

**MHP Recertification of
County-owned or Operated Provider
Self-Survey Form (DHCS 1737) Instructions**

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 per DMH Letter 10-04. MHPs are responsible to recertify all county-owned and operated providers on a triennial basis, 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). All required information on the form must be accurate, complete, and legible.

Both pages of the form must be completed, signed, dated, and submitted, along with a valid current fire clearance, and a Head of Service license (or a resume or certification by the MHP that the Head of Service meets Title 9 Requirements to be a Mental Health Rehabilitation Specialist) to the certification mailbox, DMHCertification@dhcs.ca.gov, or the documents may be faxed to the Certification Unit fax (916) 440-5497.

Once the Self-Survey Form, valid fire clearance, and Head of Service license is received, Program Oversight and Compliance Branch certification analyst will review the documents for content, accuracy, and confirm the information matches the provider's information on the National Plan and Provider Enumerator System (NPPES) and ITWS. If the documents are accurate, the MHP Director will be sent a DHCS approval letter, along with a copy of the approved self-survey form. The form is PDF'd and submitted to MedCCC and the MHP contact person simultaneously, and the information is updated on ITWS.

Per the Contract between DHCS and the MHP additional certification reviews of organizational providers may be conducted by the Contractor or Department, as applicable, at its discretion,

if: 1) The provider makes major staffing changes; 2) The provider makes organizational and/or corporate structure changes (example: conversion to non-profit status); 3) The provider adds day treatment or medication support services when medications are administered or dispensed from the provider site; 4) There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance); 5) There is a change of ownership or location; and/or 6) There are complaints regarding the provider. These changes require that notification be sent to the certification mailbox, DMHCertification@dhcs.ca.gov.

Required Fields:

1. County submitting form: Name of MHP requesting recertification.
2. County code: 2-digit county code, i.e., 01 (Alameda).
3. NPI #: 9-digit National Provider Identifier number obtained on NPPES website.
4. Provider number: 4-digit provider number obtained from MedCCC via a Provider File Update (PFU) form.
5. Provider name: Name of provider. Must match ITWS name and Doing Business As (DBA) or Other name on NPI website.

6. Name change: Check the name change box if the MHP is changing the name. Enter the new provider name in the Name field on the form.
7. Provider address, city, and zip: Address of provider where services are being provided, include Suite(s) if applicable. Provider's address must match the fire clearance address, NPI Provider Business Practice Location Address, and ITWS current address.
8. Activating a mode: Check this box if MHP is activating Case Management Brokerage (15/01), Mental Health Services (15/30), Therapeutic Behavioral Services (15/58), Crisis Intervention (15/70), and/or Medication Support (15/60) – for consult purposes only. A DHCS onsite is required to add a medication storage room. MHP must send notification to the certification mailbox, DMHCertification@dhcs.ca.gov . Submit "Activation" on a new self-survey form, follow bullets for Required Fields. Strike thru "Recertification Date" on 2nd page and enter "Activate Date." Activate date cannot be more than six (6) months prior to submission of DHCS 1737 form.
9. Check all modes of services the provider is currently Medi-Cal certified for (view the ITWS online provider system). If the MHP is terminating any of the M/C certified services, MHP must submit notification of that termination to the certification mailbox, and would not check/recertify the service, unless it was M/C certified on the onsite/recert date.
10. Evaluation Criteria: MHP will conduct an onsite visit and verify the provider meets all requirements 1-6 by checking yes, no, or N/A. The provider must meet all the requirements prior to recertifying and submitting the DHCS 1737 to DHCS.
11. A) Date of Fire Clearance: Date of *final* clearance, with any deficiency corrected. Address listed on fire clearance must match address listed on the DHCS 1737. Fire clearance must be obtained within one (1) year of the onsite recertification visit.
12. B) Recertification Date: Date of onsite visit is used as Recertification Date.
13. Print Name & Title of Person Completing Form: This may not be the person that conducted the onsite recertification.
14. Signature of Person Completing Form: Signature of person that completed form.
15. Date: Date of signature.
16. Print Name of MH Director/Designee: Name of MHP Director or Designee. DHCS must have a letter or email on file from MHP Director designating the person signing/attesting to the recertification information provided.
17. Date: Date of signature.

THE APPLICATION PACKET IS CONSIDERED A LEGAL DOCUMENT AND ALL REQUIRED INFORMATION MUST BE ACCURATE, COMPLETE AND LEGIBLE.

If you have any questions contact the certification mailbox,
DMHCertification@dhcs.ca.gov