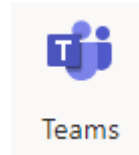


COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 ANTELOPE VALLEY – SA1

Quality Improvement Council Meeting –

A G E N D A

November 10th, 2020
 1:00 – 2:30 p.m.



Marylune Im, LMFT, Chair
 Barbara Paradise, LMFT, Co-Chair

I.	Introductions – Welcome to Team Meeting!	QIC Members
III.	Quality Improvement Updates / Reports <ul style="list-style-type: none"> • QI Work Plan Goals and report 	M. Im B. Paradise
III.	Improvement Division - Consumer Perception Surveys <ul style="list-style-type: none"> • Updates 	Daiya Cunnane
IV.	Policy & Technical Development New Clinical Forms Bulletins (Review) <ul style="list-style-type: none"> • PAVE (medi-cal) • ICC/IHBS updates • Organizational Provider Manual reminder 	M.Im B. Paradise
V.	Quality Assurance Updates <ul style="list-style-type: none"> • Notice of Adverse Benefits Determination • The 21st of Century Cares Act • CANS • Needs Assessment (TCM) 	M. Im B. Paradise
VI.	Training & Operations <ul style="list-style-type: none"> • ICC training • TCM training PDF 	M. Im B. Paradise
VII.	Medi-Cal Certification <ul style="list-style-type: none"> • Updated Medi-Cal Certification (Revised 10-20) 	M. Im B. Paradise I.Wang
VIII.	Announcements	QIC Members

Next Meeting: Jan 5th, 2021 1:00PM-2:30PM

Please keep the SA-1 Liaison updated with changes to you agency’s QIC Liaison or Change of Provider contact(s).



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
SERVICE AREA (1) QUALITY IMPROVEMENT COUNCIL (QIC) MEETING**

Date: 11/10/2020
Time: 1:00 PM-2:30 PM

Type of meeting:	Virtual meeting
Meeting Link:	https://web.microsoftstream.com/video/caa6d7eb-9f4d-48ff-b064-51ed4aa80758
Members Present:	Marylune Im, Barbara Paradise, Daiya Cunnane, Man-Ching Cheung, Seth Philips, Brittany White, April Poyner, Sandra Ponce, Yvette Perez, James McEven, Jaime Nunnenkamp, Tiffany Harvey, Kathy S., Cheryl H., Kathleen Baker, Levana Adato, Makiko Hoichi, Yvonne Villa, Jennifer Evans, Elizabeth Mota, Theresa Garcia, Veronica Campbell, Crystal Isom

AGENDA ITEMS	DECISIONS AND ACTIONS	RESPONSIBLE UNIT/STAFF	DUE DATE
Introductions		All QIC members	
QI Work Plan Goals and report	Discussed QI work plan draft goal	M. Im and B. Paradise	
Consumer Perception Surveys	October/November 2020 CPS updates on the development *Updates emailed to QIC members	D.Cunnane	

	and links on the PowerPoint		
New Clinical Forms Bulletins/Organizational Provider Manual	<ul style="list-style-type: none"> • PAVE (medi-cal) developments • ICC/IHBS updates Organizational Provider Manual reminder • Notice of Adverse Benefits Determination • The 21st of Century Cares Act • CANS Needs Assessment (TCM) <p>*Updates emailed to QIC members with attached bulletins and links on the PowerPoint</p>	M. Im and B. Paradise	

Training information

[*https://dmh.lacounty.gov/qa/qa-training/](https://dmh.lacounty.gov/qa/qa-training/)

Medi-cal certification information

[*https://dmh.lacounty.gov/qa/qampc/](https://dmh.lacounty.gov/qa/qampc/)

NEXT MEETING: January 5th, 2021 1:00 PM-2:30PM

Respectfully approved by QIC members Percy Brown and Jennifer Evans and Marylune Im



SPA 1 QIC Meeting

Marylune Im, Chair

Barbara Paradise, Co-Chair

November 10th, 2020

DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

Agenda

I.	Introductions – Welcome to Team Meeting!	QIC Members
III.	Quality Improvement Updates / Reports <ul style="list-style-type: none">• QI Work Plan Goals and report	M. Im B. Paradise
III.	Improvement Division - Consumer Perception Surveys <ul style="list-style-type: none">• Updates	Daiya Cunnane
IV.	Policy & Technical Development New Clinical Forms Bulletins (Review) <ul style="list-style-type: none">• PAVE (medi-cal)• ICC/IHBS updates• Organizational Provider Manual reminder	M. Im B. Paradise
V.	Quality Assurance Updates <ul style="list-style-type: none">• Notice of Adverse Benefits Determination• The 21st of Century Cares Act• CANS• Needs Assessment (TCM)	M. Im B. Paradise
VI.	Training & Operations <ul style="list-style-type: none">• ICC training• TCM training PDF	M. Im B. Paradise
VII.	Medi-Cal Certification <ul style="list-style-type: none">• Updated Medi-Cal Certification (Revised 10-20)	M. Im B. Paradise I. Wang
VIII.	Announcements	QIC Members

Next Meeting: Jan 5th, 2021 1:00PM-2:30PM

Introductions

- ▶ Name
- ▶ Agency/Role
- ▶ What are you thankful for ?



DMH QA/QI Monthly Meeting

- ▶ If you would like to attend the monthly QA/QI Live meetings that DMH has please register at this link:

<https://tinyurl.com/QA-QI-Meeting-Invite>



Quality Improvement Updates

► QI Workplan Goals

2020 Quality Improvement Work Plan Goals Summary

Domain	No.	Goal
Service Delivery Capacity	I.1.	DMH will increase the number of beneficiaries served from the Hispanic/LatinX and API communities by 1%.
	I.2.	DMH's Telemental Health (TMH) program will deliver real-time psychiatric care and consultations via secure audio and visual communications.
Accessibility of Services	II.1.	DMH will monitor timely access to care and services.
Beneficiary Satisfaction	III.1.	DMH will assess beneficiary satisfaction via Consumer Perception Surveys (CPS) twice a year.
	III.2.	DMH PRO will track beneficiary grievances, appeals, requests for change of providers and fair hearings.
Clinical Care	IV.1.	DMH will continue to support LA County in its efforts to provide timely, high quality, and easily accessible mental health care for pregnant women and women up to one year after delivering a baby.
Continuity of Care	V.1.	DMH will develop medication monitoring protocols for DO and LE/Contracted providers.

Quality Improvement Updates continued...

QI Work Plan Goals

Provider Appeals	VI.1.	DMH will conduct concurrent review of treatment authorizations for all psychiatric inpatient hospital services and psychiatric health facility services.
Performance Improvement Projects	VII.1.	DMH will continue to develop and implement meaningful clinical PIP interventions targeting COD and trauma issues.
	VII.2.	DMH will develop and implement a meaningful non-clinical PIP aimed at improving timely access to SMHS for the entire outpatient system of care.

LACDMH Office of Administrative Operations –
Quality, Outcomes, and Training Division

Service Area (SA) 1
Consumer Perception Surveys (CPS)
Updates

Presented by Daiya Cunnane

Consumer Perception Survey Development (October 2020)

- ▶ **Monthly Electronic CPS Development Report - 10/05/20**
- ▶ The development team, including CIO and QI, meets weekly on Tuesdays.
- ▶ QI provided the team with the questions from each of the four CPS surveys.
- ▶ The development team drafted the Initiation page for the application where consumer information is entered and the appropriate survey(s) are selected.
- ▶ The team agreed that consumers could receive the survey through email or text. The survey may also be provided by an admin staff or clinician over the phone. CIO is working to develop the necessary fields in the application.
- ▶ The specific application used for development was approved for the QOTD budget.
- ▶ The application will be accessed by an Initiator (starter of the survey, an Admin or Clinician) and a Reviewer (Supervisor/Licensed Clinician) who have C Numbers (LE and DO).
- ▶ CIO is working to create multiple translations of the surveys.
- ▶ Refused categories are being added. The Other category will be expanded to allow the entry of an Other Reason, i.e., consumer did not complete the survey by the deadline date.

Consumer Perception Survey Development (November 2020)

- ▶ Monthly Electronic CPS Development Report - 11/05/20
- ▶ Ongoing work was done to refine the “landing page,” or initial page completed to enter the consumer/caregiver’s demographic and contact information. A field was added to indicate if a survey was completed in-person, over the phone, or if the survey was emailed/texted.
- ▶ Developers agreed to provide the option to send surveys to consumers, caregivers, or both to meet the varying family needs that are experienced by consumers.
- ▶ Ongoing work was done to determine how Direct-operated (DO) and Legal Entities (LEs) will access the application through a log-in. C#s may be required for anyone who would need to complete or review surveys. This item requires follow-up.
- ▶ QI made requests for providers to receive a pop-up confirming the submission of a survey; a way to receive daily totals of completed, incomplete, declined surveys, type of survey, and survey language; and prepopulated provider numbers, which can also be edited.
- ▶ Providers will be able to save an open survey before completing or submitting the survey in order to protect against interruptions during survey entry and allowing providers to prefill survey information for the next day(s).
- ▶ After a survey is submitted, there will be no way to edit it.
- ▶ QI is having difficulty getting additional information about how and when the data would be delivered to the State, which is likely due to the transition of the survey management to UCLA.
- ▶ QI is considering the addition of a few questions to assess consumer/caregiver’s experience of the electronic version of the survey.

Policy & Technical Development

► Provider Application and Validation for Enrollment (PAVE)

Provider Application and Validation for Enrollment (PAVE)

The Federal Cures Act (42 CFR 438.602(b)) requires states to screen, enroll and periodically re-validate all network providers of managed care organizations, including County Mental Health Plans. To meet this requirement, DHCS is requiring all County Mental Health Plans to utilize PAVE, a web-based application designed to simplify and accelerate enrollment processes, to enroll practitioners. Practitioners should utilize the portal to complete and submit applications, report changes to existing enrollments, and respond to DHCS initiated requests for continued enrollment or revalidation.

The following eligible practitioners must enroll into the PAVE System prior to **January 1, 2021**:

- ✓ Licensed clinical social workers
- ✓ Licensed Marriage and Family Therapists
- ✓ Licensed Professional Clinical Counselors
- ✓ Licensed Psychologists
- ✓ Nurse Practitioners
- ✓ Occupational Therapists
- ✓ Medical Doctors and Osteopaths (DO)
- ✓ Physician Assistants
- ✓ Registered pharmacists, pharmacists
- ✓ Speech Therapists

Any discipline not listed above does not need to enroll in PAVE. This includes but is not limited to Psychiatric Technicians, Clinical Nurse Specialists, and Registered Nurses. Students and trainees do not need to enroll in the PAVE System.

Policy & Technical Development

► Notices of Adverse Benefits Determination (NOABD)

MH 746 – Notice of Adverse Benefit Determination (NOABD) Denial Notice		PURPOSE: <ul style="list-style-type: none"> To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH denies a request for a service.
IBHIS Form (DO ONLY):	Notice of Adverse Benefit Determination (NOABD)	REFERENCES/INSTRUCTIONS: <ul style="list-style-type: none"> This form is a requirement under the Final Rule (<i>DHCS Info Notice 18-010</i>) This form/letter serves as a template for the NOABD letter for denial notices. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets. For DO providers, this letter will be generated as a report in IBHIS
Implementation Date:	10/1/2020	
Type of Form (LE ONLY):	N/A	
Implementation:	For DO: 10/1/20 For LE: N/A	
MH 747 – Notice of Adverse Benefit Determination (NOABD) Payment Denial		PURPOSE: <ul style="list-style-type: none"> To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH denies payment for a service rendered by a provider
IBHIS Form (DO ONLY):	Notice of Adverse Benefit Determination (NOABD)	REFERENCES/INSTRUCTIONS: <ul style="list-style-type: none"> This form is a requirement under the Final Rule (<i>DHCS Info Notice 18-010</i>) This form/letter serves as a template for the NOABD letter for payment denial. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets. For DO providers, this letter will be generated as a report in IBHIS
Revision Date:	10/1/20	
Type of Form (LE ONLY):	N/A	
Implementation:	For DO: 10/1/20 LE: N/A	
MH 748 – Notice of Adverse Benefit Determination (NOABD) Service Delivery		PURPOSE: <ul style="list-style-type: none"> To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH denies a requested service and to explain why a beneficiary's condition does not meet medical necessity criteria
IBHIS Form (DO ONLY):	Notice of Adverse Benefit Determination (NOABD)	REFERENCES/INSTRUCTIONS: <ul style="list-style-type: none"> This form is a requirement under the Final Rule (<i>DHCS Info Notice 18-010</i>) This form/letter serves as a template for the NOABD letter for service delivery. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets. For DO providers, this letter will be generated as a report in IBHIS For LE providers, the blue text and brackets indicates information that will be individualized to the beneficiary, the reason the beneficiary does not meet medical necessity, and the information of the staff providing this notice to the beneficiary. LE providers will provide these forms using the LACDMH letterhead.
Implementation Date:	10/1/2020	
Type of Form (LE ONLY):	Required Data Elements	
Implementation:	For DO: 10/1/20 For LE: 1/1/21	

Policy & Technical Development

► Notices of Adverse Benefits Determination (NOABD)

MH 749 – Notice of Adverse Benefit Determination (NOABD) Modification

IBHIS Form (DO ONLY): Notice of Adverse Benefit Determination (NOABD)
Implementation Date: 10/1/20
Type of Form (LE ONLY): N/A
Implementation: For DO: 10/1/20
For LE: N/A

PURPOSE:

- To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH modifies or limits a provider's request for a service

REFERENCES/INSTRUCTIONS:

- This form is a requirement under the Final Rule (*DHCS Info Notice 18-010*)
- This form/letter serves as a template for the NOABD letter for modification. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets.
- For DO providers, this letter will be generated as a report in IBHIS

MH 750 – Notice of Adverse Benefit Determination (NOABD) Termination

IBHIS Form (DO ONLY): Notice of Adverse Benefit Determination (NOABD)
Implementation Date: 10/1/2020
Type of Form (LE ONLY): N/A
Implementation: For DO: 10/1/20
For LE: N/A

PURPOSE:

- To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH terminates, reduces, or suspends a previously authorized service

REFERENCES/INSTRUCTIONS:

- This form is a requirement under the Final Rule (*DHCS Info Notice 18-010*)
 - This form/letter serves as a template for the NOABD letter for termination. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets.
 - For DO providers, this letter will be generated as a report in IBHIS
-

Policy & Technical Development

► Notices of Adverse Benefits Determination (NOABD)

MH 751 – Notice of Adverse Benefit Determination (NOABD) Authorization Delay		PURPOSE:
IBHIS Form (DO ONLY):	Notice of Adverse Benefit Determination (NOABD)	<ul style="list-style-type: none">To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH delays processing a provider's request of authorization of Specialty Mental Health Services
Implementation Date:	10/1/20	REFERENCES/INSTRUCTIONS:
Type of Form (LE ONLY):	N/A	<ul style="list-style-type: none">This form is a requirement under the Final Rule (<i>DHCS Info Notice 18-010</i>)This form/letter serves as a template for the NOABD letter for authorization delay. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets.For DO providers, this letter will be generated as a report in IBHIS
Implementation:	For DO: 10/1/20 For LE: N/A	
MH 752 – Notice of Adverse Benefit Determination (NOABD) Timely Access		PURPOSE:
IBHIS Form (DO ONLY):	Notice of Adverse Benefit Determination (NOABD)	<ul style="list-style-type: none">To provide Medi-Cal beneficiaries written notification when LACDMH fails to provide timely access to service
Implementation Date:	10/1/2020	REFERENCES/INSTRUCTIONS:
Type of Form (LE ONLY):	Required Data Elements	<ul style="list-style-type: none">This form is a requirement under the Final Rule (<i>DHCS Info Notice 18-010</i>)This form/letter serves as a template for the NOABD letter for timely access to service. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets.For DO providers, this letter will be generated as a report in IBHISFor LE providers, the blue text and brackets indicates information that will be individualized to the beneficiary, the reason the beneficiary does not meet medical necessity, and the information of the staff providing this notice to the beneficiary. LE providers will provide these forms using the LACDMH letterhead.
Implementation:	For DO: 10/1/20 For LE: 1/1/21	

Policy & Technical Development

► Notices of Adverse Benefits Determination (NOABD)

MH 753 – Notice of Adverse Benefit Determination (NOABD) Financial Liability	
IBHIS Form (DO ONLY):	Notice of Adverse Benefit Determination (NOABD)
Implementation Date:	10/1/20
Type of Form (LE ONLY):	N/A
Implementation:	For DO: 10/1/20 For LE: N/A
PURPOSE:	
<ul style="list-style-type: none">• To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH denies a beneficiary's request to dispute financial liability	
REFERENCES/INSTRUCTIONS:	
<ul style="list-style-type: none">• This form is a requirement under the Final Rule (<i>DHCS Info Notice 18-010</i>)• This form/letter serves as a template for the NOABD letter for financial liability. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets.• For DO providers, this letter will be generated as a report in IBHIS	
MH 754 – Notice of Adverse Benefit Determination (NOABD) Grievance and Appeal Timely Resolution	
IBHIS Form (DO ONLY):	Notice of Adverse Benefit Determination (NOABD)
Implementation Date:	10/1/20
Type of Form (LE ONLY):	N/A
Implementation:	For DO: 10/1/20 For LE: N/A
PURPOSE:	
<ul style="list-style-type: none">• To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH does not meet the required timeframes for the standard resolution of grievances and appeals	
REFERENCES/INSTRUCTIONS:	
<ul style="list-style-type: none">• This form is a requirement under the Final Rule (<i>DHCS Info Notice 18-010</i>)• This form serves as a template for the NOABD letter for grievances and appeals. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets.• For DO providers, this letter will be generated as a report in IBHIS	

Clinical Form Bulletins

► Intensive Care Coordination (ICC) updates

MH 743 – Intensive Care Coordination (ICC) Eligibility form

IBHIS Form (DO ONLY): N/A
Implementation Date: 10/1/20
Type of Form (LE ONLY): Required Data
Elements
Implementation: For DO: 10/1/20
For LE: 10/1/20

PURPOSE:

- To determine if a client meets criteria to receive Intensive Care Coordination (ICC) services (*Refer to QA Bulletin 20-05*) and if the client meets Katie A Subclass criteria in order to add the DPI segment on the claim

REFERENCES/INSTRUCTIONS:

- To be completed for all clients who meet EPSDT eligibility any time the treatment plan is due or being considered for updates based on significant changes to the client's condition or status
- This form may be completed by staff of any discipline

Clinical Form Bulletins

► Supplemental Intensive Home Based Services (IHBS)

MH 744 – Supplemental Intensive Home Based Services (IHBS) Assessment

IBHIS Form (DO ONLY): N/A
Implementation Date: 10/1/2020
Type of Form (LE ONLY): Required Data Elements
Implementation: For DO: 10/1/20
For LE: 10/1/20

PURPOSE:

- To request prior authorization for Intensive Home Based Services (IHBS)

REFERENCES/INSTRUCTIONS:

- To be completed for eligible clients for whom IHBS is indicated; must be completed prior to service delivery of IHBS
 - This form is to be submitted to the CCR Authorization Unit for prior authorization
 - Must be completed every six-months and submit for prior authorization for clients continuing to receive IHBS
 - This form can be completed by any discipline but must be signed by an Authorized Mental Health Discipline (AMHD)
-

Clinical Form Bulletins

► Supplemental Therapeutic Foster Care Services

MH 745 – Supplemental Therapeutic Foster Care Services (TFCS) Assessment

IBHIS Form (DO ONLY):	N/A
Implementation Date:	10/1/2020
Type of Form (LE ONLY):	Required Data Elements
Implementation:	For DO: 10/1/20 For LE: 10/1/20

PURPOSE:

- To request prior authorization for Therapeutic Foster Care (TFC) Services. *(Refer to QA Bulletin 20-05)*

REFERENCES/INSTRUCTIONS:

- To be completed for eligible clients for whom TFC is indicated; must be completed prior to service delivery of TFC
- This form is to be submitted to the CCR Authorization Unit for prior authorization
- Must be completed every six-months and submit for prior authorization for clients continuing to receive TFC
- This form can be completed by any discipline but must be signed by an Authorized Mental Health Discipline (AMHD)

Organizational Providers Manual (reminder)

- ▶ ICD-10-CM included diagnoses lists for Outpatient and Day Services and Inpatient services will be removed from the Organizations Provider's Manual and will be posted separately on the DMH QA webpage.
 - ▶ <https://dmh.lacounty.gov/qa/qama/>
 - ▶ DMH no longer will maintain a list of “allowable” ICD-10-CM diagnoses for contract providers.
 - ▶ More diagnosis updates will occur on October 1st, 2020 on CMS website.

Quality Assurance updates

- ▶ The 21st of Century Cares Act (Health Information Management)
 - ▶ This ACT passed in congress in 2016.
 - ▶ Set in place new provisions for certified Health IT developers to establish secure and standardized APIs (Application Program Interfaces).
 - ▶ New Compliance and enforcement date is April 5th, 2021 for open notes and information blocking.
 - ▶ Health Care Organization must provide patients access to their electronic health information and data, **FREE OF CHARGE**.
 - ▶ The ACT outlaws any kind of information blocking, including patient data access.
 - ▶ Notes must be shared with health systems for coordination of care.
 - ▶ Types of patient data to be available: Diagnosis, functional status, treatment plan, progress notes, symptoms, prognosis, progress to date, consultation, pathology and lab report narratives
 - ▶ More information to come...

Quality Assurance updates

▶ CANS

- ▶ CANS 0-5 (Providers can you the paper version)
- ▶ Directly Operated; working on it being in IBHIS.
- ▶ For Directly operated, the Needs Evaluation Questions will be incorporated in the CANS form soon.

▶ Needs Evaluation tool

MH 742 – Needs Evaluation Tool (NET)

IBHIS Form (DO ONLY):	Needs Evaluation Tool
Implementation Date:	10/1/2020
Type of Form (LE ONLY):	Required Data Elements
Implementation:	For DO: 10/1/20 For LE: 1/1/21

PURPOSE:

- To evaluate a client's (ages 21 and over) need for services to access ancillary services including medical, alcohol & drug treatment, educational, social, prevocational, vocational, rehabilitative, or other community services. (*Refer to QA Bulletin 20-06*)

REFERENCES/INSTRUCTIONS:

- Administer after medical necessity has been established and before the development of the Client Treatment Plan
 - May also be used during the assessment (when medical necessity has not been established) to help determine potential functional impairments
- To be completed annually for clients age 21 and over receiving Targeted Case Management (TCM) services and when new ancillary needs arise for clients

Note: If a new ancillary need arises, and the NET is completed, providers do not need to complete an Assessment Addendum in addition to the NET to document the new ancillary need
- This form may be used by staff of any discipline eligible to provide TCM services

Training and Operations

- ▶ General documentation & claiming training modules and other training resources now available.
 - ▶ <https://dmh.lacounty.gov/qa/qa-training/> [Click on link to access]

TRAINING

A A A

[Training for Directly Operated Providers using IBHIS](#)

[General Training for Legal Entities and Juvenile Justice Halls/Camps](#)

[Intensive Care Coordination \(ICC\) Training Module](#)

[Intensive Care Coordination \(ICC\) Training PowerPoint \(PDF\)](#)

[TCM Needs Evaluation Intro PowerPoint \(PDF\)](#)

Video Training Module Coming Soon

Medi-cal Certification

- ▶ Forms provided through Email and available on-line.
 - ▶ <https://dmh.lacounty.gov/qa/qampc/> [Click on link to access]
- ▶ Updated forms (10/20) for Directly Operated and Contract Providers

MEDI-CAL PROVIDER CERTIFICATION

A A A

CONTRACT-OPERATED PROVIDERS AND DIRECTLY-OPERATED PROVIDERS BECOMING A SD/MC CERTIFIED PROVIDER

[Overview and Instructions for New Certification](#)

[Provider Site Certification Protocol](#)

[SDMC Certification Application](#) (For Directly-Operated Providers Only)

[Medi-Cal Certification Checklist for Directly Operated Providers](#) (updated 10/08/20)

[Medi-Cal Certification Checklist for Contracted Providers](#) (updated 10/08/20)

[Staff Roster for Medi-Cal Certification](#)

Announcements/Questions

- ▶ Open for discussion by QIC members



Next SPA 1 QIC Meeting

- ▶ ON TEAMS (January 5th, 2021 at 1:00 PM - 2:30 PM)

