

**Department of Health Care Services
Medi-Cal Dental Services Division
Dental Transformation Initiative
Safety Net Clinic Opt-in Form
For Participation in Domains 1 and 3**

This form is to be completed by Safety Net Clinic (SNC) providers only, not enrolled in Denti-Cal Fee-for-Service or Dental Managed Care, to opt-in to the Dental Transformation Initiative (DTI) Domains 1 and 3, if eligible to participate in Domain 3. Please provide the requested information below and submit to DTI@dhcs.ca.gov. Once you complete the opt-in process, you will receive a confirmation e-mail from DTI@dhcs.ca.gov.

(SNC provider) _____ opts-in to:

Domain 1: Yes No

Domain 3: Yes No

Please provide all NPI's associated with your SNC service office location. Please provide all requested information for each NPI.

- 1) Provide each NPI; Street Address, County, Zip
- 2) Provide name, telephone number, and email address.

(SNC provider) _____ uses a clearinghouse or service for electronic encounter data submission.

Yes No

- 3) If applicable, provide name, telephone number, email contact information and 3-digit Medi-Cal submitter ID of your clearinghouse or service for electronic encounter data submission.

Please note that encounter data must be submitted according to the [Encounter Data Submission instructions](#) on the [DTI website](#).