



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

Care Coordination Agency (CCA) Application Requirements

- [Application Fee](#): Cashier's Check or Money Order for \$688.00 made payable to the Department of Health Care Services
- The following Medi-Cal forms must be notarized:
 - [Medi-Cal Provider Application \(DHCS 6204\)](#)
 - [Medi-Cal Disclosure Statement \(DHCS 6207\)](#)
 - [Medi-Cal Provider Agreement \(DHCS 6208\)](#)
- Legal Name and Business Name
- Contact Person's Name, E-mail Address, and Telephone Number
- Proof of National Provider Identifier (NPI): NPPES NPI Registry Confirmation Printout
- Proof of Federal Taxpayer Identification Number: IRS Letter SS-4, IRS Form 941, Form 8109-C, or Letter 147-C
- City Business License or Exemption Letter
- Valid State Issued ID or Driver's License (include copies for all individuals listed on the Medi-Cal forms)
- Doing Business As (DBA) or Fictitious Business Name Statement (required only if business is operating under a name different than the existing corporate name)
- General Liability Insurance
Requirement per CCR, Title 22. Division 3, Section 51000.60
- Workers' Compensation Insurance
Requirement per CCR, Title 22. Division 3, Section 51000.60
- Secretary of State Confirmation

Integrated Systems of Care Division
Provider Enrollment Unit
1501 Capitol Ave., MS 4502
P.O. Box 997437
Sacramento, CA 95899-7437
Internet Address: <http://www.DHCS.ca.gov>



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

- Articles of Incorporation for a Corporation
- Articles of Organization of a LLC

Submit complete application package to:

Department of Health Care Services
Integrated Systems of Care Division
Provider Enrollment Unit
1501 Capitol Avenue, MS 4502
P.O. Box 997437
Sacramento, CA 95899-7437

**PLEASE NOTE: SEND PACKAGE TO THE PROVIDER ENROLLMENT UNIT
DO NOT SEND ANY DOCUMENTS TO THE PROVIDER ENROLLMENT DIVISION**

If you have questions regarding the application requirements,
call 916-552-9105, option 5, then option 2.
Email inquiries can be sent to WaiveProEnroll@dhcs.ca.gov.

Integrated Systems of Care Division
Provider Enrollment Unit
1501 Capitol Ave., MS 4502
P.O. Box 997437
Sacramento, CA 95899-7437
Internet Address: <http://www.DHCS.ca.gov>