

## SPECIAL CARE CENTER (SCC) DIRECTORY UPDATE COVER SHEET

To: **Provider and Facility Site Review Unit**

Contact person: \_\_\_\_\_

Facility name: \_\_\_\_\_

E-mail: [CCSFacilityData@dhcs.ca.gov](mailto:CCSFacilityData@dhcs.ca.gov)

SCC #: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Total pages: \_\_\_\_\_

\_\_\_\_\_  
Medical Director (Print)

\_\_\_\_\_  
Medical Director (Signature)

### INSTRUCTIONS

1. Find and print your SCC directory listing in the Special Care Center section of the CCS website [www.dhcs.ca.gov/services/ccs](http://www.dhcs.ca.gov/services/ccs).
2. Fill in the changes (including additions or removals of staff) directly on your SCC directory listing. Please ensure you provide the NPI number, as there are many similar names.
3. If staff have been added to or removed from your SCC directory listing, supply their active Provide Number, discipline, and effective date(s) using the table below.

STAFF NAME (Last Name, First Name)	DISCIPLINE (i.e. Pediatric Cardiology)	STAFF NPI and/or LICENSE NUMBER	ACTION	EFFECTIVE DATE (MM/DD/YY)
			Add      Remove	
			Add      Remove	
			Add      Remove	
			Add      Remove	
			Add      Remove	
			Add      Remove	
			Add      Remove	
			Add      Remove	
			Add      Remove	
			Add      Remove	
			Add      Remove	

4. Complete the top portion of this cover sheet. The Medical Director **must** sign this cover sheet.
5. E-mail the completed cover sheet and your edited SCC directory listing to [CCSFacilityData@dhcs.ca.gov](mailto:CCSFacilityData@dhcs.ca.gov)
6. Updates are made routinely. Changes are posted on the CCS website at the end of each workweek.