

Instructions for completing the Medi-Cal Supplemental Changes DHCS 6209 form for additional Drug Medi-Cal Organized Delivery System Waiver modalities

If a new service under the DMC-ODS is part of an already certified modality at an approved location, a Medi-Cal Supplemental Changes (DHCS 6209 rev. 1/13) form **does not need to be submitted**. A DHCS 6209 shall only be submitted for approved locations to report new service modalities that are **not** already approved.

To request to add new modalities, please complete the top half portion on page five of the DHCS 6209. In this section under Provider Type, mark "Other" and list DMC. The additional modalities can then be added on questions 33-42.

The DHCS 6209 form can be found [here](#).

If you have questions regarding this information, please contact PED at: DHCSDMCRecert@dhcs.ca.gov or by telephone at 916-323-1945, option 4,5,2,7.