



Mental Health Services Division Compliance Section Provider Certification Unit

MEDI-CAL CERTIFICATIONS & RE-CERTIFICATIONS (General Overview)



How to contact Us

DMHCertification@dhcs.ca.gov
Cert Fax: (916) 440-5497

Cert Website: <http://www.dhcs.ca.gov/services/MH/Pages/Certifications.aspx>
(Forms, Guidelines, Instructions)

Purpose of the Certification Unit:

- Monitoring and processing of all Medi-Cal provider certification and re-certification requests and documents between the Mental Health Plans (MHPs) and the DHCS.
- Perform onsite as required for County Owned and Operated certification and recertification.

Our Customers:

- Our customers are the MHP QI/QA staff and management.

Questions:

- Inquiries sent to this email address and fax should be specific to Medi-Cal Certification and Re-Certification. If you need to mail any documents, our address is:

**Department of Health Care Services
Mental Health Services Division – Compliance Section
1500 Capitol Avenue, Suite 72.442, MS 2703
Sacramento, CA 95814
ATTN: Certification Manager**



What's covered in this PowerPoint

- Certification & Re-Certification Overview
- County Mental Health Staffed:
 - ✓ New/Activate Certification Process
 - ✓ Re-Certification Process
 - ✓ General Changes Process
- Contracted:
 - ✓ How to complete the form DHCS 1735 Transmittal
- Piggy-Backing Overview and Process
- Most Common Errors
- MHSD Contact information



Medi-Cal Certification and Re-Certification Overview

- In order for a MHP Provider to provide and be reimbursed for services to a Medi-Cal beneficiary, the Provider must be certified with the Department of Health Care Services.
- The MHP is responsible for certifying, re-certifying, and monitoring all of its contracted organizational providers, as well as the re-certification of certain county-owned or operated providers as specified in DMH Letter 10-04.
- DHCS certifies all new county-owned and operated providers, as well as re-certifying all county-owned and operated provider moves/address changes. DHCS also re-certifies those County Mental Health staffed providers as specified in DMH Letter 10-04.
- All active Medi-Cal Providers must be re-certified every 3 years.

Note: Refer to DMH Letter 10-04 for more information



Medi-Cal Certification and Re-Certification Overview, *continued*

- DHCS will perform the on-site review for the activation of a County Mental Health staffed provider, and for the re-certification of a County Mental Health staffed provider site for CSUs, Day Treatment Intensive, Day Rehabilitation, and Juvenile Detention facility programs.
- DHCS also performs on-site reviews for the relocation of all County Mental Health staffed providers, and the addition of any Medication Support for County Mental Health staffed provider sites when medications will be stored, dispensed, or administered on-site.
- For County Mental Health staffed provider Medi-Cal activations, the MHP is required to submit the 2-page form DHCS 1736 “County-Owned and Operated Provider Certification Application”, along with the program description, fire clearance, and head of service license.
- For County Mental Health staffed provider re-certifications performed by the MHP, the MHP is required to submit the 2-page form DHCS 1737 “MHP Re-Certification of County-Owned and Operated Provider Self Survey Form”, along with the fire clearance and head of service license.
- For all contracted organizational providers, the MHP is required to submit form DHCS 1735 “Medi-Cal (M/C) Certification Transmittal” for activation, changes, re-certification, and termination of services.

Note: Refer to DMH Letter 10-04 for more information



Medi-Cal County Mental Health staffed Providers New Certification

- **When applying to activate a new county-owned or operated provider:**
 1. Obtain an NPI number through NPPES;
 2. Add the provider in the Online Provider System via Provider File Update (PFU) form (and LE form FIRST if this is a new legal entity) – send to ProviderFile@dhcs.ca.gov
 3. Obtain current fire clearance;
 4. Complete the 2-page form DHCS 1736, and submit to DHCS with a program description, fire clearance, and head of service license;
 5. DHCS schedules and performs an on-site review within 6 months of receipt of complete and correct packet from MHP;
 6. If any deficiencies found during the on-site, a Plan of Correction (POC) is submitted to MHP for response. MHP has 30 days to respond to POC and submit required documentation;
 7. When DHCS approved, and/or POC is approved, MHP is notified of approval via a letter to the MHP Director, with a copy to the QI Coordinator, DHCS generates and submits a DHCS 1735 Transmittal via email to the MHP and MedCCC simultaneously; ITWS is updated with Medi-Cal activated modes of service/ service function codes. At this point claims can be submitted for the provider.
 8. Re-certification will be due every 3 years from the activation date. If provider is a CSU, Day Treatment Intensive, Day Rehabilitation, or Juvenile Detention Facility - DHCS will re-certify. Otherwise, MHP is responsible to re-certify via form DHCS 1737.

Note: Refer to DMH Letter 10-04 for more information



Medi-Cal County Mental Health staffed Providers Re-Certification

- **When applying to re-certify a County Mental Health staffed provider (that is not a CSU, Day Treatment Intensive, Day Rehabilitation, or Juvenile Detention Facility):**
 1. Obtain current fire clearance;
 2. MHP performs on-site certification of the provider using the DHCS issued Certification Protocol, and then complete form DHCS 1737;
 3. Submit completed DHCS 1737 to DHCS with a fire clearance and head of service license to cert mailbox;
 4. When DHCS approved, MHP is notified of approval via a letter to the MHP Director, with a copy to the QI Coordinator, DHCS submits a DHCS 1735 via email to the MHP and MedCCC simultaneously; ITWS is updated;
 5. Re-certification will be due again 3 years from the re-certification date.

Note: Refer to DMH Letter 10-04 for more information



Medi-Cal County Mental Health staffed Providers Re-Certification of Day Treatment, Day Rehab, or Juvenile Detention Facility

- **How to re-certify a CSU, Day Treatment Intensive, Day Rehabilitation, or Juvenile Detention Facility:**
 1. DHCS will contact the MHP to obtain current fire clearance and head of service license;
 2. DHCS will contact the MHP to schedule an on-site re-certification of the provider;
 3. If any deficiencies are found, a Plan of Correction (POC) is submitted to MHP for response. MHP has 30 days to respond to POC and submit required documentation;
 4. When DHCS approved, MHP is notified of approval via a letter to the MHP Director, with a copy to the QI Coordinator, DHCS submits a DHCS 1735 via email to the MHP and MedCCC simultaneously; ITWS is updated;

Note: Refer to DMH Letter 10-04 for more information



Medi-Cal County Mental Health staffed Providers Address Changes

- **When changing an address (move) for a County Mental Health staffed provider:**
 1. MHP updates provider address in NPPEs;
 2. MHP sends an email notification request to the cert mailbox (no form required);
 3. MHP submits a current fire clearance and Head of Service license;
 4. DHCS schedules and performs an on-site review within 6 months of receipt of complete and correct packet from MHP;
 5. If any deficiencies, a Plan of Correction (POC) is submitted to MHP for response. MHP has 30 days to respond to POC and submit required documentation;
 6. When DHCS approved, and/or POC is approved, MHP is notified of approval via a letter to the MHP Director, with a copy to the QI Coordinator, DHCS submits a DHCS 1735 Transmittal via email to the MHP and MedCCC simultaneously; ITWS is updated with Medi-Cal activated modes of service/ service function codes, address.

Note: Refer to DMH Letter 10-04 for more information



Medi-Cal County Mental Health staffed Providers Adding Mode of Service

- **When adding a mode of service to a County Mental Health staffed provider:**
 1. MHP completes form DHCS 1737 and indicates “Activating Mode” above mode boxes, checking the new modes to be added. If adding Day Treatment or CSU email the request to the cert mailbox;
 2. DHCS schedules and performs an on-site review within 6 months of receipt of complete and correct packet from MHP, or email notification for Day Treatment and CSU modes;
 3. If any deficiencies, a Plan of Correction (POC) is submitted to MHP for response. MHP has 30 days to respond to POC and submit required documentation;
 4. When DHCS approved, and/or POC is approved, MHP is notified of approval via a letter to the MHP Director, with a copy to the QI Coordinator, DHCS submits a DHCS 1735 Transmittal via email to the MHP and MedCCC simultaneously; ITWS is updated with Medi-Cal activated modes of service/ service function codes, address.

Note: Refer to DMH Letter 10-04 for more information



Medi-Cal County Mental Health staffed Providers General Changes and Updates

- **To notify DHCS of County Mental Health staffed provider name change, or mode of service/service function termination:**
 1. MHP sends an email notification request to the cert mailbox (no form required);
 2. For all changes and updates, when DHCS approved, MHP is notified of approval via a letter to the MHP Director, with a copy to the QI Coordinator, DHCS submits a DHCS 1735 Transmittal via email to the MHP and MedCCC simultaneously; ITWS is updated.

Note: Refer to DMH Letter 10-04 for more information



Medi-Cal Contracted Providers

Completing the DHCS 1735

'Transmittal'

- For contracted providers, complete the DHCS 1735 Transmittal and submit to DHCS for all contracted provider transactions (*activate/certify, changes, re-certify, and terminate*):
 1. For detailed instructions refer to '(DHCS 1735 Instructions + DHCS 1735 sample form)' located on the Certification website at <http://www.dhcs.ca.gov/services/MH/Pages/Certifications.aspx> under 'Certification Forms';
 2. MHP sends form DHCS 1735 Transmittal to the cert mailbox;
 3. If there are omissions or errors in the DHCS 1735 it will be returned to the county for corrections. It is the MHP's responsibility to make any needed corrections to the DHCS 1735 and resubmit to the cert mailbox;
 4. Upon approval, DHCS submits the DHCS 1735 Transmittal via email to the MHP and MedCCC simultaneously; ITWS is updated.

Note: Refer to DMH Letter 10-04 for more information



Medi-Cal Certifying & Re-Certifying when Piggy-Backing

- The host county is the county in which the provider resides.
- The piggy-backing county is the county where the client resides, but receives services outside the county.
- The piggy-backing county must obtain their own provider number for the provider by first initiating the provider in the Online Provide file via the Provider File Update form. After the provider is entered in ITWS, submit a form DHCS 1735 to the DMH Cert inbox.
- The provider name, address, and NPI# must match the host county's.

Note: Refer to DMH Letter 10-04 for more information



Medi-Cal Certifying & Re-Certifying when Piggy-Backing, *continued*

- A piggy-backing county cannot activate services that the host county provider is not certified to provide unless the piggy-backing county performs their own on-site to Medi-Cal activate those service functions/modes of service.

Note: Refer to DMH Letter 10-04 for more information



Medi-Cal Certifying & Re-Certifying when Piggy-Backing, *continued*

- **On the DHCS 1735 'Transmittal':**

- MHPs that utilize out-of-county providers are to use the host county's 'Fire Clearance,' 'Recert,' and 'On-site' dates. (Obtain the re-certification information submitted to DHCS from the host county)
- Indicate this is an out-of-county certification by selecting 'Yes', the *host county conducted the onsite visit (unless you have conducted an on-site visit yourself, then select 'No')*.
- 'Date site was operational' is the date the piggy-backing county's client first received services, not the date the host county's client's first received services.
- 'Date the provider requested certification' is the date the piggy-backing MHP came into an agreement with the provider, not the date the host MHP came into an agreement.
- For the remaining fields, follow the instructions listed on 'Using the DHCS 1735'.

Note: Refer to DMH Letter 10-04 for more information



DHCS 1735 - Transmittal

Most Common Errors

- Late Submission for activations
- Dates or other information is omitted.
- The Provider name and/or address on the form does not match ITWS and/or NPI/NPPES.
- The fire clearance must be current as of the cert or recert date.
- MHP trying to re-certify County Mental Health staffed providers using incorrect form. Transmittal is for contracted providers only.
- MHP trying to re-certify a mode of service that is not active in ITWS, or one that is closed/terminated in ITWS, or not re-certifying all active modes of service.
- Someone other than the MHP Director's designee submits information to DHCS.



DEPARTMENT OF HEALTH CARE SERVICES

Mental Health Services Division

Provider Certification Unit

Contact Information

Certifications & Re-Certifications

email: DMHCertification@dhcs.ca.gov

fax: (916) 440-5497

Website: <http://www.dhcs.ca.gov/services/MH/Pages/Certifications.aspx>

Provider File Updates

email: ProviderFile@dhcs.ca.gov

MHSD Info Notices & Letters

<http://www.dhcs.ca.gov/formsandpubs/Pages/MHSUDS-Information-Notices.aspx>

DHCS Mental Health Services Website

<http://www.dhcs.ca.gov/services/Pages/MentalHealthPrograms-Svcs.aspx>