

CCR - OVERVIEW OF PROVIDER REQUIREMENTS, Effective 1/1/17

| PROVIDER REQUIREMENTS | EXISTING FFA | NEW FFA | EXISTING GH TO STRTP | NEW STRTP | OOS GROUP HOME |
|---|--|----------------|-----------------------------------|------------------|--------------------------------------|
| ORIENTATION ATTENDANCE (Prior to submitting Application) | N/A | Required | Required | Required | N/A |
| ORIENTATION FEES | N/A | Required | Waived | Required | N/A |
| OBTAIN COUNTY LETTER OF RECOMMENDATION FOR PROGRAM (Prior to submitting Application) | Not Required | Required | Required | Required | Required |
| CERTIFIED ADMINISTRATOR – INITIAL CERTIFICATION TRAINING PROGRAM AND WRITTEN TEST (Exempt; provided the GH Administrator completes 12 hours of classroom instruction as specified by the Department) | N/A | N/A | Exempt (As Specified) | Required | N/A |
| APPLICATION FORM & SUPPORTING DOCUMENTS (Licensing forms, Plan of Operation, Program statement, etc.) | Update Information (As Required) | Required | Required | Required | Certification Required (LIC 9203) |
| LICENSING FORMS | Update Information (As Required) | Required | Required | Required | As Required |
| PLAN OF OPERATION | Update Information (As Required) | Required | Required | Required | Required |
| PROGRAM STATEMENT | Update Information (As Required) | Required | Required | Required | Required |
| APPLICATION FEES | N/A | Required | Waived (Subject to annual fee) | Required | N/A |
| SUBMIT PROGRAM STATEMENT TO COUNTY PLACING AGENCY FOR OPTIONAL REVIEW (Each time it is updated) | Required For Optional Review by Counties | Required | Required | Required | Required |
| NATIONAL ACCREDITATION (Before December 31, 2018 or within 24 Months from date of licensure) | Required | Required | Required | Required | Required |
| MENTAL HEALTH PROGRAM APPROVAL (Within 12 Months from licensure) | N/A | N/A | Required | Required | In State Equivalent |
| MEDI-CAL CERTIFICATION | Suggested | Suggested | Required | Required | In State Equivalent |