	Provider Type	Clinical Laboratory	<ul> <li>Community-Based Adult Services (CBAS)</li> <li>Dialysis Center</li> <li>Home Health</li> <li>Hospice Care</li> <li>Skilled Nursing Facility</li> </ul>	Diabetes Prevention Program Provider	Durable Medical Equipment (DME) and Medical Supplies	Home Infusion	Imaging Services	Transportation
Document	State of California     License (current     within 12 months)	Required	Required		Required	Required	If available	
	Business License     (current within 12     months)	Required	Required	Required	Required	Required	Required	Required
	3. Accreditation Approval Letter	Required (CLIA, w/in 12 months)	If available		If available	If available	Required	
	4. Federal Drug Administration (FDA) Certification					If available	Required	
	5. Medicare Provider Certification Letter	If available	If available		Required	If available	If available	
	6. College of American Pathologists Accreditation (current within 36 months)	Required						
	7. Face Sheet of General Liability Policy or certification (current within 12 months, \$3M and \$1M coverage)	Required	Required	Required	Required	Required	Required	Required
	8. IRS W-9	Required	Required	Required	Required	Required	Required	Required

9. Site Visit Report conducted by CMS or California Department of Public Health - (current within 36 months) or submit to Site visit by SFHP	Required	Required	Required	Required	Required	Required (For IDTFs)	
10. Medi-Cal Ownership Disclosure (DHCS 6207) OR proof of enrollment with Medi-Cal FFS	Required	Required	Required	Required	Required	Required	Required
11. Medi-Cal Provider Agreement (DHCS 6208) OR proof of enrollment with Medi-Cal FFS	Required	Required	Required	Required	Required	Required	Required
12. Fingerprinting receipt from Live Scan OR proof of enrollment with Medi-Cal FFS		*	For new for-profit applicants	For new applicants			
13. Pending, Preliminary, or full recognition as a DPP program through the CDC			Required				
14. Roster of peer coaches including name, NPI, birth date, and SSN#			Required				
15. Peer coach attestation(contact SFHP for a copy)			Required				

<sup>•</sup> Home health providers need fingerprinting as well, but are universally enrolled with Medi-Cal FFS through CDPH licensure, so this requirement is moot.