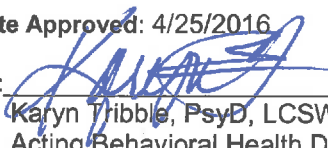
	<p>Date Approved: 4/25/2016</p> <p>By:  Karyn Tribble, PsyD, LCSW Acting Behavioral Health Director</p>
<p>POLICY TITLE</p> <p>Medi-Cal Site Certification for Providers of Mental Health Services</p>	<p>Policy No: 1603-5-1</p> <p>Date Effective: 4/25/16</p> <p>Date Revised:</p>

PURPOSE

Alameda County Behavioral Health Care Services (BHCS) requires all contracted and County-operated mental health programs that claim to Medi-Cal to be site certified in accordance with California Code of Regulations (CCR) Title 9, CCR Section 1810.435 and the authorities listed below. In accordance with these requirements, this policy establishes the guidelines and procedures for Medi-Cal Site Certification which is required in order to claim to Medi-Cal and establishes the departmental procedures to control and monitor the Medi-Cal Site Certification process within Alameda County Behavioral Health Care Services.

AUTHORITY

CFR Title 9 Section 1810.435: MHP Individual, Group and Organizational Provider Selection Criteria; California Department of Mental Health (DMH) Letter No. 10-4: Recertification/Certification Procedures for County-Owned or Operated Short-Doyle Medi-cal Providers; Alameda County Behavioral Health Care Services Mental Health Plan Agreement with the California Department of Health Care Services, Exhibit A Attachment 1, Section 4: Provider Selection and Certification.

SCOPE

All County-operated programs in addition to entities and programs providing mental health services under a contract with BHCS that claims to Medi-Cal are required to adhere to this policy. This policy does not apply to individual or group Mental Health Plan fee for service Network Providers.

POLICY

It is the policy of BHCS that all entities and programs that claim for mental health services which are funded by Medi-Cal must have a current Medi-Cal Site Certification ('Certification') as well as a current fire clearance certificate (see definitions) in order to claim.

PROCEDURE

A. Who must obtain Medi-Cal Site Certification

- i. County Owned and/or Operated Programs that provide mental health services that are being claimed to Medi-Cal regardless of whether the program site is owned or leased by County.
- ii. Contracted Provider Programs that provide mental health services that are being claimed to Medi-Cal regardless of whether the program site is owned or leased by provider.

- iii. Individual and Group MHP fee for service Network Providers are not required to be Medi-Cal Site Certified but are required to be credentialed by BHCS. (See BHCS Credentialing Policy & Procedure)

B. When must a program obtain Medi-Cal Site Certification or Recertification

- i. Upon opening a new program site
- ii. Upon relocating a program site
- iii. Upon adding additional modes of service in a program contract
- iv. When there are significant changes to the physical plant of the site (e.g. a remodel); some physical plant changes may require a new fire clearance and new site certification
- v. Recertification is required at a minimum every three years

C. BHCS bases its Medi-Cal site certification criteria on a template provided by the California State DHCS (DHCS) entitled "Provider Site Re/Certification Protocol." Regardless of the modes of service provided, each contracted and County-operated program site must have all of the relevant items listed in the protocol (see attachment)

D. Contracted Provider Programs within the County

- i. A request for an initial Certification is initiated by the provider's BHCS Program Contract Manager.
- ii. If there are program changes, the provider must notify their BHCS Program Contract Manager who will submit a Program Change Request to the BHCS QA Office if a new site certification is needed. Program changes to be reported include all circumstances listed under 'B' above as well as the following:
 - a. When a provider makes major staffing changes, makes organizational and/or corporate structure changes;
 - b. When there is a change of ownership
- iii. Site visits for initial Medi-Cal Site Certification and Recertifications are conducted by the BHCS Quality Assurance Office.
- iv. For recertification, Provider must notify the BHCS QA Office a minimum of three (3) months prior to expiration of their current Certification indicating they want to start the recertification process. The BHCS QA Office shall send a courtesy notice approximately three (3) months prior to expiration of the current Certification.
- v. An on-site visit is required as part of the Certification process.
- vi. Prior to scheduling a site visit, Provider must submit all requested materials to the BHCS QA Office which includes, but is not limited to, the following:
 - a. A current fire clearance certificate for the Provider's program site address.
 - b. National Provider Identification (NPI) number which reflects the Provider's correct program name and program site address.
 - c. A copy of the Provider's policies and procedures as listed in the DHCS Provider Site Re/Certification Protocol.

- vii. After the site visit is conducted, Provider will receive a letter from the BHCS QA Office indicating the outcome of the site visit.
 - a. Any non-compliant items (eg. safety hazards or other concerns) will be listed in a Plan of Correction (POC) which the Provider must rectify by a specified date in order to receive Certification.
- viii. Upon successful completion of the Certification process, a letter will be sent to the Provider from the BHCS QA Office indicating such with the expiration date of the certification (normally 3 years from the certification visit).
- ix. Provider must maintain a current fire clearance (see definition) certificate in order to continue to claim to Medi-Cal and shall submit proof of a current fire clearance to the BHCS QA Office within 30 days prior to expiration.
- x. Non-compliance with Medi-Cal Site Certification requirements shall result in any of the following:
 - a. A Plan of Correction
 - b. Stopping referrals of clients to the provider
 - c. A 30-day Notice to hold payment to Provider for services rendered per Exhibit B in Provider contract with BHCS
 - d. Recoupment of monies paid to Provider for the period of non-compliance
- xi. During a period of non-compliance, Provider is responsible, at its own cost, for continuing to provide care to BHCS beneficiaries that they are currently providing treatment for and/or for transitioning beneficiaries' care to another contracted BHCS Medi-Cal provider/program or to a County-run program.
- xii. In the case of continued non-compliance after any of the actions stated above, the BHCS Executive Team shall determine whether to terminate Provider's contract; in which case a 30-day Notice of Termination shall be sent to the Provider.

E. Out-of-County Contracted Provider Programs

- i. For Out-of County Contracted providers, in lieu of BHCS conducting the Certification process, BHCS may choose to "piggy back" on the provider's current valid Medi-Cal Site Certification conducted by the host county in which the program is located. In this case, the Certification is only valid for the period of time and for the modes of service function codes that the host county designates.
- ii. Sections D.x - D.xii. above apply to Out-of-County Contracted Providers
- iii. Contracted Out-of-County providers are required to obtain and submit to BHCS QA Office, a copy of their host County's program Certification letter and fire clearance for the program site along with any additional license or certification as required by local, County, State or Federal regulations (e.g. Community Care Licensing).

- iv. The host County's Certification must contain the same service modalities in the contract with BHCS; if it does not, the BHCS QA Office may request that the host County, if agreeable, conduct an additional program site certification for BHCS's use; BHCS may choose to conduct its own site visit to certify the Out-of-County program.
- v. Upon any re-certification by a host county, Out-of-County providers must submit proof of the program Certification and current fire clearance to the BHCS QA Office.

F. County-Owned and/or Operated Programs

- i. A request to the BHCS QA Office for an initial Certification for a County-owned and/or operated program is initiated by either designated staff in the BHCS Finance Office or the System of Care Director responsible for the program.
- ii. If there are program changes to an existing certified site, the County program shall contact the BHCS QA Office.
- iii. For recertification, the designated County program staff must notify the BHCS QA Office a minimum of three(3) months prior to expiration of their current Certification that they want to initiate the recertification process. The BHCS QA Office will send a courtesy notice approximately three (3) months prior to expiration of the current Certification.
- iv. An on-site visit is required as part of the Certification process.
- v. Requests for initial Medi-cal Site Certifications are sent to DHCS by the BHCS QA Office. The initial Certification site visit is conducted by DHCS.
- vi. Site visits for subsequent recertifications are conducted by the BHCS Quality Assurance Office.
- vii. Prior to scheduling a site visit, the County program must submit all requested materials to the BHCS QA Office which includes, but is not limited to, the following:
 - a. A current fire clearance certificate for the County's program site address.
 - b. National Provider Identification (NPI) number which reflects the County program's correct program name and program site address. The BHCS Provider Relations Office obtains the NPI number for County Clinics.
- viii. A copy of the County program's policies and procedures as listed in the DHCS Provider Site Re/Certification Protocol.
- ix. After the site visit is conducted, the County program will receive a letter from the BHCS QA Office indicating the outcome of the site visit.
 - a. If Certification of the County program is successfully completed, the letter will indicate such and will include the expiration date of the Certification.
 - b. Any non-compliant items (eg. safety hazards or other concerns) will be listed in a Plan of Correction (POC) which the County program must rectify by a specified date in order to receive Certification.

- x. Each County program must have a current fire clearance (see definition) certificate in order to continue to claim to Medi-Cal and shall submit proof of a current fire clearance to the BHCS QA Office within 30 days prior to expiration.
- xi. Non-compliance with Certification requirements shall result in any of the following:
 - a. The inability of the County program to claim to Medi-Cal
 - b. Stopping new client referrals to the program
 - c. Repayment to Medi-Cal of any paid claims for services rendered during a period of non-compliance
 - d. A Plan of Correction
 - e. Closing of the County program
- xii. Upon the closing of any County program due to non-compliance with this policy, BHCS is responsible for continuing to provide care to BHCS beneficiaries that the program is currently providing treatment for and for transitioning beneficiaries' care to another Medi-Cal provider as needed.

G. Voluntary Closure of Program Sites

- i. Contracted providers who are required to be Medi-Cal Site Certified shall notify the BHCS Network Office if a program is to be voluntarily closed so that steps can be taken to notify the DHCS of the closure.
- ii. The System of Care Director of a County-run program shall notify the BHCS QA Office of any planned program closure so that steps can be taken to notify DHCS of the closure.

H. Involuntary Closure of Program Sites

- i. BHCS shall automatically terminate a program's Certification and contract upon discovery of any of the following:
 - a. Provider/entity files for bankruptcy
 - b. Provider/entity is convicted of any acts of fraud, waste, or abuse of Federal funds

CONTACT

BHCS Office	Current as of	Email
Quality Assurance Office	4-25-16	qaoffice@acbhcs.org

DISTRIBUTION

This policy will be distributed to the following:

- BHCS Staff
- BHCS County and Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Author: Donna Fone, LMFT, LPCC, Quality Assurance Administrator and Shannon Benson, MPA, Medi-Cal Site Certification Program Specialist

Original Date of Approval: 4/25/16 by Karyn Tribble, PsyD, LCSW, Acting BHCS Director

Revise Author	Reason for Revise	Date of Approval by (Name)
N/A		

DEFINITIONS

Term	Definition
Current Fire Clearance	For purposes of this policy "current" is defined to mean a fire clearance certificate issued within the last twelve (12) months (per California DHCS standards) unless otherwise indicated on the fire clearance certificate or in a letter from the City or County fire jurisdiction.
Medi-Cal	The name of California's Medicaid program which provides health coverage to people with low-income, the aged or disabled and those with asset levels who meet certain eligibility requirements.
Medi-Cal Site Certification	A Medi-Cal Site Certification is a review of a program that provides mental health services billable to Medi-Cal to evaluate compliance with local, County, State or Federal regulations. This site certification is required of any program that claims to Medi-Cal for services provided to Medi-Cal beneficiaries.
MHP Provider Network	The Mental Health Plan (MHP) Provider Network is a pool of fee-for-service mental health individual providers or group providers who contract with Alameda County BHCS to provide outpatient mental health services to children and adults.
Out-of-County	Areas outside of Alameda County's jurisdiction.
Piggy Back	Using another Host County's Medi-Cal Site Certification for a program located outside of Alameda County.
Plan of Correction (POC)	A Plan of Correction may be issued due to contracted provider's failure to follow-up with site certification issues in a satisfactory and/or timely manner as defined by BHCS.

ATTACHMENTS

DHCS Provider Site Re/Certification Protocol