

Home Health Agency (HHA) Application Requirements

- Legal Name
- Business Name
- Contact Name and Number
- NPI# and Taxonomy (link to apply for NPI: <https://nppes.cms.hhs.gov/#/>)
- NPPES Printout
- Federal Tax ID# and IRS Letter
- Business License
- Current Copy of Department of Public Health License
- State Issued ID (include copies for all individuals who have a percentage in ownership)
- Doing Business As/Fictitious Business Name Statement (only if operating a business under a name different than the existing corporate name)
- Workman's Comp Insurance
- General Liability Insurance
- Surety Bond
- Secretary of State Confirmation (if applicable, provide Articles of Incorporation for a Corporation or LLC)
- Application Fee: Cashier's Check or Money Order for \$586.00 payable to Department of Health Care Services

Please have these forms notarized and submit to the address listed below:

Medi-Cal Provider Application (DHCS 6204)

Medi-Cal Disclosure Statement (DHCS 6207):

http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/03enrollment_DHCS6207.pdf

Medi-Cal Provider Agreement (DHCS 6208):

http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/02enrollment_DHCS6208.pdf

Submit all completed documents along with the application fee to:

Department of Health Care Services
Integrated Systems of Care Division
Provider Enrollment Unit
1501 Capitol Avenue, MS 4502
P.O. Box 997437
Sacramento, CA 95899-7437

DO NOT SEND ANY DOCUMENTS TO THE PROVIDER ENROLLMENT DIVISION

If you have questions regarding the application requirements,
call 916-552-9105, option 5, then option 2.

Email inquiries can be sent to WaiveProEnroll@dhcs.ca.gov.