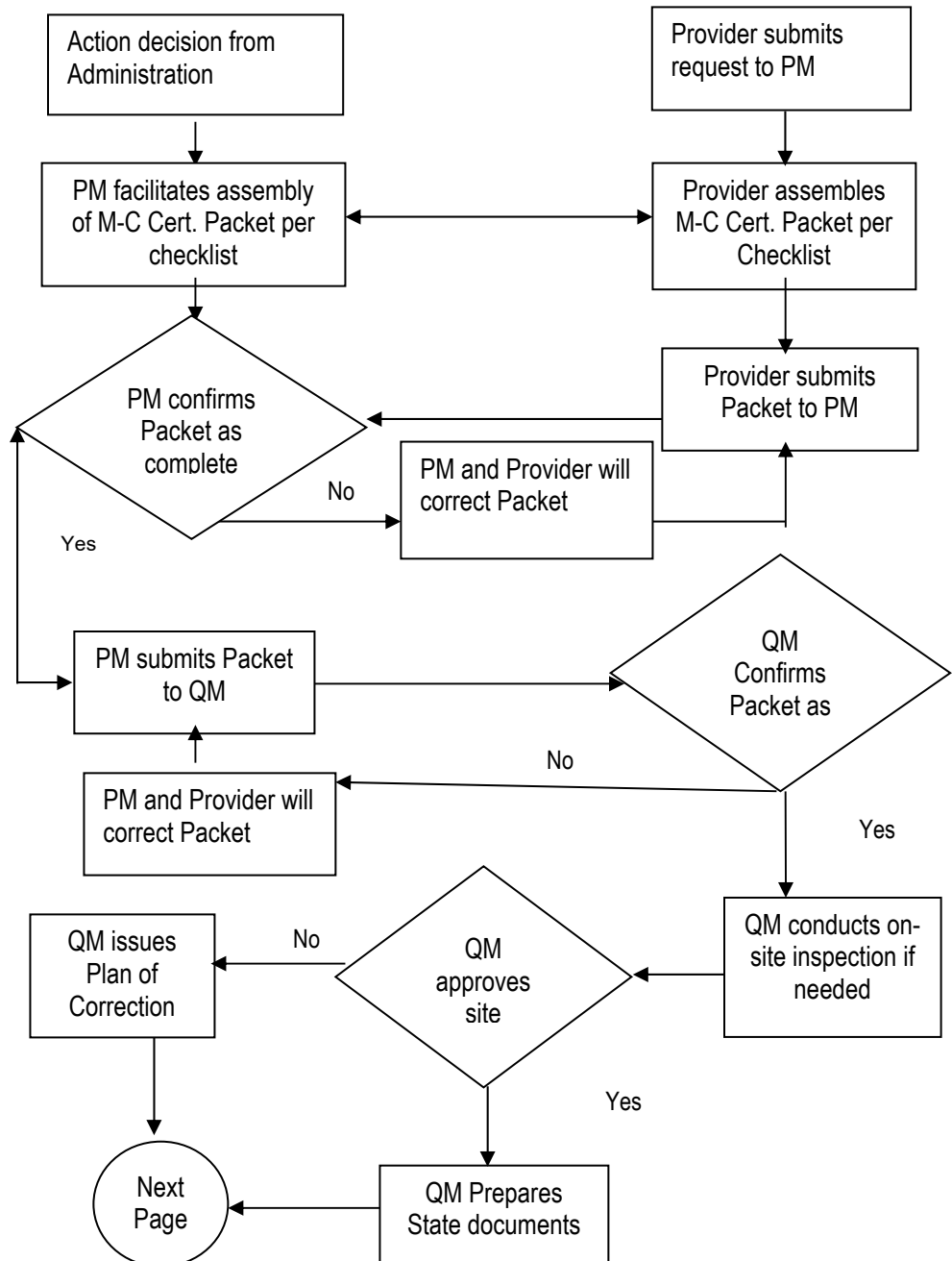
Basic Preparation Procedure (continued)

Step	Role	Action
8 (cont.)	IT	<ul style="list-style-type: none"> • Confirms the reporting unit number with Fiscal; • Sets 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 balance (procedure codes). ○ Print queue when not already existing. • Sends copy of provider balances to Fiscal; <ul style="list-style-type: none"> ○ 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). • Activates the office/clinic in BHMIS; • Communicates and/or 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 needs; ○ Purchase of a virtual private network for sharing Protected Health Information (PHI), and ○ Obtaining a File Transfer Protocol (FTP) site. • Emails notification of the new/changed office/clinic to DBH: <ul style="list-style-type: none"> ○ Executive Team; ○ Fiscal; ○ Billing Office; ○ QM PMII; ○ Prevention and Early Intervention; ○ Contracts; ○ Research and Evaluation; ○ Public Information Officer, and ○ Applicable Program Manager
9	QM	Sends welcome letter to Provider granting certification after all requirements have been met.

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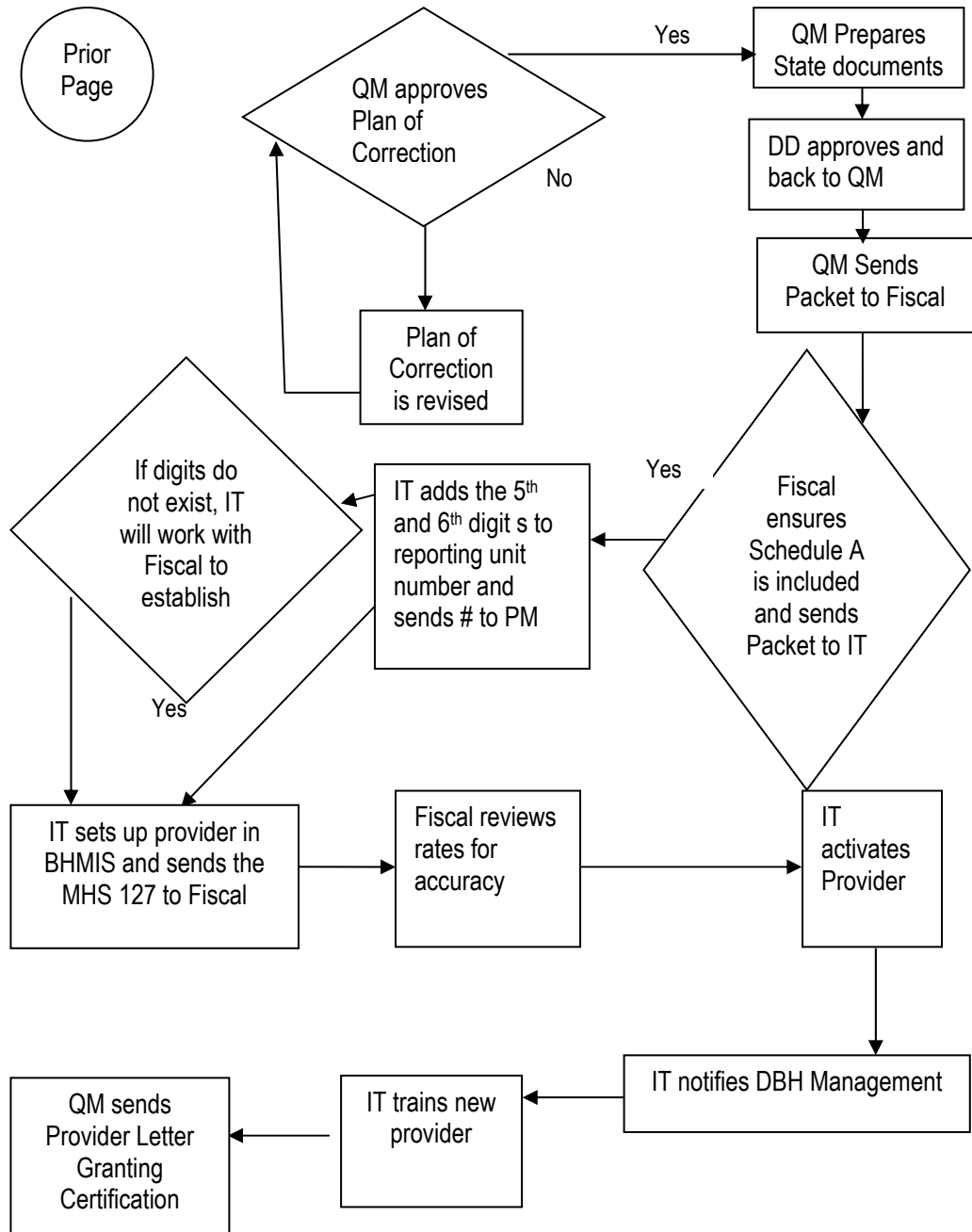
**DBH Business
Change
Preparation
Phase Flow
Chart**



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Mental Health Medi-Cal Site Certification Procedure, Continued

DBH Business Change Preparation Phase Flow Chart, continued



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Mental Health Medi-Cal Site Certification Procedure, Continued

**Related Policy
or Procedure**

DBH Standard Practice Manual and Departmental Forms:

- Medi-Cal Certification Packet Approval (BOP022)
 - Request for Cost Center Number (BOP023)
 - Mode of Service (BOP024)
 - HIPAA National Provider Identifier (NPI) Policy (COM0938)
 - HIPAA National Provider Identifier (NPI) Procedure (COM0938-1)
 - Reporting Unit Setup (QM073)
 - Medi-Cal Certification Checklist (QM074)
 - Mental Health Medi-Cal Site Certification Policy (QM6002)
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Reference(s)

- Department of Mental Health Information Notice 10-04:
[Recertification/Certification Procedures for County-Owned or Operated Short-Doyle Medi-Cal Providers](#)
 - DHCS Forms: State Medi-Cal Certification packet
 - California Code of Regulations, Title 9, § 1810.435
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