

DMC-Certification Process Checklist

✓	Task
Supporting Documentation to Begin ASAP	
	Residential license – Obtain residential licensure from DHCS or appropriate licensing agency (<i>must be actively licensed before applying for DMC certification</i>).
	Business license – Submit application to City or secure exemption ASAP (takes time and often the bottleneck). - For school sites, email City finance department or equivalent and request a copy of the municipal code that exempts you and/or written verification that a business license is not required.
	Medical Director – Hire, contract, or otherwise assigned a qualified physician to the position of Medical Director. - Complete F6010 for this individual (see below).
	School site documentation – Secure school authorization ASAP (if applicable) - Develop template letter for school principal and district superintendent (per DMC bulletin) and request letters. - Scan and save copy of letters upon receipt. Original letter should be mailed with application.
	NPI number – Apply for a site-specific NPI number for each location you wish to certify. - If it is a new program/site (i.e. not a relocation), create an account on the NPPES website and follow the steps to apply for a new NPI number (<i>note: corporations, partnerships, and incorporated individuals will need a Type-2 NPI</i>). - If the site has an existing NPI (i.e., in the case of a relocation), log on to NPPES and update the existing NPI number. - Save a copy of the email verification with the NPI number.
	Request for Live Scan – Complete Medi-Cal-specific request for live scan / fingerprinting for all officers of the corporation and individuals with >5% ownership or control.
DHCS Form 6010 DMC Substance Use Disorder Medical Director/Licensed Substance Use Disorder Treatment Professional/Substance Use Disorder Nonphysician Medical Practitioner Application/Agreement/Disclosure Statement	
	DHCS F6010 – Complete Form 6010 for the Medical Director, as well as all licensed individuals and/or medical practitioners. - Prior to requesting the information from each individual, it is helpful to fill out as much of F6010 as possible (i.e. prepare a list of all the clinics the Medical Director supervises) and to be specific about what documentation the individual(s) will need to provide (see DMC Table of Contents). - Though not required, you may want to list yourself as the contact person in case DHCS identifies any deficiencies for Form 6010. - Mail the F6010 with the <i>original signature</i> and all supporting documentation (<i>note: this is often submitted prior to sending complete DMC app, and it will only need to be sent once for each Medical Director and licensed staff</i>).
DHCS Form 6207 Medi-Cal Disclosure Statement	
	DHCS F6207 – Prepare the Medi-Cal Disclosure form and distribute to all individuals/ entities with managing control of the organization. - All applications will need to include Pages 1 -21, though many sections may not be applicable. Mark N/A for all sections and all boxes that are N/A. - At a minimum, this will include (a) listing ALL individuals with managing control (i.e. Board Members, CEO, officers, directors, managing employees, and anyone with 5% or higher control interest in the corporation) on Section IV (Page 9), and (b) completing Section IV, Part B and C (Pages 10-12) for EACH individual listed. <i>Note: for nonprofit organizations, the percent of ownership or control is 0% for all individuals.</i> - If your legal entity has ever participated in the Medi-Cal program (i.e. has other DMC

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	<p>certifications), you will also need to prepare a list of all locations and their NPI/Provider Number(s) (per Section I, Item 4).</p> <ul style="list-style-type: none"> - Though Section IV may be used across many different applications, do not print this piece until you are ready to send your application, as things often expire/change while the rest of the application is in process. Confirm that all driver's licenses are current before mailing.
	Executed Lease Agreement - Request a copy from appropriate program contact.
DHCS Form 6001 and Supporting Documentation DMC Substance Use Disorder Clinic Application	
	DHCS F6001 – Complete Form 6001 and begin collecting supporting documentation.
	<p>Staff list – Request NPI number, color copy of the driver's license, and certification/license/registration information for all staff at the site, including clinical supervisors (who should have already completed F6010).</p> <ul style="list-style-type: none"> - Verify all NPI numbers on NPPES website. If employee info does not match (i.e. NPPES shows maiden name), work with staff to update their info. - Verify all counselor/clinician certifications/licenses on applicable websites (CCAPP, CAADE, BBS, etc.)
	Application fee – Must be a cashier's check for \$560 (check DHCS website for current fee).
	<p>Insurance certificate – Request a copy for the specific site.</p> <ul style="list-style-type: none"> - Note: if app is for a school campus, only the agency-level certificate reflecting the workers comp policy needs to be sent. - Ensure certificate is for the exact address listed on the DMC app (including 9-digit zip) and that legal name is exact (including "&" instead of "and", for example).
DHCS Form 6009 Provider Agreement DMC Provider Agreement (DHCS 6009)	
	DHCS F6009 – Complete Form 6009 for each location.
Send Complete Application	
	<p>Secure original signatures in blue ink for the complete application (F6001, F6009, F6207)</p> <ul style="list-style-type: none"> - Make sure the name of the individual signing the application (i.e. the Executive Director) matches the exact information provided on the driver's license. - Get all forms notarized.
	Develop a simple cover letter on program or legal entity letterhead with the date, legal entity, DBA, clinic address, and USPS certified tracking number (optional but helpful for filing).
	Make a copy of the whole application for files.
	<p>Send via certified mail.</p> <ul style="list-style-type: none"> - Mark which application it is on the certified mail ticket. - Email BHS's MIS team (ADS_data.HHSA@sdcounty.ca.gov) to notify them that the application has been sent.
	<p>Request a new facility profile.</p> <ul style="list-style-type: none"> - Email BHS MIS (ADS_data.HHSA@sdcounty.ca.gov) to request a new SanWITS facility profile so that the program may begin entering client data and billing under provisional provider status. - Confirm service start date and contact information for clinic location. - BHS will assign a "temp" provider number (i.e. 379999) but no data/billing will go to the State until the Provider ID and CalOMS numbers have actually been assigned by DHCS.
Application Follow-up	
	<p>Respond to any deficiencies.</p> <ul style="list-style-type: none"> - Await further direction from PED, which may include a Notice of Incomplete Application. For any deficiencies, all items must be remediated within 60 calendar days. Examples of deficiencies might include an application that lists Joe Doe Smith when the driver's license states Joseph Doe Smith. Each correction should be made in blue pen, initialed, and dated.

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	- Make a copy of all changes/additions for your files, and send the entire original application (with all requested changes) back to DHCS.
	<p>DHCS Notice of Complete App</p> <ul style="list-style-type: none"> - When PED sends a letter stating the app is complete and has been referred for comprehensive review, save copy. - Keep track of the document #, analyst #, date, etc.
	<p>DHCS Site Visit</p> <ul style="list-style-type: none"> - DHCS will then schedule a site visit (usually announced). Coordinate time and date with clinic director and begin compiling requested documents (<i>See DMC Site Visit Checklist</i>). - Any requested documents that are not provided at the site visit or in advance of the site visit, will need to be emailed within 5 business days of the visit.
	<p>DHCS Follow-up</p> <ul style="list-style-type: none"> - DHCS <i>may</i> follow-up on the site visit with a phone call(s) to verify small items (i.e. verify SSN, confirm if individual still associated with legal entity, etc.). Document the call. All items must be remediated via fax within 48 hours of your phone conversation (timer does not start until you actually return the call). - Fax requested item(s) to the attention of the DHCS analyst who has requested the revision, and save all items.
	<p>DHCS Certification Notice</p> <ul style="list-style-type: none"> - DHCS will then send a letter notifying you that the site is now DMC-certified. Unless the site was previously certified, it will not include the Provider #s. - Save the notice. Send copies to COR, and BHS MIS as well as your program staff who need the information.
	<p>DHCS Notice of Provider Numbers</p> <ul style="list-style-type: none"> - Within approximately 10 to 14 days of the certification notice, DHCS will assign a DMC Provider Number and CalOMS ID. - As with the certification notice, save this notice. Send copies to COR, BHS MIS, and program staff who need the information. - Coordinate with BHS MIS to complete the Facility Profile in SanWITS, including the SanWITS Agency Form, SanWITS Facility Set Up Form, and Current Program Contact Info. Ensure a copy is retained.
<p>Once Certified – DHCS Form 6209 Supplemental Changes Form Medi-Cal Supplemental Changes (DHCS 6209)</p>	
	<p>DHCS F6209 – If any changes occur after you have been certified, complete Form 6209 for all relevant changes to each clinic location. Complete only the sections regarding the change(s).</p>