**Community Mental Health Center**

**Initial Certification Required Documents**

**Name: DBA Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Submit the current following documents to Health Standards for processing:**

\_\_ CMHC Enrollment application\*\*

\_\_ Attestation statement\*\*

\_\_ CMHC Crucial Data Extract (SOM Exhibit 131) \*\*

\_\_ Signed copy of Health Insurance Benefit Agreement (CMS-1561A) \*\*

**✓** CMS 855A application copy ***(we receive from your Fiscal Intermediary, such as Novitas)***

**✓** MAC recommendation letter ***(we receive from your Fiscal Intermediary, such as Novitas)***

\_\_ OCR Assurance of Compliance\*\*

\_\_ Current onsite Fire Marshal approval\*\*

\_\_ Current Office of Public Health onsite approval\*\*

**\*\* Links to these required docs are found on the CMHC webpage**

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