



MEDI-CAL CERTIFICATION CHECKLIST

Request Date	Agency Name	Address	Contact Person	Phone#

STEP ONE Type of Provider Requests/ Date: _____ (Send Provider the 5 "W's" required in Letter of Intent)	Date Letter of Intent Received From Contract Provider _____	STEP TWO DBH PM Reviews Letter of Intent Status/Pending Info	Date Letter of Intent approved _____										
<input type="checkbox"/> 1 New contract M/C cert request-Full packet <input type="checkbox"/> 2 Adding a brand-new location - Full packet <input type="checkbox"/> 3 Relocation (entire program)- Full packet <input type="checkbox"/> 4 Purchase order –Full packet <input type="checkbox"/> 5 Reciprocal link with another county – Full packet <input type="checkbox"/> 6 Standard site renewal -recertification <input type="checkbox"/> 7 Adding a suite - recertification <input type="checkbox"/> 8 Adding of service –Change order request or certification (Site review may be required depending on service) <input type="checkbox"/> Other (Closure, Integration, Merger, etc.) Full = Full M/C packet required	_____	<u>Letter of Intent includes:</u> <table border="1" data-bbox="878 604 1349 1010"> <tr> <td>What</td> <td>services will be provided</td> </tr> <tr> <td>Who</td> <td>will they be provided to</td> </tr> <tr> <td>Why</td> <td>are they being provided (new contract, etc.)</td> </tr> <tr> <td>Where</td> <td>location address, etc.</td> </tr> <tr> <td>When</td> <td>will services begin (this date may not be earlier than date of fire clearance or date of Letter of Intent; whichever is more recent.)</td> </tr> </table>	What	services will be provided	Who	will they be provided to	Why	are they being provided (new contract, etc.)	Where	location address, etc.	When	will services begin (this date may not be earlier than date of fire clearance or date of Letter of Intent; whichever is more recent.)	_____
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STEP THREE DBH PM Review/Checklist Forms required for specific requests as numbered above	<u>Date Packet Received from Provider</u> _____	Status/Pending Items	Date PM II completed packet to _____										
<input type="checkbox"/> Change Order Request – all <input type="checkbox"/> Letter of Intent – All <input type="checkbox"/> Fire Clearance - All <input type="checkbox"/> Copy of NPI - All <input type="checkbox"/> M/C Cert Packet Approval Form (1, 2, 3, 4, 5) <input type="checkbox"/> Certification from other County (5) <input type="checkbox"/> Provider Cert Application (1,2, 3, 4, 5) <input type="checkbox"/> M/C Provider Agreement (1,2,3, 4, 5) <input type="checkbox"/> M/C Provider Data Form (1,2, 3,4, 5) <input type="checkbox"/> M/C Provider Disclosure Statement (1,2,3,4, 5) <input type="checkbox"/> Mode of Service – All <input type="checkbox"/> W-9 (1,2,3, 4, 5) <input type="checkbox"/> Reporting Unit Set-up Form (1,2,3,4,5) <input type="checkbox"/> Request for Cost Center # Form (1,2,3,4,5) <input type="checkbox"/> Copy of Head of Service License (1,2,3,4,5,6,7) <input type="checkbox"/> Copy of Signed Schedule A's -All <input type="checkbox"/> Copy of State Provider Sheet (6,7,8) <input type="checkbox"/> MHS 127 Report - All	_____	<input type="checkbox"/> MHS 127 from IT <input type="checkbox"/> State Provider Screen from IT <input type="checkbox"/> Current/signed Schedule A-Contracts if not in file Note: Once PM II reviews all documents and they are complete, he/she will sign the M/C Cert Packet Approval Form, attach all documents and forward to QM	_____										

STEP FOUR QM	
Administrative review:	
<ul style="list-style-type: none"> • Verify or apply for Provider File Update (PFU) form • Apply for Legal Entity Number from DHCS as needed (form MH 3840) Fire clearance/NPI 	
STEP FOUR QM (continued)	
<ul style="list-style-type: none"> • Mode of Service • M/C Provider Cert Application • RU Request 	Date QM approves and signs packet _____ (Notified by QM or Secretary follow-up)

STEP FIVE Quality Management Site Inspection	Date of QM Site Inspection	Date Site Inspection Approved	Date QM notifies PM II of Discrepancies
<input type="checkbox"/> Site Inspection scheduled	_____	_____	_____

If Site Inspection is not approved

STEP FIVE (continued) QM – Plan of Correction Process (Provider has 30 days to respond)	Date Provider submits Plan of Correction _____	Plan of correction Accepted by QM
Date QM sends Provider Plan of Correction addressing concerns _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
STEP SIX QM – M/C Transmittal	Date Fiscal receives packet _____	Date Fiscal faxes required forms to DHCS for assignment of Provider and Legal Entity No. _____
QM Prepares: <ul style="list-style-type: none"> • M/C Transmittal Form • Provider File Update (if required) • Legal Entity Form (if required) • Attaches required M/C documents above • Forwards all documents to FISCAL 		
STEP SEVEN FISCAL	Date FISCAL faxes documents to DHCS	Date Fiscal receives Provider/Legal Entity #'s from DHCS
Date Fiscal Receives Packet _____	_____	_____
Fiscal reviews Schedule A when new RU is identified to establish rates.		
STEP SEVEN FISCAL (continued)	STEP EIGHT IT Complete within 1 day	STEP EIGHT IT (continued)
<ul style="list-style-type: none"> • Fiscal routes Signed M/C Transmittal to DD of Program Support Services for signature and fax to the state and QM • Fiscal establishes a Cost Center # and forwards to IT along with entire M/C packet 	<ul style="list-style-type: none"> • Establish 5th and 6th digits to complete Reporting Unit Number • Verify number with Fiscal Date rec'd _____ 	<ul style="list-style-type: none"> • Input New Provider BHMIS # • Inform Provider of Training • Notifying Admin., DD, Billing Office, Contracts, Fiscal and PM II Date _____

STEP NINE QM	Date Process Completed
QM sends welcome letter to Provider granting certification after all requirements have been met	_____
	Secretary prepares Hard Cover File Folder

Provider Number	Reporting Unit#	Cost Center Number