

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	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	Required
11. Medi-Cal Provider Agreement (DHCS 6208) OR proof of enrollment with Medi-Cal FFS	Required	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					

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