

NF/AH Provider Enrollment

The Long-Term Care Division (LTCD) is responsible for the enrollment and re-enrollment of NF/AH and In-Home Operations (IHO) waiver providers. Waiver services are delivered through Medi-Cal HCBS Waiver Providers. LTCD enrolls individual nurse providers, personal care agencies, non-profit organizations, professional corporations, and Pediatric Day Health Care providers. To become a waiver service provider, please follow the steps listed below.

All applicants are required to complete and submit the following three application documents to program:

- o Medi-Cal Provider Application [DHCS6204](#)
- o Medi-Cal Disclosure Statement [DHCS6207](#)
- o Medi-Cal Provider Agreement [DHCS6208](#)

NOTE: All application documents must have an original signature; and all application documents require notarization with the exception of those submitted by an individual nurse provider.

Each provider type is required to submit additional supporting documents to be included with the application documents. To determine the supporting documents that are required by your provider type is shown below:

Submit all completed documents along with application fee (as applicable) to:

Department of Health Care Services
Long-Term Care Division
NF/AH & IHO Waivers
1501 Capitol Avenue, MS 4502
P.O. Box 997437
Sacramento, CA 95899-7437

**DO NOT SEND ANY DOCUMENTS TO PROVIDER
ENROLLMENT DIVISION**

The supporting documents shown below are to be completed only as they apply to your specific application documents

INDIVIDUAL NURSE PROVIDER(S) (INPs)

REGISTERED NURSE (RN)
LICENSED VOCATIONAL NURSE (LVNs)

- Current Nursing License
- Current CPR Card
- Current Malpractice Insurance
- NPI confirmation Letter to Include a Taxonomy code
- Current copy of Driver's License
- Resume (Include annual hours for the last five years)

PERSONAL CARE AGENCIES (PCA)
EMPLOYMENT AGENCIES

- Business License
- NPI Printout
- Taxonomy
- Workman's Comp Certificate
- Surety Bond
- Liability Insurance
- Doing Business As/Fictitious Business Name Statement
- Current Driver's License
- Federal Tax ID Document
- Secretary of State Confirmation (Articles of Incorporation) if applicable
- Application Fee (\$560 by Cashier's Check or Money Order Only)

CONGREGATE LIVING HEALTH FACILITIES (CLHF)

- Business License
- NPI Printout
- Taxonomy
- Workman's Comp Certificate
- Surety Bond
- Liability Insurance
- Doing Business As/Fictitious Business Name Statement
- Current Driver's License
- Federal Tax ID
- Secretary of State Confirmation if Applicable

- Current Department of Public Health License
- Application Fee (\$560 by Cashier's Check or Money Order Only)

NON-PROFIT ORGANIZATIONS

- Business License
- NPI Printout
- Taxonomy Code
- General Liability Insurance
- Workers' Comp Ins
- Articles of Incorporation
- Notarized Documents
- Federal Tax Payer ID Document
- Statement of Information by Domestic Non-Profit Corporation
- 990 IRS Document
- Application Fee (\$560 by Cashier's Check or Money Order Only)
- Copy of Current Driver's License
- Doing Business As/Fictitious Business Name Statement

PROFESSIONAL CORPORATION

- Business License
- NPI Printout
- Taxonomy Code
- General Liability Insurance
- Workers' Comp Ins
- Articles of Incorporation
- Notarized Documents
- Federal Tax Payer ID Document

- Application Fee (\$560 by Cashier's Check or Money Order Only)
- Current Driver's License
- Doing Business As/Fictitious Business Name Statement

PEDIATRIC DAY HEALTH CARE CENTERS (PDHC)

- Business License
- NPI Printout
- Taxonomy
- Workman's Comp Certificate
- Surety Bond
- Liability Insurance
- DBA/Fictitious
- California Driver's License
- Federal Tax ID
- Secretary of State Confirmation if Applicable
- DPH License
- Application Fee (\$560 by Cashier's Check or Money Order Only)
- Doing Business As/Fictitious Business Name Statement