



Butte County Department of Behavioral Health Site Certification/Recertification Request

Provider Name: _____ Provider Number: _____
Address: _____ Phone Number : _____
NPI: _____
Type of Service: _____

Please attach all requested materials.

New Program Certification

- Program Description
- Current Fire Clearance Date of Clearance: _____
- NPI Number: _____
- Head of Service License

Current Program Recertification – Please provide 60 days prior to expiration of certification

- Program Description
- Current Fire Clearance Date of Clearance: _____
- NPI Number: _____
- Head of Service License

Changes to Current Program Certification (Triggering Events)

- Change in Legal Entity or Ownership
- Change of location – Must be reported 60 days prior to relocation
- Organizational or Corporate structure changes
- Addition of Day Treatment
- Addition of Medication Support Services
- Significant physical plant changes – This may also require a new fire clearance.
- Major staffing changes
- Change to NPI Number

Old NPI Number: _____ Effective Date: _____

New NPI Number: _____ Effective Date: _____



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Closure of Current Program/Service

- Closure of Program Date of Closure: _____
- Closure of Service:
Services
Closed: _____
Date
Closed _____

Once de-certification occurs a provider will not be able to receive Medi-Cal reimbursement for any services that have been provided past the date of de-certification.

Person Requesting: _____
Date of Request: _____

FOR QMD Use - Initial and Date

Date Received:

- Certification Needed
- Recertification Needed
- Program Closed
- Services Closed