

MEDI-CAL CERTIFICATION/RE-CERTIFICATION GUIDE FOR PERTINENT INFORMATION

CURRENT DATE:		
Provider Number:		
Provider Name:		
Primary Practice Location Address:		
Provider Phone Number:		
Provider Fax Number:		
Wheelchair Accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Head of Service (HOS):					
HOS Contact Number:					
HOS Email Address:					
Fire Clearance Granted On:					
Population Served:	<input type="checkbox"/> Walk Ins	<input type="checkbox"/> Group Home	<input type="checkbox"/> Residential	<input type="checkbox"/> SNF	
Source of Referrals:	<input type="checkbox"/> Walk-Ins Only	<input type="checkbox"/> Referrals Only	<input type="checkbox"/> Both		

Days & Hours of Operations: _____

After Hour Procedures & Phone Number: _____

Site Specific Threshold Language Materials in Front Lobby	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Russian <input type="checkbox"/> Farsi	<input type="checkbox"/> Chinese (Simplified) <input type="checkbox"/> Chinese (Traditional) <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Khmer <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese

Please provide the following information (<i>current estimate</i>):	
Number of Open Cases:	
Age Range of Clients:	
Percentage of Medi-Cal Clients:	%
Length of Treatment of Medi-Cal SMHS:	
Monthly Census of Clients Served Face-to-Face/Telehealth:	
Languages Spoken by Bilingual Staff:	

PROVIDER'S STAFF DISCIPLINES	TOTAL # FOR EACH DISCIPLINE	% of FIELD TIME FOR EACH DISCIPLINE
Psychiatrist		%
Licensed Psychologist		%
Waivered Psychologist		%
Physician		%
RN		%
NP		%
LPT		%
LVN		%
LCSW		%
ACSW		%
LMFT		%
AMFT		%
LPCC		%
APCC		%
Certified Professionals*		%
MH Rehabilitation Specialist		%
Case Managers		%
Peer Support Specialist		%
Others		%
School-Linked Services: <u>Please include a copy of the MOU(s)</u> and ensure the school's name(s), address(es), phone number(s) and hours of operation are listed		

* Occupational Therapist; Recreation Therapist; Music Therapist; Art Therapist; Dance Therapist; Movement Therapist.