**HCA/BHS Medi-Cal Certification & Re-Certification Guide for Pertinent Information**

|  |  |
| --- | --- |
| Provider #: ORG NPI #:  | Site Visit Date: Click here to enter a date.Type of Site Visit: [ ]  Certification or [ ]  Re-Certification or [ ]  Relocation |
| Name: Click here to enter text. | Date Provider Requested Certification(Complete application received by DHCS Cert Unit/HCA rec’d application from Contract, if applicable): Click here to enter a date. |
| Address: Click here to enter text.  | DHCS & CCL License & Certification (Residential Programs Only) Number of beds:Approval Date: Click here to enter a date. |
| Phone #:  | Operational Date (IDSS Use Only):  |
| Days & Hours of Service:  | Activation Date (IDSS Use Only):  |
| Age Range of Clients:  | Change of Hours of Service (if applicable) Effective Date:  |
| Number of Open Cases: Number of Total Case Capacity Count:  | Fire Clearance Date:  |
| Length of Stay (LOS): Clic enter text.  | Catchment Area:  |
| Percent (%) Medi-Cal Clients: Click here to enter text. | Referrals From: Click here to enter text. |
| Ethnicity of Population (Percent %):

|  |  |
| --- | --- |
| African American:  |  |
| Arab:  |  |
| Caucasian:  |  |
| Hispanic:  |  |
| Iranian (Persian):  |  |
| Korean: |  |
| Vietnamese:  |  |
| Other:  |  |

 | Bilingual Staff (by discipline and job classification):

|  |  |
| --- | --- |
| English:  |  |
| Spanish:  |  |
| Vietnamese:  |  |
| Farsi:  |  |
| Arabic:  |  |
| Korean: |  |
| Chinese:  |  |
| Other:  |  |

 |
| Staffing Patterns (including HOS):

|  |  |  |
| --- | --- | --- |
|  | Numbers | FTE |
| Psychiatrist |  |  |
| Ph.D/Psy.D. |  |  |
| LCSW |  |  |
| ASW |  |  |
| LMFT |  |  |
| AMFT |  |  |
| APCC |  |  |

 | Staffing Patterns (including HOS):

|  |  |  |
| --- | --- | --- |
|  | Numbers | FTE |
| Psychiatric NP |  |  |
| RN |  |  |
| LPT/LVN |  |  |
| MH Rehab Specialist |  |  |
| MHW |  |  |
| Other  |  |  |

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| Percent (%) of Time in Field:  |
| List Field Sites:  |
| Head of Service (Service Chief or Program Director):  |

Pertinent Information Form rev 02/21/2025 AP