

DATE:

Behavioral Health Information Notice No: 25-XXX

TO: California Alliance of Child and Family Services  
California Association for Alcohol/Drug Educators  
California Association of Alcohol & Drug Program Executives, Inc.  
California Association of DUI Treatment Program  
California Association of Mental Health Peer Run Organizations  
California Association of Social Rehabilitation Agencies  
California Consortium of Addiction Programs and Professional  
California Council of Community Behavioral Health Agencies  
California Hospital Association  
California Opioid Maintenance Providers  
California State Association of Counties  
Coalition of Alcohol and Drug Associations  
County Behavioral Health Directors  
County Behavioral Health Directors Association of California  
County Drug & Alcohol Administrators

SUBJECT: Launch of Web-Based Mental Health Provider Forms

PURPOSE: To provide notification of the launch of two new Provider File and three Medi-Cal Certification web-based forms.

REFERENCE: California Code of Regulations, Title 9, Section 1810.435-436,  
California Code of Regulations, Title 9, Chapter 11, Section  
1810.380(a) DMH Letter No. [10-04](#) BHIN No: [22-063](#)

**BACKGROUND:**

Each County Mental Health Plan (MHP) is responsible for enrolling, certifying, re-certifying, and monitoring all its Directly Operated Providers as well as Contracted Legal Entity Providers. For a Provider to provide and be reimbursed for services to a Medi-Cal member, the Provider must be certified by the Department of Health Care Services (DHCS). The MHP must facilitate the completion of specific documents for certification and recertification of each of its providers.

The *Legal Entity File Update (LEFU) Form* is used by the MHP to update or correct information related to the legal entity providing behavioral health services. This includes updates such as changes in ownership, tax identification numbers, addresses, or other important legal and organizational details. The LEFU form is critical for maintaining up-to-date records of entities that are participating in Medi-Cal funded programs.



The *Provider File Update (PFU) Form* is used by the MHP to update or correct information related to behavioral health service providers in the Medi-Cal system. Like the *LEFU form*, the *PFU form* is designed to ensure that DHCS has accurate and up-to-date records for providers that offer services funded by Medi-Cal.

The *Medi-Cal Certification and Transmittal form (DHCS 1735)* is required by DHCS to activate Medi-Cal enrollment and confirm certification (or recertification) of provider sites. Once all certification standards are met, the MHP will submit the DHCS 1735 form to DHCS.

The *County-Owned and Operated Provider Certification Application form (DHCS 1736)* is required by DHCS to activate Medi-Cal enrollment and request provider certification to a County-owned and Operated provider in the DHCS Provider Information Management System (PIMS). Any MHP provider delivering specialty mental health services to a Medi-Cal member must be certified by DHCS to claim and be reimbursed for services.

The *MHP Recertification of County-owned or Operated Provider Self-Survey form (DHCS 1737)* is used for all County-owned or Operated providers in which the MHP is responsible to conduct an onsite review and recertify as per [DMH Letter 10-04](#). MHPs are responsible to recertify all county-owned and operated providers, excluding Day Treatment Full or Half Day, Day Rehab Full or Half Day, Crisis Stabilization, and/or services provided at a Juvenile Detention Center (DHCS will recertify those services).

Each of these forms help ensure that DHCS has accurate and current information on the entities that provide services under various behavioral health programs funded by Medi-Cal, including mental health and substance use disorder treatment.

Currently, MHPs manually enter and submit these forms to DHCS as a portable document format (PDF):

- Legal Entity File Update (LEFU) Form
- Provider File Update (PFU) Form

In addition, counties manually enter and submit three MHP certification forms as PDFs:

- Medi-Cal Certification and Transmittal (DHCS 1735)
- MHP Re-Cert of County-Owned (DHCS 1736)
- Operated Providers Self-Survey (DHCS 1737)

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**POLICY:**

Effective April 22, 2025, DHCS will replace the current manual forms with web-based forms to eliminate manual submission and streamline the certification and recertification processes. The user-friendly, automated forms will include drop-down lists and real-time validation to save time and minimize data entry errors.

The new forms, along with instructional videos and Frequently Asked Questions, are available on the DHCS website, linked below:

**Provider File forms:**

<https://www.dhcs.ca.gov/services/MH/Pages/medcccproviderfile.aspx>

For additional information, contact [providerfile@dhcs.ca.gov](mailto:providerfile@dhcs.ca.gov).

**Medi-Cal certification forms:**

[Mental Health Plan: Certifications \(MHP-owned & operated Clinics\)](#)

For additional information contact [DMHCertification@dhcs.ca.gov](mailto:DMHCertification@dhcs.ca.gov).

Sincerely,

Original signed by,

Ivan Bhardwaj, Chief  
Medi-Cal Behavioral Health Policy Division