

## DHCS 1735 Certification Transmittal Requirements Instructions

1. County submitting form: Name of county submitting form
2. NPI #: National Provider Identifier Number
3. Type of transaction: *You can activate or recertify and change name or zip on one transmittal. You cannot activate and recertify on 1 transmittal. If you change the address of a provider, you must also recertify it (this can be done on 1 transmittal).*

Activate: Check activate and new provider boxes for a new certification or check activate and mode boxes if activating one or more modes to an already active (M/C certified) provider. Include an activate date, which cannot be further back than six-months from form submission.

Terminate: Check terminate and all services boxes if terminating the entire provider; check terminate and mode boxes if terminating one or more mode and not terminating the entire provider. Include a terminate date. M/C Termination date is the date billing will end. This date should be the date the client received their last services. Any providers without an NPI must use a 7/1/2008 date, as that is when the NPI numbers were implemented.

Recert: Check recert box when recertifying a provider. Include a recertification date. This is the date the onsite visit was conducted for an already existing M/C certified provider. The site visit and recert date should be the same date. Include all services the provider is M/C certified for.

If Change: Check change box if you are changing a name, or if you need to change an effective date of activation, a recertification, or a termination, you would use this line to show when this was effective. Include an effective date of change.
4. Provider Number: 4-digit provided to you by MedCCC.
5. Provider Name: Name of provider must match NPI registry and host county's name (if applicable).
6. Provider Address: Location of services being provided. Must match NPI registry.
7. Provider City: Location of city where services are being provided. Must match NPI registry.
8. Provider Zip: Location of zip where services are being provided. Must match NPI registry.
9. Determination of M/C Activation: This will be the date billing can begin. This date is determined by answering the questions 9(1) – 9(3).
  - 9(1) Date the provider requested certification (date the MHP and provider came into an agreement/contract). For piggy-backing certification, use your county's agreement with the provider, not the host county's agreement with the provider.
  - 9(2) Date the site was operational (date the client received their first services). For piggy-backing certification, use the date your client received first services, not date the host county's client received their first services; and
  - 9(3) Date of the Fire Clearance (date the fire clearance was granted). For piggy-backing certification/recertification, use the host county's fire clearance date. Fire clearances must be obtained/approved prior to provider delivering services. Onsite must be performed within one year from date of approved fire clearance.

M/C Activation date is the latest of these three dates (9(1)-9(3)), but not further than 6 months from date of completed transmittal submission. (i.e., transmittal submitted 2/1/13, the activate date cannot be further back than 8/1/12.)
10. Date of onsite review: Date the onsite review was conducted. The onsite review must be completed within six months of the activation date. For piggy-backing certification, you must answer if this is an out-of-county cert/recert with a yes or no, and if yes, did the host county conduct the onsite visit.

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11. Indicate services for Residential: Check all modes that the provider will be delivering. Check appropriate box. To be M/C eligible, provider must be licensed by DHCS Program Certification Unit and have no more than 16 beds. Indicate # of beds on line 10 and submit Provider's current residential license.
12. Check only one Mode: Mode 18 is outpatient services. Mode 12 is outpatient services inside a hospital.
13. Indicate services for Modes 12 or 18: If a mode is not listed on ITWS that MHP wants to activate, a PFU form must be sent to Provider File mailbox [ProviderFile@dhcs.ca.gov](mailto:ProviderFile@dhcs.ca.gov). If a mode was closed, you may reactivate that mode, providing there is not an end date in the left-column of the ITWS print. If an end date does appear, you will need to reopen this mode with a PFU form to the Provider File mailbox [ProviderFile@dhcs.ca.gov](mailto:ProviderFile@dhcs.ca.gov). If there is no end date in the left-column, and an end date in the right-column (M/C) you may reactivate with a M/C certification and transmittal form.
14. Signatures, Email, Phone, and Date: Anyone may complete the form, but the person who conducted the site visit or their representative must sign the transmittals. All Director Designees who sign the transmittals must have an email stating this from the Director on file with DHCS.
15. DHCS Compliance Section Approval to Transmit to DHCS: Compliance staff will sign and date the transmittal. An email is sent to MedCCC and MHP simultaneously. It is the MHP's responsibility to print the approved transmittal, retain it, and monitor the providers via the ITWS provider file website.

### Chart of required fields for various types of transmittal transactions

Check appropriate boxes 1-14	1.	2.	3.	4.	5.	6.	7.	8.	9(1)	9(2)	9(3)	10.	11.	12.	13.	14.
Activate	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Residential	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ (onsite date)	✓	✓	✓ (if applicable)	✓
Outpatient	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
Terminate	✓	✓	✓	✓	✓	✓	✓	✓					✓ (if applicable)	✓	✓ (if applicable)	✓
Recertify	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓ (if applicable)	✓	✓ (if applicable)	✓
Chg Name	✓	✓	✓	✓	✓	✓	✓	✓								✓

MHPs who piggy-back on an out-of-county provider must obtain the provider's certification/recertification information from the host county. The host county may provide the county requesting to piggy-back a copy of the M/C Certification and Transmittal form for that provider's certification/recertification. If the host provides a certification/recertification letter, the letter should reflect the same recertification, onsite, and fire clearance dates as submitted to DHCS on the recertification transmittal, and should list all approved/certified M/C services.

All M/C Certification and Transmittals should be submitted to the [DMHCertification@dhcs.ca.gov](mailto:DMHCertification@dhcs.ca.gov) or you may FAX the forms to (916) 440-5497. If you have questions, you may email the [DMHCertification@dhcs.ca.gov](mailto:DMHCertification@dhcs.ca.gov).