

California Department of
Health Care Services
Mental Health Services Division, presents

Medi-Cal Site Certification Training for MHP Staff

**Wednesday & Thursday
July 23-24, 2014 8:30 am - 4:30 pm
DHCS Auditorium - 1500 Capitol Avenue,
Sacramento, CA 95814**

The DHCS Mental Health Services Division invites County Mental Health Plans to attend a two-day training on-Cal Site Certification. Training topics will include:

- Description and types of facilities/entities requiring Medi-Cal Certification
- Inpatient and outpatient modes and service functions
- The procedures and forms used to activate, change, certify/recertify, and terminate Medi-Cal provider sites
- "Piggy-Backing"
- IMD Exclusion
- How to use the DHCS Certification Protocol

REGISTRATION REQUIRED

MHPs to register by June 27, 2014

To RSVP please submit the attached form to

Alice.Washington@dhcs.ca.gov, or fax to (916) 440-5497

Use attached RSVP form

MHPs are invited to submit certification questions via email to Alice Washington by July 07, 2014. Training agenda and handouts to be posted on the certification website, <http://www.dhcs.ca.gov/services/MH/Pages/Certifications.aspx>, and participants to bring their copies to the training.

Medi-Cal Site Certification Training MHP PARTICIPANTS

MHPs can register a

Maximum of two MHP staff per small county -

Maximum of six MHP staff per medium-large county

For MHP Staff

Please fill out the information below if you represent any of the following medium-large counties: Alameda, Butte, Contra Costa, Fresno, Kern, Los Angeles, Marin, Merced, Monterey, Orange, Placer/Sierra, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Ventura, Yolo.
Note: Maximum six participants per medium-large county.

MHP County: _____ Primary Contact for training (phone/email): _____

List of Medium-Large County Attendees:

Name: _____ Title: _____
E-mail Address: _____ Phone Number: _____

Name: _____ Title: _____
E-mail Address: _____ Phone Number: _____

Name: _____ Title: _____
E-mail Address: _____ Phone Number: _____

Name: _____ Title: _____
E-mail Address: _____ Phone Number: _____

Name: _____ Title: _____
E-mail Address: _____ Phone Number: _____

Name: _____ Title: _____
E-mail Address: _____ Phone Number: _____

Please fill out the information below if you represent a small county not listed in the table above.

Note: Maximum two participants per small county.

MHP County: _____ Primary Contact for training(phone/email): _____

List of Small County Attendees:

Name: _____ Title: _____
E-mail Address: _____ Phone Number: _____

Name: _____ Title: _____
E-mail Address: _____ Phone Number: _____

Please submit this completed RSVP form by June 27, 2014 to
Alice.Washington@dhcs.ca.gov, or fax to 916-440-5497