

DRUG MEDI-CAL (DMC) Regulations and Standards		DMC SATELLITE APPLICATION PACKAGE GUIDELINES	
Standards for Drug Treatment Programs 1981 <a href="http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf">http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf</a>	Drug Medi-Cal Certification Standards July 1, 2004 <a href="http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf">http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf</a>	Title 22 Section 51341.1 <a href="http://government.westlaw.com/linkedslic/e/search/default.asp?tempinfo=find&amp;RS=GVT1.0&amp;VR=2.0&amp;SP=CCR-1000">http://government.westlaw.com/linkedslic/e/search/default.asp?tempinfo=find&amp;RS=GVT1.0&amp;VR=2.0&amp;SP=CCR-1000</a>	Listed below are guidelines for completing a satellite application package for Drug Medi-Cal (DMC) certification. All portions of the application must be fully and accurately completed with current information. Supportive documents must be submitted with the application. Retain a copy for your records. The certification requirements for substance abuse clinics are contained in the Drug Medi-Cal Certification Standards for Substance Abuse Clinics; the Standards for Drug Treatment Programs; and Title 22, California Code of Regulations Sections 51341.1, 51490.1, and 51516.1 (as referenced in the columns to the left side of these instructions). Reading each of these documents before completing and submitting an application is extremely important to assist you in successfully preparing your application package for submission. Applications deemed incomplete upon initial screening will be returned to the applicant by the Department of Health Care Services, Drug Medi-Cal Certification Unit. An applicant may then prepare a corrected application and resubmit to the Department.
<b>1. Application Requirements</b>			
Application DHCS 6001 <a href="http://www.dhcs.ca.gov/formsandpubs/forms/Documents/Drug%20Medi-Cal%20Application.pdf">http://www.dhcs.ca.gov/formsandpubs/forms/Documents/Drug%20Medi-Cal%20Application.pdf</a>			<b>Signing the Application (DHCS 6001):</b> If the applicant is a sole proprietorship, the application shall be signed by the sole proprietor; if a partnership, by each partner; or if a firm, association, corporation, or governmental entity, by the chief executive officer or individual legally responsible for representing the entity. <b>1) Attach a copy of the resolution or Board minutes authorizing the individual to sign; 2) Attach a copy of the individual's social security card.</b>
Application DHCS 6001			<b>Submit: Fictitious Business Name Statement</b> when operating with a business name other than the name of the legal entity. (applies to for-profit applicants only)
DHCS 6207 <a href="http://www.dhcs.ca.gov/services/adp/Documents/03enrollment_DHCS6207.pdf">http://www.dhcs.ca.gov/services/adp/Documents/03enrollment_DHCS6207.pdf</a>			<b>Submit: Medi-Cal Disclosure Statement (DHCS 6207).</b> Submit a new Medi-Cal Disclosure Statement in its entirety if changes have occurred in ownership, controlling or partnership interest, board membership, managing employees, etc. Otherwise, complete and submit Page 1 of the Medi-Cal Disclosure Statement accompanied by a written declaration that no changes have occurred.
Application DHCS 6001 & DHCS 6207			<b>Submit: 10-digit National Provider Identifier (NPI)</b> must match the legal entity name and the address where services will be provided
Application DHCS 6001			<b>Submit: Documentation of Local Zoning Approval*</b>
			*If the site is not required to obtain zoning approval, provide a letter from the local agency responsible for issuing zoning approval stating that approval is not required.
			*If the site is located on public school grounds attach a letter from the school principal authorizing the provision of services.

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<b>2. Building Requirements</b>			
Application DHCS 6001	III.A.		<b>Submit: Valid fire clearance</b> from the State Fire Marshal or local fire authority that was issued no more than 12 months prior to the date of the application for certification. Clearance must list complete address where services will be provided including room number(s).  *If the site is located on public school grounds attach a letter from the school principal certifying that all locations where substance abuse services are provided meet fire safety rules and regulations.
Application DHCS 6001 & DHCS 6207			<b>Submit: A copy of the fully executed lease or rental agreement</b> or verification from space holder if area is to be donated
<b>3. Medical Director</b>			
Application DHCS 6001, Section X			<b>Submit: Current and legible copy of the medical director's license .</b>
	IV.A..		<b>Submit: Copy of the document listing medical director's hours and days of availability and responsibilities. (Attach a copy of the fully executed Contract/MOU.)</b>
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