FAQ Tip Sheet for SMH Legal Entities & Programs

1. What is Medi-Cal (MC) provider certification?
    a. Each County Mental Health Plan (MHP) is responsible for enrolling, certifying, recertifying, and monitoring all its Directly Operated Providers as well as Contract Legal Entity Provider. For a Provider to provide and be reimbursed for specialty mental health services delivered to a Medi-Cal member, the Provider must be certified by the Department of Health Care Services. The MHP must facilitate the completion of specific documents for certification and recertification of each of its providers.
    b. “Providers” are:
        i. County-owned and operated clinics that provide specialty mental health services to Medi-Cal beneficiaries
        ii. Individuals and organizations who are contracted with a CA county to provide specialty mental health services to Medi-Cal beneficiaries

2. What are recommended steps for legal entities and programs to prepare to become a SMH Medi-Cal Certified provider.
    a. Have an active contract with the county's Behavioral Health / Mental Health Plan.
    b. Obtain an Organizational **NPI (Type 2)** that exactly matches your legal entity name and physical site address across NPPES, the county, and DHCS systems.
    c. Obtain a valid fire safety clearance specifically approving the site for its intended healthcare/mental health occupancy (less than 12 months old).
    d. Ensure full ADA compliance (wheelchair ramps, accessible restrooms, parking, and clear signage).
    e. Clear evacuation maps, visible emergency exit signage, updated fire extinguishers, locked confidential record storage, and secure medication rooms (if providing Medication Support Services).
    f. Designate a qualified, licensed mental health professional (e.g., Licensed Psychologist, LCSW, LMFT, LPCC, or Psychiatrist) to serve as Head of Service.
    g. Maintain current copies of licenses, registrations, primary source verifications, resumes, and NPI (Type 1) numbers for all clinical staff.
    h. Approved MOU for school services within a school district if applicable.
    i. Develop written policies & procedures for program operations for your legal entity and site, including:
        i. Confidentiality and Protected Health Information
        ii. Emergency Evacuation
        iii. Personnel policies and procedures specific to screening licensed personnel/providers and checking the excluded provider lists

iv. General operating procedures
v. Maintenance policy to ensure the safety and wellbeing of beneficiaries and staff
vi. Service delivery policies
vii. Incident Reporting (CIR & N-CIR) procedures relating to health and safety issues
viii. Written procedures for referring individuals to a psychiatrist when necessary, or to a physician who is not a psychiatrist, if a psychiatrist is not available
ix. Policy and procedure for providing clients with a notice that the Board of Behavioral Sciences responds to complaints about licenses and how to contact, prior to the provision of psychotherapy services.

j. Prepare required beneficiary informing materials and post in the lobby/waiting areas for:
    i. Grievance & Appeal posters, along with physical copies of Grievance forms and pre-addressed envelopes in English and all county threshold languages.
    ii. Member Handbook
    iii. Provider Directory
k. Additional requirements may be needed depending on the type of services or level of care.
    i. See supplemental tip sheet for CSU MC Certification requirements

3. Showstoppers impacting start date
    a. No fire clearance (less than 12 months old)
    b. No location
    c. No NPI
    d. Errors with NPI

4. Roles/Responsibilities for MH Legal Entity/Program for Provider Certification
    a. COR – coordinates with legal entity/program for required documents prior to notifying BHS internally of the incoming program.
    b. Provider – responsible for obtaining all required documents for certification, taking steps needed to obtain and correct documents if needed; develop required P&P's if not already available.
    c. MH QA – works with COR and facilitates on-site review; notifies QA Analyst when program is ready for setup and certification with DHCS.
    d. QA Administrative Analyst – Liaison with DHCS for provider setup and certification documents

5. Timeline for MC Certification
    a. Best practice is to have all required documents ready at least 45 days before the anticipated date the program would be considered operational to begin providing direct services.

   b. DHCS can take 30-60 days to certify a program after all required documents are submitted and are confirmed as accepted and accurate.
   c. There are some circumstances when services can be provided prior to DHCS approval.

6. What is expected for the onsite visit with MH QA?
   a. A MH QA Specialist will be assigned to complete an onsite visit; they will reach out directly to schedule.
   b. The following tool is used for onsite certification visits:
      i. Cert - Recert Site Review Tool - FY 25-26 - Rev. 8-26-25.pdf
      c. The Specialist will provide results to indicate approval of the visit or identify needed corrective action prior to approval.

7. Who to contact for consultation and additional questions?
   a. QI Matters: QIMatters.HHSA@sdcounty.ca.gov