



JENNIFER KENT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

Dear Sir/Madam

**MEDI-CAL PROVIDER APPLICATION FOR CONTINUED ENROLLMENT**

The Department of Health Care Services, Long-Term Care Division, In Home Operations Branch has received the written declaration of your intent to enroll for continued participation in the Medi-Cal Program. Providers who have requested to receive their application documents via the web, below is the link which includes all the application documents you will need to submit for continued enrollment along with the required supporting documents that must be submitted for their provider type. Providers who requested hard-copies of the application documents will find the required documents enclosed along with a list of the required supporting documents for their provider type. Please be advised that the Application package must be completed and returned within 70 days of the date of this letter along with any supporting documents and application fees if applicable.

<http://www.dhcs.ca.gov/services/ltc/Pages/In-HomeOperations.aspx>

In accordance with subdivision (c) and (e) of Section 51000.55 of Title 22, California Code of Regulations (CCR), you must submit a completed application package to the Department within 70 days of the date of this letter. Failure to do so shall result in immediate termination of your continued enrollment in the Medi-Cal program and deactivation of all provider numbers which you have used to obtain reimbursement from the Medi-Cal program.

Please mail the completed application package to the following address:

Department of Health Care Services  
Long-Term Care Division  
In-Home Operations Branch  
Attn: Revalidation Project  
1501 Capitol Avenue  
MS 4502  
Sacramento, CA 95899-7437

Thank you for your assistance and cooperation during this process. Your intent to continue your participation as a provider of services to Medi-Cal recipients is appreciated.