



**COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES**

**MY HEALTH LA (MHLA)**

**CONTRACTUAL CHANGE REQUEST**

Request Date:		Agreement No.	
Agency Name:			
Contact Name:		Phone#:	

**ACTION REQUESTED**

Adding a New and/or Transferring a Clinic or Mobile Site

**Required Verification Documents to Submit Prior to Adding a New Site:**

**Full-Time Site:**

- FQHC/FQHC Look-alike (Must be Site Specific)**
- Registration for HRSA - 340B Drug Pricing Program (Must be Site Specific)**
- Registration with HRSA of at least one 340B Contract Pharmacy (Must be Site Specific)**
- National Provider Identification (NPI) #: \_\_\_\_\_**
- State of California License (copy)**
- OSHPD ID #: \_\_\_\_\_**
- Medi-Cal Managed Care Facility Site Review (FSR) Results (Need score)**

**Satellite/Intermittent/Part-Time Site:**

- FQHC/FQHC Look-alike (Must be Site Specific)**
- State of California License (copy)**
- Registration for HRSA - 340B Drug Pricing Program (Must be Site Specific)**
- Registration with HRSA of at least one 340B Contract Pharmacy (Must be Site Specific)**
- National Provider Identification (NPI) #: \_\_\_\_\_**

**NOTE:** If Medi-Cal Managed Care Health Plans does not conduct the Facility Site Reviews (FSR) for the satellite sites. The Managed Care Services (MCS) - Audit Unit will conduct a pre-site audit for the satellite sites once all required contractual forms and verification have been submitted. The MCS-Audit Unit does not need to conduct a pre-site audit on a clinic that has already been approved by a Medi-Cal Managed Care Health Plan.

**Type of Clinic Sites:**

- **Full Time Clinic Site** is a licensed Clinic Site and operates no fewer than 35 hours per week.
- **Mobile Clinic** - is a mobile unit, as that term is defined at Health and Safety Code section 1765.105.
- **Satellite Site/Intermittent/Part-Time** is a permanent clinical location that is only open for services no more than 40 hours per week and is operated by a Clinic. A Satellite Site location can have either a California Community Clinic or Free Clinic license, or may simply be operated by a Clinic in association with a site holding a California Community Clinic or Free Clinic license.

1- Site Name:		Site Type: See above	
Site Address:		Service Type:	<input type="checkbox"/> Primary Services <input type="checkbox"/> Dental Services
City/State:		ZIP Code:	

*FORMS TO BE COMPLETED*

Form No. 01–Clinic Site Profile for each added/transferred site Form No. 02–Capacity Profile for each added Clinic site	Form No. 03 - Health Professional Profile for each Clinic site <b><u>(Must be submitted in Excel Format)</u></b> Submit all verification of required documents for each added site
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## Adding a New and/or Transferring an Administrative Enrollment Site ONLY – (No Included Services provided)

1. Must be a commercial or medical space, be open year-round, with a minimum of five (5) days per week; allow walk-ins; and be fully equipped with all necessary equipment (e.g., computers/laptops with Internet access, printers, copiers, scanners, etc.).
2. Must be staffed with Certified Enrollment Counselors (CECs) and/or Certified Application Counselors (CACs).
3. Shall have a business license or rental agreement. If more than one entity is occupying shared space/co-location, the Administrative Enrollment Site entity must submit a Memorandum of Understanding.

Site Name:			
Site Address:			
City/State:		ZIP Code:	

### FORMS TO BE COMPLETED

Form No. 01-B – Site Profile for each added/transferred site	Submit all verification of required documents for each added site
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## Delete a Site

### Requirements for Deletion or Relocation of Existing Approved Sites:

- 1) Notify the MHLA Contract Administration at least ninety (90) days prior to the temporary/permanent closure of a Clinic Site.
- 2) Provide at least sixty (60) days' written notice of the pending closure to all Participants and obtain the MHLA's approval of this correspondence prior to sending it to the Participants. MHLA will respond within five (5) business days with an approval or denial of the correspondence; otherwise Contractor may proceed.

Site Name:		Effective Date	
Site Address:			
City/State:		ZIP Code:	

### FORM TO BE COMPLETED

Form No. 04 - Request to Delete Clinic Site Submit Written Notice of Closure to Participant.
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## Add      Delete - Dental Services to an Existing Approved Site

Contractor must notify MHLA Contracts Administration of any changes in its Clinic Site.

Site Name:			
Site Address:			
City/State:		ZIP Code:	

### FORM TO BE COMPLETED

- Form No. 01 - Clinic Site Profile**
  - Form No. 02 - Capacity Profile**
  - Form No. 07 - Request to Add/Delete Dental Services to an Existing Approved Site**
- Submit current copy of Floor Plans

**NOTE:** All new dental services MUST pass a pre-site audit prior to providing MHLA dental services.

### Existing Approved Site:

**Add Exam Rooms**

**Delete Exam Rooms**

**Add X-RAY MACHINES**

**Add Dental Chairs**

**Delete Dental Chairs**

**Delete X-RAY MACHINES**

Contractor must notify MHLA Contracts Administration of any changes in its Clinic Site.

Site Name:

Site Address:

City/State:

ZIP Code:

#### *FORM TO BE COMPLETED*

Form No. 02 - Capacity Profile  
Form No. 05 - Request to Add/Delete Exam Rooms/Dental Chairs utilized for the MHLA participants at an Existing Approved Site.  
Submit current copy Floor Plans

**NOTE: All new exam rooms and/or dental chairs MUST pass a pre-site audit prior to providing MHLA Included Services.**

### Change Clinic Site Legal Name

Contractor must notify MHLA Contracts Administration of any changes in its Clinic Site.

From:

To:

#### *DOCUMENTS TO SUBMIT*

Board minutes authorizing the name change.  
Amendment to the Articles of Incorporation indicating the name change.  
Licenses and insurance documents indicating the new name.

### Change in Headquarter Address

Contractor must notify MHLA Contracts Administration of any changes in its Clinic Site.

From:

To:

#### *DOCUMENTS TO SUBMIT*

Formal Written Notification on agency's letterhead, including an effective date  
Exhibit D-1 – Contractor's Administration

### Change in CEO

Contractor must notify MHLA Contracts Administration of any changes in its Agency.

Previous

Title:

New

Title:

#### *DOCUMENTS TO SUBMIT*

Written statement on agency letterhead advising that the new CEO is authorized to sign Agreements with LA County Board Minutes documenting CEO/COO change  
Exhibit D-1– Contractor’s Administration  
Form No. 06 – Agency Profile

**Ancillary Services Changes:**                      **Laboratory**                      **Radiology**

Contractor must notify MHLA Contracts Administration of any changes in its Clinic Site.

*FORMS TO BE COMPLETED*

Form No. 01 – Clinic Site Profile

**Change in:**                      **Days**                      **Operational Hours**                      **Capacity**

**Requirements for Change in Clinic Site Profile** - Contractor must inform MHLA Contracts Administration of any changes in its Clinic Site and Capacity Profiles (Primary Care, Dental, and Sub-Contractor) no less than fourteen (14) calendar days prior to the change. In the case of unforeseen circumstances that have the effect of changing the previously reported information.

*FORMS TO BE COMPLETED*

Form No. 01 – Clinic Site Profile  
Form No. 02 – Capacity Profile

**Add or Delete - Medical/Dental Provider**

Requirements for Change of Health Professional Profile - Contractor must notify MHLA Contracts Administration of any changes to the Health Professional Profile.

*FORMS TO BE COMPLETED*

Form No. 3 - Health Professional Profile when adding a provider.

**Change in MHLA Contacts**

Contractor must notify MHLA Contracts Administration of any changes in its Agency.

*FORM TO BE COMPLETED*

Form No. 06 – Agency Profile.

**Other**

Contractor must notify MHLA Contracts Administration of any changes in its Agency. Please explain:

Signature:	Print Name:
Title:	Date:

Note: Must be signed by person who is authorized to bind Contract with the County of Los Angeles.

SUBMIT ALL REQUESTS, FORMS, AND REQUIRED DOCUMENTS TO:

Mayra Palacios, Program Manager  
MHLA Contracts Administration  
Email Address: [mpalacios@dhs.lacounty.gov](mailto:mpalacios@dhs.lacounty.gov)

If you have any questions regarding your request for Contractual Changes, please call 626-525-5789.