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

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| 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 |  |  | | OQP I or II |  |  | | Peer Support Specialist |  |  | |
| Percent (%) of Time in Field: | |
| List Field Sites: | |
| Head of Service (Service Chief or Program Director): | |

Pertinent Information Form rev 05/28/2025 AP