

**Medi-Cal Provider Site Certification/Re-Certification Preparation Checklist**  
**For Community Based Organizations**

**Step 1: National Provider Identifier (NPI) and Fire Clearance**

- ☐ Verify valid NPI<sup>1</sup> number (Note: Provider name and address in the Department of Health Care Services (DHCS) Provider Information Management System ([PIMS](#)) must match what is in the U.S. Centers for Medicare & Medicaid Services (CMS) National Plan and Provider Enumeration System ([NPES](#))
- ☐ Obtain valid fire clearance<sup>2 3</sup>
- ☐ Submit above items to [SiteCertification@acgov.org](mailto:SiteCertification@acgov.org). Subject line should include "Medi-Cal Site Certification/Re-Certification" along with agency name, site name and 4-digit Medi-Cal provider #

**Step 2: Policies and Procedures and Head of Service (HOS) License**

- ☐ Policies on confidentiality, Health Insurance Portability and Accountability Act (HIPAA), and protected health information
- ☐ Policies on emergency evacuation
- ☐ Policy on verification of licenses, monitoring for license expiration and limitations on licenses, and what is done if anyone is found with limitations
- ☐ Personnel policies specific to screening of all personnel, pre-hiring and ongoing checks
- ☐ Policy on general operating procedures, e.g., hours of operation and disaster preparedness
- ☐ Maintenance policy and/or maintenance agreement for ongoing and emergency services
- ☐ Policies for service delivery specific to the site (types of services, who provides the services, intake & assessment processes, referral & linkage, length of service, discharge, & discontinuation of service)
- ☐ Policy on Unusual Occurrences
- ☐ Policy on referring individuals to a psychiatrist when necessary, or to a physician when a psychiatrist is not available
- ☐ Policy on who can perform assessments and diagnosis for medication support, if applicable
- ☐ Fraud, waste and abuse / whistleblower policy
- ☐ HOS license (current)
- ☐ Submit above items to [SiteCertification@acgov.org](mailto:SiteCertification@acgov.org). Subject line should include "Medi-Cal Site Certification/Re-Certification" along with agency name, site name and 4-digit Medi-Cal provider #

**Step 3: Preparation for Site Visit**

- ☐ Most recent version of provider directory<sup>4 5</sup> (English and all threshold languages)
- ☐ Grievance and appeal forms<sup>6</sup> (English and all threshold languages) and self-addressed envelopes
- ☐ Most recent version of Guide to Medi-Cal Mental Health Services<sup>7</sup> (English and all threshold languages)

<sup>1</sup> See <https://www.acbhcs.org/providers/npi/npi.htm> for NPI information.

<sup>2</sup> For sites that have a room/office number listed on the fire clearance, include the room/office number in the primary practice site address section in NPES.

<sup>3</sup> See [Fire Clearance Requirements for Medi-Cal Site Certification of Mental Health Programs](#).

<sup>4</sup> Provider directory must be offered to beneficiaries when they first receive a specialty mental health service AND upon request.

<sup>5</sup> Please click [here](#) for instructions on how to print the ACBH provider directory.

<sup>6</sup> Grievance and appeal forms must be posted for beneficiaries in a visible and accessible area of the office or lobby without having to make a request.

<sup>7</sup> Guide to Medi-Cal Mental Health Services must be offered to beneficiaries when they first receive a specialty mental health service AND upon request.





☐ Most recent version of grievance and appeal poster<sup>8</sup>

#### **Step 4: Schedule Site Visit**

Once Steps 1-3 are completed and submitted to [SiteCertification@acgov.org](mailto:SiteCertification@acgov.org), send an email to [SiteCertification@acgov.org](mailto:SiteCertification@acgov.org) to schedule the site visit. Subject line should include “Medi-Cal Site Certification/Re-Certification” along with agency name, site name and 4-digit Medi-Cal provider #

#### **Additional Information for a Successful Medi-Cal Site Certification/Re-Certification**

- Informing Materials – provider directory, grievance and appeal forms, Guide to Medi-Cal Mental Health Services, and grievance and appeal poster – can be found at Alameda County Behavioral Health Care Services (ACBH) Quality Assurance’s (QA) Informing Materials page at <https://www.acbhcs.org/providers/QA/General/informing.htm>.
  - To request the 9-page cascading grievance and appeal poster (it should not be printed), email ACBH’s QA Department at [gainformingmaterials@acbhcs.org](mailto:gainformingmaterials@acbhcs.org) or call 510-567-8233.
  - For the provider directory and Guide to Medi-Cal Mental Health Services: Providers can simply have a [notice](#) onsite, written in English and the threshold languages, that indicates, “Copies available upon request.” The notice must be posted for beneficiaries in a visible and accessible area of the office or lobby. Thus, providers are not required to maintain current copies of these documents onsite. However, hard copies of these documents must be available onsite when site visits are conducted by ACBH.
- Contact the ACBH Site Certification Team three (3) months prior to expiration of current certification and send all needed documents to [SiteCertification@acgov.org](mailto:SiteCertification@acgov.org). (Note: ACBH Site Certification Team will send by mail a courtesy notice six (6) months prior to expiration.)
- Review the [ACBH Short-Doyle/Medi-Cal Provider Program Site Certification Protocol](#) for additional guidance on the site certification process.
- Review the [ACBH policy](#), Medi-Cal Site Certification for Providers of Mental Health Services, for the guidelines and procedures for Medi-Cal site certification which is required in order to claim to Medi-Cal.
- The Medi-Cal certification date will be the date that all requirements are met.
- Complete an ACBH [Program Change Request Form](#) to request changes such as new location, program closures, change in service days/hours, or change in the type of service modalities. These changes require prior ACBH approval.
- Complete an ACBH [Provider/Program Change Notification Form](#) to report routine changes in Executive Director, Chief Financial Officer, other contract signatory, billing contact, board member, programmatic contact, program names, organizational name, ownership, tax ID, and/or organizational headquarter. These changes do not require prior ACBH approval.

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<sup>8</sup> Grievance and appeal poster must be posted for beneficiaries in a visible and accessible area of the office or lobby without having to make a request.





Revision Date	Section Changed	Brief Summary of Change(s)	Staff Member Making the Change
4/18/2022	As Noted	Changed BHCS to ACBH and Non-School Sites to Community Based Organizations (throughout); Steps 1-4 added language to provide further clarity re: requirements (throughout); Added footnotes with additional relevant information; Added bulleted section, Additional Information for a Successful Medi-Cal Site Certification/Re-Certification; Revised formatting.	Torfeh Rejali, QA Administrator
8/18/2022	Step 3	Footnote added to first bullet referencing instructions on how to print the ACBH Provider Directory.	Torfeh Rejali, QA Administrator

