



**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
SHORT DOYLE/MEDI-CAL PROVIDER PROGRAM SITE CERTIFICATION PROTOCOL**

A. Provider Name	B. Provider No							
	C. NPI No							
D. Program Name	E. Days/Hours of Operation	M	T	W	Th	F	S	Su
	Open	8:00	8:00	8:00	8:00	8:00		
	Close	5:00	5:00	5:00	5:00	5:00		
F. Program Site Service Delivery Address	G. Mailing Address (If Different Than Delivery Address)							
H. Certification Type (Specify)	<input type="checkbox"/> Certification		I. Site Visit Date					
	<input type="checkbox"/> Re-Certification							
J. BHCS Certifier Representative	K. Provider Representative(s)							
	L. Phone No. (If Different Than Provider No.)							
M. Services Provided^{1 2} (Check all that Apply)								
<input type="checkbox"/> 05/20 Non-Hospital-PHF H2013	<input type="checkbox"/> 10/81 Day Tx Int: 1/2 Day H2012	<input type="checkbox"/> 15/01 Case Mgmt/Brokerage T1017						
<input type="checkbox"/> 05/40 Crisis Residential H0018	<input type="checkbox"/> 10/85 Day Tx Int: Full Day H2012	<input type="checkbox"/> 15/30 Mental Health Svcs H2015						
<input type="checkbox"/> 05/65 Adult Residential H0019	<input type="checkbox"/> 10/91 Day Tx Rehab: 1/2 Day H2012	<input type="checkbox"/> 15/58 Therapeutic Behavioral Svcs H2019						
<input type="checkbox"/> 10/20 Crisis Stabilization Unit (CSU) Emergency Room S9484	<input type="checkbox"/> 10/95 Day Tx Rehab: Full Day H2012	<input type="checkbox"/> 15/60 Medication Support H2010 <input type="checkbox"/> 15/60 Medication Support (Prescribing Only) H2010						
<input type="checkbox"/> 10/25 CSU-UrgentCareS9484		<input type="checkbox"/> 15/70 Crisis Intervention H2011						

¹ CCR, Title 9, Section 1840.366. Lockouts for Crisis Intervention

(a) Crisis Intervention is not reimbursable on days when Crisis Residential Treatment Services, Psychiatric Health Facility Services, Psychiatric Nursing Facility Services, or Psychiatric Inpatient Hospital Services are reimbursed, except for the day of admission to those services.

(b) The maximum amount claimable for Crisis Intervention in a 24-hour period is 8 hours.

² CCR, Title 9, Section 1840.374. Lockouts for Targeted Case Management Services

(a) Targeted Case Management Services are not reimbursable on days when the following services are reimbursed, except for day of admission or for placement services as provided in Subsection (b): (1) Psychiatric Inpatient Hospital Services; (2) Psychiatric Health Facility Services; (3) Psychiatric Nursing Facility Services.

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Category 1: Posted Brochures and Notices	Criteria Met		Guideline for Certification Reviews/Visits
	Yes	No	
1. Regarding written information in English and the threshold languages to assist beneficiaries in accessing specialty mental health services, at a minimum, does the provider have the following A through D information available:			Note, Alameda County's current threshold languages are: <ul style="list-style-type: none"> • English • Chinese Traditional • Chinese Simplified • Farsi • Spanish • Vietnamese
A. The beneficiary brochure per MHP procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • During the certification, check to see whether the brochures are in a visible place.² • During the certification, check to see whether the complaints poster is in a visible place³
B. The provider list per MHP procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<p>During the certification, check to see whether the provider has an up-to-date list (within the current quarter) available to beneficiaries in English and threshold languages.</p> <p>Note the provider may make a binder for items A) and B) and label it, "Copies available upon request." The binder would then be left in the lobby where consumers would have free access to it.</p>
C. The posted notice explaining grievance, appeal, and fair hearings processes?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification, check to see whether the provider has the complaints poster, grievance, appeal and expedited appeal procedures and process posted in a visible place. ⁴

³ CCR, Title 9, Section 1810.360

(b) Prior to the date the MHP begins operation, the Department shall mail a notice to all beneficiaries in a county containing the following information:

(3) The availability of a booklet and provider list that contain the information required by Title 42, Code of Federal Regulations, Section 438.10(f)(6) and (g).

(d) The Department shall provide an annual written notice to all Medi-Cal beneficiaries informing them of their right to request and obtain a booklet and provider list from the MHP that contains the information required by Title 42, Code of Federal Regulations, Section 438.10 (f) (6) and (g).

(e) The MHP of the beneficiary shall provide its beneficiaries with a booklet and provider list upon request and when a beneficiary first receives a specialty mental health service from the MHP or its contract providers. This responsibility applies to the beneficiary's receipt of any specialty mental health services, including but not limited to an assessment to determine whether medical necessity criteria pursuant to Section 1830.205 are met.

CCR, Title 9, Section 1810.410 (e) (4)

General Program literature used by the MHP to assist beneficiaries in accessing services including, but not limited to, the beneficiary brochure required by Section 1810.360(c) materials explaining the beneficiary problem resolution and fair hearing processes required by Section 1850.205(c)(1), and mental health education materials used by the MHP, in threshold languages, based on the threshold languages in the county as a whole.

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D. The grievance forms, appeal forms, and self-addressed envelopes?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification check for grievance appeal forms in English and the threshold languages. Also, check for envelopes addressed to the MHP office which receives grievances. These documents should be available to beneficiaries without the need to make a verbal or written request. ⁵
Category 2: Fire Safety Inspection	Criteria Met		Guideline for Certification Reviews/Visits
Federal and State Criteria	Yes	No	
1. Does the space owned, leased or operated by the provider and used for services or staff meet local fire codes?	<input type="checkbox"/>	<input type="checkbox"/>	Prior to the visit, request a current and valid fire clearance from the provider. <ul style="list-style-type: none"> Note the provider site cannot be certified without a fire safety inspection that meets local fire codes. A new fire safety inspection may be required if the facility undergoes major renovation or other structural changes.⁶
Category 3: Physical Plant	Criteria Met		Guideline for Certification Reviews/Visits
Evaluation Criteria	Yes	No	
1. Is the facility and its property clean, sanitary, and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, tour the facility and observe the building and grounds for actual and potential hazards (e.g. as loose carpeting, electrical cords that might pose a hazard, remove cleaning supplies left out in the open, etc). ⁵

⁴ CCR, Title 9, Section 1850.205 (c) (1) (B)

Posting notices explaining grievance, appeal, and expedited appeal process procedures in locations at all MHP provider sites sufficient to ensure that the information is readily available to both beneficiaries and provider staff. The posted notice shall also explain the availability of fair hearings after the exhaustion of an appeal or expedited appeal process, including information that a fair hearing may be requested whether or not the beneficiary has received a notice of action pursuant to Section 1850.210. For the purposes of this Section, an MHP provider site means any office or facility owned or operated by the MHP or a provider contracting with the MHP at which

⁵ CCR Title 9, Section 1850.205 (c)(1)(C) Making forms that may be used to file grievances, appeals, and expedited appeals, and self-addressed envelopes available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request to anyone.

⁶ CCR, Title 9, Section 1810.435

(b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider:
(2) Maintain a safe facility.

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Category 4: Policies and Procedures	Criteria Met		Guideline for Certification Reviews/Visits
Evaluation Criteria	Yes	No	
<p>1. Does the provider have the following policies and procedures:</p> <p>A. Protected Health Information?</p> <p>B. Personnel policies and procedures?</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<p>During the certification visit, check the provider’s written policies and procedures for a description of how beneficiary confidentiality is in compliance with state and federal laws and regulations governing the confidentiality of personal or medical information.⁷</p> <p>During the certification visit, check the provider’s staffing to ensure they hire people who are eligible to bill Federal Financial Participation (FFP), and that people providing specialty mental health services hold valid licenses, if applicable, and are not on any excluded/debarred provider lists.</p> <p>Check for other personnel policies and procedures.</p> <p>Note the MHP does not employ or contract with providers excluded from participation in Federal health care programs under either CCR, title 42, section 1128 or section 1128A of the Social Security Act and CFR, title 42, section 438.214 by viewing the list: http://oig.hhs.gov/www.medi-cal.ca.gov⁸</p>
C. General operating procedures?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check the provider has a current administrative manual, which includes: general operating procedures (e.g., hours of operation, disaster procedures, emergency evacuation procedures, etc).
D. Maintenance policy to ensure the safety and well-being of beneficiaries and staff?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, review the building maintenance policy or the maintenance agreement between the MHP and owner of the building. ⁹

⁷ CCR, Title 9, Section 1810.310 (a) (10) A description of policies and procedures that assure beneficiary confidentiality in compliance with state and federal laws and regulations governing the confidentiality of personal or medical information, including mental health information, relating to beneficiaries.

CCR, Title 9, Section 1810.435 (b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider: (4) Maintain client records in a manner that meets state and federal standards.

⁸ Social Security Act, Sections 1128 and 1128A & CFR, Title 42, Sections 438.214 and 438.610 & DMH Letter No. 10-05

⁹ CCR, Title 9, Section 1810.435 (b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider: (2) Maintain a safe facility.

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Category 4: Policies and Procedures	Criteria Met		Guideline for Certification Reviews/Visits
Evaluation Criteria	Yes	No	
E. Service delivery policies?	<input type="checkbox"/>	<input type="checkbox"/>	<p>During the certification visit, review the written policies and procedures of services provided at the site.</p> <p>Check for policies and procedures regarding hours of operation, assessments, length of services, discharge, discontinuation of services, and on referring beneficiaries to a psychiatrist when necessary or a physician.</p>
F. Unusual occurrence reporting (UOR) procedures relating to health and safety issues?	<input type="checkbox"/>	<input type="checkbox"/>	<p>Unusual occurrence reporting procedures. The county requires that all providers notify the county of any unusual occurrences, deaths etc.¹⁰</p>
G. Written procedures for referring individuals to a psychiatrist when necessary, or to a physician who is not a psychiatrist, if a psychiatrist is not available?	<input type="checkbox"/>	<input type="checkbox"/>	<p>The provider has written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available. Many programs do not have this as a written policy. The state does check this.</p>

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Category 5: Head of Service ¹⁰	Criteria Met	Guideline for Certification Reviews/Visits
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¹⁰ CCR, Title 9, Section 622 Requirements for Professional Personnel Wherever in these regulations the employment of a particular professional person is required, the minimum qualifications for that person shall be as hereinafter specified in this Article. Required experience shall mean full time equivalent experience. It is intended that these minimum qualifications shall apply to the head or chief of a particular service or professional discipline but not necessarily to subordinate employees of the same profession.

CCR, Title 9, Section 623 Psychiatrist A psychiatrist who directs a service shall have a license as a physician and surgeon in this state and show evidence of having completed the required course of graduate psychiatric education as specified by the American Board of Psychiatry and Neurology in a program of training accredited by the Accreditation Council for Graduate Medical Education, the American Medical Association or the American Osteopathic Association.

CCR, Title 9, Section 624 Psychologist A psychologist who directs a service shall have obtained a California license as a psychologist granted by the State Board of Medical Quality Assurance or obtain such licensure within two years following commencement of employment, unless continuously employed in the same class in the same program or facility as of January 1, 1979; and shall have two years of post-doctoral experience in a mental health setting.

CCR, Title 9, Section 625 Social Worker A social worker who directs a service shall have a California license as a clinical social worker granted by the State Board of Behavioral Science Examiners or obtain such licensure within three years following the commencement of employment, unless continuously employed in the same class in the same program or facility as of January 1, 1979, or enrolled in an accredited doctoral program in social work, social welfare, or social science; and shall have two years of post-master's experience in a mental health setting.

CCR, Title 9, Section 626 Marriage, Family and Child Counselor A marriage, family and child counselor who directs a service shall have obtained a California license as a marriage, family, and child counselor granted by the State Board of Behavioral Science Examiners and have received specific instructions, or its equivalent, as required for licensure on January 1, 1981, and shall have two years of post-master's experience in a mental health setting. The term, specific instruction, contained in Sections 5751 and 5751.3 of the Welfare and Institutions Code, shall not be limited to school, college, or university classroom instruction, but may include equivalent demonstrated experience in assessment, diagnosis, prognosis, and counseling, and psychotherapeutic treatment of premarital, marriage, family, and child relationship dysfunctions.

CCR, Title 9, Section 627 Nurse A nurse shall be licensed to practice as a registered nurse by the Board of Nursing Education and Nurse Registration in this State and possess a master's degree in psychiatric or public health nursing, and two years of nursing experience in a mental health setting. Additional post baccalaureate nursing experience in a mental health setting may be substituted on a year-for-year basis for the educational requirement.

CCR, Title 9, Section 628 Licensed Vocational Nurse A licensed vocational nurse shall have a license to practice vocational nursing by the Board of Vocational Nurse and Psychiatric Technician Examiners and possess six years of post-license experience in a mental health setting. Up to four years of college or university education may be substituted for the required vocational nursing experience on a year-for-year basis.

CCR, Title 9, Section 629 Psychiatric Technician A psychiatric technician shall have a current license to practice as a psychiatric technician by the Board of Vocational Nurse and Psychiatric Technician Examiners and six years of post-license experience in a mental health setting. Up to four years of college or university education may be substituted for the required psychiatric technician experience on a year-for-year basis.

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Category 5: Head of Service ¹⁰	Criteria Met		Guideline for Certification Reviews/Visits
Evaluation Criteria	Yes	No	
<p>A. Does the provider have as head of service a licensed mental health professional or other appropriate individual as described in <u>CCR</u>, Title 9, § 622 through 630?</p> <p>Name:</p> <p>Discipline:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>During the certification visit, check to see whether the MHP provider has as head of service a licensed mental health professional or other appropriate individual as described in Title 9, CCR, Sections 622 through 630. Collect a copy of the current and valid license of the provider.¹¹</p> <p>During the visit, check to see the written policies and procedures that providers follows to ensure that staff maintain current and valid licenses.</p> <p>Note for <u>outpatient</u> in addition to the director, the minimum professional staff shall include a psychiatrist, psychologist and social worker, except that under special circumstances the department may authorize the operation of an outpatient services with less personnel.</p>

CCR, Title 9, Section 630 Mental Health Rehabilitation Specialist A mental health rehabilitation specialist shall be an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two years of post-associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting.

¹¹ CCR, Title 9, Section 1810.435 (c) In selecting organizational providers with which to contract, the MHP shall require that each provider: (3) Have as head of service a licensed mental health professional or mental health rehabilitation specialist as described in Section 622 through 630.

CCR, Title 9, Section 680 (a) Outpatient services in Local Mental Health Services shall include: Minimum Professional Staff. Outpatient services shall be under the direction of a person who qualifies under Section 623, 624, 625, 626, 627, 628, 629 or 630. In addition to the director, the minimum professional staff shall include a psychiatrist, psychologist, and social worker, except that under special circumstances the Department may authorize the operation of an outpatient service with less personnel. In addition, the staff may include qualified registered nurses and other professional disciplines. A psychiatrist must assume medical responsibility as defined in Section 522, and be present at least half-time during which the services are provided except that under special circumstance the Department may modify this requirement.

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
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Category 7: Medication Support Services¹²	Criteria Met		<input checked="" type="checkbox"/> Not Applicable
Evaluation Criteria	Yes	No	Guideline for Certification Reviews/Visits
1. Are there policies and procedures in place for dispensing, administering, and storing medications for each of the following and do practices match policies and procedures:			Note pharmaceutical services are not the same as service code Medication Support. Medication Support services are counseling and information and can be provided without providing medications (pharmaceutical services). If the program provides Medication Support and fails this part of the site certification, the certification cannot be completed until corrections have been made.
A. Are all medications obtained by prescription labeled in compliance with federal and state laws?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, ask how they ensure prescriptions are labeled in compliance with federal and state laws. Note that prescription labels may be altered only by persons legally authorized to do so.
B. Are medications intended for external-use-only stored separately?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, ask whether the provider has any medications intended for external-use-only. If yes, ask to see how they are stored separately from other medications.
C. Are all medications stored at proper temperatures: <ul style="list-style-type: none"> • Room temperature medications at 59° F – 86° F? • Refrigerated medications at 36° F – 46° F? 	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • During the certification visit, ask how they monitor to ensure medications are stored at proper temperatures • Review temperature logs to see whether they are up-to-date. • Check room thermometers and refrigerator thermometers to see that they are at the appropriate temperature.
D. Are medications stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • During the visit, ask to see where medications are stored and how the area is secured/locked. • Ask who has access to the medication room or ask to see a list of those who have access • IM multi-dose vials must be dated and initialed when opened <ul style="list-style-type: none"> ○ If they have IM multi-dose vials, ask them to show you one that has been opened (if they have one) and see if it is dated & initialed
E. Are medications disposed of after the expiration date?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, look at medications in refrigerator/cabinet/or drawer to see whether there are any expired ones by checking the expiration date. If there are expired medications, you will need to do a POC. Ask to see their policy

¹² CCR, Title 9, Section 1840.372 Lockouts for Medication Support Services - The maximum amount claimable for Medication Support Services in a 24-hour period is 4 hours.

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Category 7: Medication Support Services ¹²	Criteria Met		<input checked="" type="checkbox"/> Not Applicable
Evaluation Criteria	Yes	No	Guideline for Certification Reviews/Visits
			and procedures on how the provider disposes of expired medications. ¹³
<p>F. Is a medication log maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned medications in a manner consistent with state and federal laws? Is there a dispensing log used to record the date, name of the beneficiary, name of drug, amount of drug, Lot number, route of administration, and identifying information regarding the bottle, vial, etc from which the medication was obtained <u>for all medications which are dispensed from house supply?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • During the certification visit, ask to see the medication / dispensing logs to see whether they are up-to-date. • During the certification visit, ask provider staff to explain how they ensure expired, contaminated, deteriorated and abandoned medications are disposed of in a manner consistent with state/federal laws. This should be in a policy and procedure.

¹³ CCR, Title 22, Section 73369 Pharmaceutical Service – Disposal of Drugs (a) Discontinued individual patient’s drugs supplied by prescription or those which remain in the facility after discharge shall be destroyed by the facility in the following manner: 1) Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist and a registered nurse employed by the facility. The name of the patient, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction, and the signatures of the witnesses required above shall be recorded in the patient’s health record or in a separate log. Such log shall be retained for at least three years. 2) Drugs not listed under Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist or registered nurse. The name of the patient, the name and strength of the drug, the prescription number, if applicable, the amount destroyed, the date of destruction and the signatures of two witnesses shall be recorded in the patient’s health record or in a separate log. Such log shall be retained for at least three years.



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Follow/Up Or Plan Of Correction (POC)

(A POC is required for items where federal and state criteria was not met)

Is A Follow Up For Certification Required?

Yes

No

Is A Plan Of Correction (POC) Required?

Yes

No

Category and Item	Certifier Notes	Instruction on Follow Up	Due Date

If applicable, date Follow up or POC approved:

Date: _____

a) Date Provider Update Request received

Date: _____

b) Date of fire clearance

Date: _____

c) Date provider was operational

Date: _____

New certification approval date:

Date: _____

New certification date is the latest date all of items a) through c) above are in place.

Re-certification approval date: *(generally, this is the date of on-site review)*

Date: _____

Report completed by: _____

Date: _____