

COMPLETING THE MEDI-CAL PROGRAM SITE CERTIFICATION PROTOCOL

Purpose

This document should be used by Contracted and County-operated providers and certifiers to prepare and successfully complete the program site's mental health Medi-Cal program site certification.

Note that not all sections are applicable to the program site. Please read carefully.

| Protocol Section | What the Provider Must Do | What the Certifier Does/Looks For |
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| A. Provider Name | Check to ensure it is accurate and let Certifier know if any changes are needed by filling out the Provider/Program Change Notification Form . | Check the Exhibit A or procurement documents and pre-fill this section prior to certification visit. Spell out the entire provider name, then include acronyms. |
| B. Provider No. | Each provider must have a provider number. | Check the Medi-Cal database and pre-fill this section prior to the certification visit. |
| C. NPI No. ¹ | <p>Each program site location must have its own NPI number. One address equals one NPI number.</p> <p>New locations require a new NPI request. Ensure the request is completed prior to any certification.</p> <p>Moving locations requires updating the address associated with the NPI number. If moving, providers must update their NPI number to the new address.</p> <p>For providers in schools, the Contracted provider's (not the school's) Employee Identification Number must be used.</p> <p>For more information, visit: http://www.acbhcs.org/providers/npi/npi.htm</p> <p>Please provide the NPI number to the certifier.</p> <p>For County-operated sites, notify Provider Relations who will complete this for you.</p> | <p>If known, insert the provider's NPI number. If one is needed, let the provider know how to obtain one.</p> <p>Insert the NPI number once it is obtained from the provider.</p> |
| D. Reporting Unit(s) | For re-certifications, check to ensure the | For re-certifications, check the Exhibit A and pre-fill this section prior to |

¹ <http://www.acbhcs.org/providers/npi/npi.htm>

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| | number(s) are accurate and let Certifier know if any changes are needed. | certification visit. For new certifications, the Fiscal Contract Manager must request a new RU number after the certification is complete. Once this is obtained, the Medi-Cal database must be updated. |
| E. Program Name | Check to ensure it is accurate and let Certifier know if any changes are needed by filling out the Provider/Program Change Notification Form . | Check the Exhibit A or procurement documents and pre-fill this section prior to certification visit. |
| F. Days/Hours of Operation | Check to ensure it is accurate and let Certifier know if any changes are needed by filling out the Program Change Request Form . Note that any requests must be approved by BHCS prior to making any changes. | Check the Exhibit A or procurement documents and pre-fill this section prior to certification visit. |
| G. Program Site Service Delivery Address | Check to ensure it is accurate and let Certifier know if any changes are needed by filling out the Program Change Request Form . Note that any requests must be approved by BHCS prior to making any changes. | Check the Exhibit A or procurement documents and pre-fill this section prior to certification visit. |
| H. Mailing Address | Check to ensure it is accurate and let Certifier know if any changes are needed by filling out the Provider/Program Change Notification Form . | Check the Medi-Cal database and Contractor Contact database and pre-fill this section prior to certification visit. |
| I. Certification Type | N/A | Check the Medi-Cal database and pre-fill this section prior to certification visit. |
| J. Certification Date | N/A | Insert the date that the certification or desk audit took place. |
| K. BHCS Certifier Representative | N/A | Insert your name. |
| L. Provider Representative(s) | Clinical staff must be present in addition to any administrative staff. | Insert the names of the provider representatives present at the time of the certification. |
| M. Phone No. | Check to ensure it is accurate and let Certifier know if any changes are needed by filling out the Provider/Program Change Notification Form . | Insert the phone number(s) of the provider representatives present at the time of the certification. |
| N. Services Provided | Check to ensure it is accurate. If the services do not match or if changes are | Check the ITWS database and Exhibit A and/or procurement documents and pre-fill this section prior to certification visit. If there are discrepancies, follow |

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| | <p>requested, fill out the Program Change Request Form.</p> <p>Note that any requests must be approved by BHCS prior to making any changes.</p> | <p>up with SOC, PCM and FCM to clarify and update accordingly.</p> <p>Note Category 7: Medication Support Services: Medication Support Services are not the same as Pharmaceutical services. 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.</p> <p>Pharmaceutical Services: If the Office of the Medical Director does a Pharmacy Review within nine months of the site certification, that Pharmacy Review form may be attached to this site certification in lieu of completing this section. Please note this in the comments part of this section.</p> |

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Reviews/Visits |
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| <p>Category 1: Posted Brochures and Notices – Applicable to all contracted and County-run programs Every provider must adhere to Category 1. 1. A. through D.</p> | | |
| <p>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:</p> | <p>The State requires all providers to have Alameda County BHCS' materials in all (five) threshold languages, even though some providers may not currently serve beneficiaries who speak these languages.</p> <p>Providers should have an assigned staff to ensure that these materials are replenished on a regular basis, as needed.</p> | <p>Note, Alameda County's current threshold languages are:</p> <ul style="list-style-type: none"> • English • Vietnamese • Spanish • Cambodian • Chinese • Laotian • Farsi • Korean |

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Reviews/Visits |
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| <p>A. The beneficiary brochure per MHP procedures?²</p> | <p>Each program site must have beneficiary brochures available to clients in Alameda County's threshold languages. The brochures must be placed in a beneficiary-accessible area.</p> <p>To obtain copies of these materials, contact BHCS' Quality Assurance unit at 510.567.8105 or visit: http://www.acbhcs.org/providers/QA/QA.htm</p> <p>Providers should have an assigned staff to ensure that these materials are replenished on a regular basis, as needed.</p> | <ul style="list-style-type: none"> • During the certification, check to see whether the brochures are in a visible and beneficiary-accessible area • During the certification, check to see whether the complaints poster is in a visible place |
| <p>B. The provider list per MHP procedures?</p> | <p>Providers must print an updated referral list every quarter when it is posted to the BHCS website: http://www.acbhcs.org/Docs/ProviderList.pdf</p> <p>This list should be placed in a beneficiary-accessible area.</p> <p>Providers should have an assigned staff to ensure that these materials are replenished on a regular basis, as needed.</p> | <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 beneficiaries would have free access to it.</p> |
| <p>C. The posted notice explaining grievance, appeal, and fair hearings processes?³</p> | <p>Providers must have the complaints poster posted in a beneficiary-accessible area.</p> | <p>During the certification, check to see whether the provider has the complaints poster, grievance, appeal and expedited appeal procedures and</p> |

² *CCR, Title 9, Section 1810.360 (b) (3), (d) and (e) (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.

³ *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 beneficiaries may obtain specialty mental health services. 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*

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| | <p>To obtain copies of these materials, contact BHCS' Quality Assurance unit at 510.567.8105 or visit: http://www.acbhcs.org/providers/QA/QA.htm</p> <p>Providers should have an assigned staff to ensure that these materials are replenished on a regular basis, as needed.</p> | <p>process posted in a visible and beneficiary-accessible area.</p> |
| <p>D. The grievance forms, appeal forms, and self-addressed envelopes?⁴</p> | <p>Providers must have the:</p> <ul style="list-style-type: none"> • Grievance process • Forms • Self-addressed envelopes <p>in a visible and beneficiary-accessible area.</p> <p>Providers should have an assigned staff to ensure that these materials are replenished on a regular basis, as needed.</p> | <p>During the certification check to see whether the BHCS complaints poster posted in a visible and beneficiary-accessible area.</p> |
| <p>Category 2: Fire Safety Inspection - Applicable to all Contracted and County-run programs. Every provider must adhere to Category 2. 1.</p> | | |
| <p>1. Does the space owned, leased or operated by the provider and used for services or staff meet local fire codes?⁵</p> | <p>Before beginning to provide services and six months prior to expiration of the fire clearance, providers should schedule an appointment for a fire clearance with the local fire authority.</p> <p>Prior to the certification expiration, providers must send a copy of the valid and current fire clearance to BHCS' Network Office.</p> <p>BHCS recommends keeping an electronic copy of current and valid fire clearances at all times.</p> | <p>180 days prior to the fire clearance expiration, send a notification letter to the provider. If no fire clearance is received, send a 90 day notice, then a 60 day notice.</p> <p>Prior to scheduling the certification visit, obtain a current and valid fire clearance from the provider.</p> <p>Prior to the visit, request a current and valid fire clearance from the provider.</p> <ul style="list-style-type: none"> • Note the provider site cannot be certified without a fire safety inspection that meets local |

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.

⁴ *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.*
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.

⁵ *CCR, Title 9, Section 1810.435 (b) (2) (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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| | <p>For leased properties and providers in schools, make sure to contact the property manager/owner for a copy of the fire clearance at the cost of the property owner.</p> <p>BHCS recommends that leasing providers ensuring the receipt of an annual fire clearance with any property owner prior to occupying the space.</p> <p>Providers cannot be certified without a fire safety inspection that meets local fire codes.</p> <p>Providers in schools or leased properties may wish to obtain a fire clearance for the room in which they will occupy at their own cost. Please note that moving to a new room will require a new fire clearance.</p> <p>For County-owned locations, please contact GSA for a copy of the fire clearance.</p> <p>Providers should have an assigned staff to ensure that annual fire clearances are obtained and filed.</p> | <p>fire codes.</p> <ul style="list-style-type: none"> • A new fire safety inspection may be required if the facility undergoes major renovation or other structural changes. |
| <p>Category 3: Physical Plant - Applicable to all Contracted and County-run programs. Every provider must adhere to Category 3. 1.</p> | | |
| <p>1. Is the facility and its property clean, sanitary, and in good repair?⁶</p> | <p>Providers must keep the program site and its property clean, sanitary and in good repair. In addition to being hazard-free (no exposed outlets, wires, missing ceiling tiles, etc.) the area must be reasonably well kept.</p> | <p>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).</p> <p>If the facility clearly appears to be unsanitary and/or unreasonably unkempt, note such findings.</p> |
| <p>Category 4: Policies and Procedures - Applicable to all Contracted and County-run programs. Every provider must adhere to Category 4. 1. A. through G.</p> | | |
| <p>1. Does the provider have the following policies and procedures:</p> | | |

⁶ Please refer to the Title 9 regulation referenced in Category 2: Fire Safety Inspection, #1 above

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Reviews/Visits |
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| <p>A. Protected Health Information?⁷</p> <p>B. Personnel policies and procedures?⁸</p> | <p>Providers must have written policies and procedures, which describe how beneficiary information is kept confidential in compliance with state and federal laws and regulations governing the confidentiality of personal and medical information.</p> <p>Providers must also have written policies and procedures on how staff is trained on such policies and procedures on an ongoing basis.</p> <p>This policy should contain, at minimum, which staff is trained, the frequency of training, and the consequences and process of a violation of the policy and procedures.</p> <p>Providers must be prepared to show how their organization complies with such policies and procedures.</p> <p>See Quality Assurance’s QA manual Confidentiality Policies section for more information: http://www.acbhcs.org/providers/QA/qa_manual.htm Providers must have written policies and procedures, which describe how the organization assures that personnel are eligible to bill to Medi-Cal, by, at minimum, writing out who in the agency checks the exclusion and debarment list http://exclusions.oig.hhs.gov/search.aspx www.medi-cal.ca.gov</p> | <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.</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> |

⁷ *CCR, Title 9, Section 1810.310 (a) (10) (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) (4) (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 <http://exclusions.oig.hhs.gov/search.aspx> www.medi-cal.ca.gov

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

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| | <p>This policy should contain, at minimum, which staff is checked, the frequency of checking, and the consequences and process of a violation of the policy and procedures.</p> <p>Providers must also have written policies and procedures of staff roles and responsibilities.</p> <p>Providers must be prepared to show how their organization complies with such policies and procedures.</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://exclusions.oig.hhs.gov/search.aspx www.medi-cal.ca.gov</p> |
| <p>C. General operating procedures?⁹</p> | <p>Providers must have written policies and procedures, which describe their organization's operations/administration manual. These policies and procedures may be split by distinct programs.</p> <p>These policies and procedures should include, at minimum, hours of operations by program, disaster procedures by location, emergency evacuation procedures by location, key policies - stating who has access to locked files, etc.</p> <p>Providers must be prepared to show how their organization complies with such policies and procedures.</p> | <p>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).</p> |
| <p>D. Maintenance policy to ensure the safety and well-being of beneficiaries and staff?¹⁰</p> | <p>Providers must have written policies and procedures, which describe how their organization maintains the buildings.</p> <p>The policy and procedure should include who is contacted when a repair is required, the process for which repairs are made, etc.</p> <p>For leased space, a copy of the maintenance</p> | <p>During the certification visit, review the building maintenance policy and, if applicable, the maintenance agreement between the MHP and building owner/property manager.</p> |

⁹ MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 5 CCR, Title 9, § 533

¹⁰ CCR, Title 9, Section 1810.435 (b) (2)

(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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| | <p>agreement should be shared with the certifier.</p> <p>Providers must be prepared to show how their organization complies with such policies and procedures.</p> | |
| <p>E. Service delivery policies?¹¹</p> | <p>Providers must have written policies and procedures describing how services are delivered in each program within their organization.</p> <p>The service delivery policies and procedures should include, at minimum, the name of the program, a description of the services provided, which staff delivers the services and where, the modalities of services provided, program goals, treatment duration, referral, discontinuation and discharge protocols.</p> | <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 description of the services provided, which staff delivers the services and where, the modalities of services provided, program goals, treatment duration, referral, discontinuation and discharge protocols.</p> |
| <p>F. Unusual occurrence reporting (UOR) procedures relating to health and safety issues?¹²</p> | <p>Providers must have a written policy that defines an unusual occurrence, which require medical treatment for clients, staff or community members.</p> <p>This policy should contain, at minimum, which staff is notified, the timeline for notification, the process for treating the client or staff, the process for notifying the County.</p> <p>Providers must notify the County of any unusual occurrences that require medical treatment.</p> | <p>During the certification visit, review the Unusual Occurrence reporting policy and procedures. Ensure that the policy and procedures includes not only the form, but what is done with the form and when it is completed.</p> <p>The County requires that all providers notify the county of any unusual occurrences that require medical treatment or death of clients staff, or community members etc.</p> |
| <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?¹³</p> | <p>Providers must have a written referral process and information for a psychiatrist or physician, when/if there is not one on site.</p> | <p>During the certification visit, review the provider's 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.</p> |

¹¹ MHP Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 5 CCR, Title 9, §§ 1810.209-210 §§ 1810.212-213 §§ 1810.225, 1810.227 and 1810.249

¹² CCR, Title 9, Section 1810.435 (b) (2) (b) In selecting individual or group provider with which to contract, the MHP shall require that each individual or group provider: (2) Maintain a safe facility.

¹³ MHP Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 8

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Reviews/Visits |
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| Category 5: Head of Service - Applicable to all Contracted and County-run programs. Every provider must adhere to Category 5. A. | | |
| 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? ¹⁴ | Providers must have the appropriately licensed staff in each program. Providers must have a written policy and procedure stating how often this is verified and by whom. | During the certification visit, check to see whether the 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 |

¹⁴ MHP Contract, Exh. A, Attachment 1, Appendix D, § A, Item 9 The organizational 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.

CCR, Title 9, Section 1810.435 (c) (3) (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:

(a) 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.

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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| | <p>Providers must have current and valid staff licenses on file at all times.</p> <p>This policy should contain, at minimum, which staff licenses are checked, the frequency of checks, and the consequences and process of a violation of the policy and procedures.</p> | <p>valid license of the provider.</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> |

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Reviews/Visits |
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| Category 6: Crisis Stabilization Services – Only applicable to Contracted and County-run programs that provide Crisis Stabilization Services. | | |
| A. Is a physician on call at all times for the provision of those Crisis Stabilization Services that may only be provided by a licensed physician? ¹⁵ | <p>Providers must have the appropriate staff on call at all times.</p> <p>Providers must have written proof through the on-call schedule and contact information.</p> | During the certification visit ask to see the coverage or on call schedule and identify the physician and review the physician’s work schedule to determine coverage. |
| B. Does the provider have qualified staff available to meet the 4:1 (client: staff) ratio during times Crisis Stabilization services are provided? ¹⁶ | <p>Providers must have the appropriate staff to client ratio.</p> <p>Providers must have staff schedules with notations regarding staff licensing.</p> | During the certification visit ask to see the coverage schedule to ensure that at a minimum there is a ratio of at least one licensed mental health or waived/registered professional on site for each four beneficiaries or other patients receiving Crisis Stabilization at any given time. |
| C. Does the provider have at least one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are receiving Crisis Stabilization services? ¹⁷ | <p>Providers must have the appropriate staff to deliver services.</p> <p>Providers must have staff schedules with notations regarding staff licensing.</p> | During the certification visit ask to see the coverage schedule to ensure that the Registered Nurse, Psychiatric Technician or Licensed Vocational Nurse are on site at all times beneficiaries are receiving Crisis Stabilization services may be counted as part of the 4:1 client/staff ratio in Item 6.B. above |

¹⁵ [CCR, Title 9, Section 1840.348\(a\)](#) A physician shall be on call at all times for the provision of those Crisis Stabilization Services that may only be provided by a physician.

- Identify the physician
- Review the physician’s work schedule to determine coverage

¹⁶ [CCR, Title 9, Section 1840.348 \(c\) \(c\)](#) At a minimum there shall be a ratio of at least one licensed mental health or waived/registered professional on site for each four beneficiaries or other patients receiving Crisis Stabilization at any given time.

[CCR, Title 9, Section 1840.348 \(g\)](#) Persons included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.

¹⁷ [CCR, Title 9, Section 1840.348 \(b\)](#) There shall be a minimum of one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are present

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| Category 6: Crisis Stabilization Services – Only applicable to Contracted and County-run programs that provide Crisis Stabilization Services. | | |
| <p>D. Does the provider have medical backup services available either on site or by written contract or agreement with a hospital?¹⁸</p> | <p>Providers must have the appropriate back up services.</p> <p>Providers must have a written policy and procedure summarizing the contract or agreement to ensure this back-up.</p> | <p>During the certification visit, check the coverage schedule to determine whether medical backup services are available either on site or by written contract or agreement with a general acute care hospital.</p> <p>Medical back up is defined as immediate access within reasonable proximity to health care for medical emergencies. Immediate access and reasonable proximity shall be defined by the Mental Health Plan. Medications must be available on an as needed basis and the staffing pattern must reflect this availability.</p> |

CCR, Title 9, Section 1840.348 (g) Persons included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.

¹⁸ CCR, Title 9, Section 1840.338 (b) Medical backup services must be available either on site or by written contract or agreement with a general acute care hospital. Medical back up means immediate access within reasonable proximity to health care for medical emergencies. Immediate access and reasonable proximity shall be defined by the Mental Health Plan. Medications must be available on an as needed basis and the staffing pattern must reflect this availability.

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Reviews/Visits |
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| Category 6: Crisis Stabilization Services – Only applicable to Contracted and County-run programs that provide Crisis Stabilization Services. | | |
| <p>E. Does the provider have medications available on an as needed basis and the staffing available to prescribe or administer it?^{19 20}</p> | <p>Providers must have the appropriate staff to deliver services.</p> <p>Providers must have staff schedules with notations regarding staff licensing.</p> | <p>During the certification visit, check the coverage schedule to determine that the program site has the appropriate staff to prescribe and administer medications.</p> <p>The following staff may provide medication support services:</p> <ul style="list-style-type: none"> • Physician • Registered Nurse • Licensed Vocational Nurse • Psychiatric Technician • Pharmacist • Physician Assistant • Nurse Practitioner |
| <p>F. Do all beneficiaries receiving Crisis Stabilization services receive a physical and mental health assessments?²¹</p> | <p>Providers must a written policy and procedure on how beneficiaries receive this physical assessment and by whom.</p> <p>This policy should contain, at minimum, which staff provide the physical assessment and under which circumstances.</p> | <p>During the certification visit, review the service delivery policies and procedures to determine whether all beneficiaries receive a physical and mental health assessment.</p> |
| <p>G. If a beneficiary is evaluated as needing service activities that can only be provided by a specific type of</p> | <p>Providers must a written policy and procedure on how beneficiaries receive this evaluation and by whom.</p> | <p>During the certification visit, review the service delivery policies and procedures to determine whether a beneficiary is evaluated as needing service</p> |

¹⁹ [CCR, Title 9, Section 522 Medical Responsibility](#) A physician meeting the qualifications of Section 620 (a) shall assume responsibility for all those acts of diagnosis, treatment, or prescribing or ordering of drugs which may only be performed by a licensed physician.

[CCR, Title 9, Section 1840.346 Medication Support Services](#) shall be provided within the scope of practice by any of the following:

- (a) Physician
- (b) Registered Nurse
- (c) Licensed Vocational Nurse
- (d) Psychiatric Technician
- (e) Pharmacist
- (f) Physician Assistant.

NOTE: A Nurse Practitioner may also prescribe and administer medications.

²⁰ [BUSINESS & PROFESSIONS CODE Section 2836.1.](#)

²¹ [CCR, Title 9, Section 1840.338 \(c\)](#) All beneficiaries receiving Crisis Stabilization shall receive an assessment of their physical and mental health. This may be accomplished using protocol approved by a physician. If outside services are needed, a referral that corresponds with the beneficiary's need shall be made to the extent resources are available.

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Reviews/Visits |
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| Category 6: Crisis Stabilization Services – Only applicable to Contracted and County-run programs that provide Crisis Stabilization Services. | | |
| licensed professional, does the provider make such persons available? ²² | This policy should contain, at minimum, which staff provide the evaluation and under which circumstances. | activities that can only be provided by a specific type of licensed professional and whether the provider makes such persons available or if referrals are made. |
| H. If Crisis Stabilization services are co-located with other specialty mental health services, does the provider use staff providing Crisis Stabilization that are separate and distinct from persons providing other services? ²³ | Providers must have the appropriate staff to deliver services. Providers should have staff schedules with notations regarding staff licensing and roles. | During the certification visit, ask provider if the CSU is co-located with other Specialty Mental Health Services. Review the provider’s service delivery policies and personnel policies for staffing patterns and/or staffing schedule. |
| I. Are beneficiaries kept in the Crisis Stabilization Unit (CSU) longer than 23 hours and 59 minutes? ²⁴ | Providers may not provide services longer than 23 hours and 59 minutes. Providers must have a written policy and procedure regarding duration of service. | <ul style="list-style-type: none"> Generally there will be a board showing current beneficiaries and admission dates to see whether anyone has been there over 24 hours; or there may be an admission/discharge log that may be checked to review this information. If any of the beneficiaries present has been receiving services for longer than 23 hours and 59 minutes, make a note of this fact together with the actual length of time that beneficiary has been on the CSU. |

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
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| Category 7: Medication Support Services²⁵ - Only applicable to Contracted and County-run programs that provide Medication Support Services. | | |
| 1. Are there policies and procedures in | Providers must have a written policy and | During the certification visit, review the policy and |

²² [CCR, Title 9, Section 1840.348 \(d\)](#) If the beneficiary is evaluated as needing service activities that can only be provided by a specific type of licensed professional, such persons shall be available.

²³ [CCR, Title 9, Section 1840.348 \(f\)](#) If Crisis Stabilization services are co-located with other specialty mental health services, persons providing Crisis Stabilization must be separate and distinct from persons providing other services.

²⁴ [CCR, Title 9, Section 1810.210 Crisis Stabilization](#) “Crisis Stabilization” means a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit.

[CCR, Title 9, Section 1840.368 \(c\) Lockouts for Crisis Stabilization](#) (c) The maximum number of hours claimable for Crisis Stabilization in a 24-hour period is 20 hours.

²⁵ [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.

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
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| place for dispensing, administering, and storing medications for each of the following and do practices match policies and procedures? | <p>procedure on how medication is labeled, stored, dispensed and administered.</p> <p>This policy should contain, at minimum, which staff dispenses and administers medication, labeling and strong procedures.</p> <p>Providers must have medication logs with the client name, date of service, medication and staff.</p> | <p>procedures. Ensure that they include who may dispense medication.</p> <p>During the certification visit, check the medication logs to ensure that they are present, updated, completely filled in by the appropriate staff.</p> <p>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.</p> |
| <p>A. Are all medications obtained by prescription labeled in compliance with federal and state laws?²⁶</p> | <p>Providers must have a written policy and procedure on how medication is labeled, stored, dispensed and administered.</p> <p>This policy should contain, at minimum, which staff dispenses and administers medication, labeling and strong procedures.</p> <p>Providers must have medication clearly labeled and stored.</p> | <p>During the certification visit, check medications to ensure that each has a label with beneficiary name, expiration date and dosage.</p> <p>During the certification visit, ask how they ensure prescriptions are labeled in compliance with federal and state laws.</p> <p>Note that prescription labels may be altered only by persons legally authorized to do so.</p> |
| <p>B. Are medications intended for external-use-only stored separately?²⁷</p> | <p>Providers must have a written policy and procedure on how medications are stored separately, depending on their external or internal use.</p> <p>This policy should contain, at minimum, which medications are stored where.</p> <p>Providers must have medication clearly labeled and stored.</p> | <p>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.</p> |
| <p>C. Are all medications stored at proper temperatures:</p> | <p>Providers must have a working thermometer in their refrigerator where medication is stored.</p> | <p>During the certification visit, check the thermometer to ensure it is within the appropriate range.</p> |

²⁶ MHP Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 10a

²⁷ MHP Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 10b

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
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| <ul style="list-style-type: none"> Room temperature medications at 59° F to 86° F? Refrigerated medications at 36° F to 46° F?²⁸ | <p>Providers must have a working thermometer in the medication room.</p> <p>Providers must have daily logs that record the temperature of the refrigerator and medication room on a daily basis.</p> <p>Providers should have designated and appropriate staff person to conduct this daily check.</p> | <p>During the certification visit, review temperature logs to ensure they are up-to-date.</p> <p>During the visit, check the room thermometers to ensure that they are at the appropriate temperature.</p> |
| <p>D. Are medications stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication?²⁹</p> | <p>Providers must have a written policy and procedure on how medication is stored, dispensed and administered.</p> <p>This policy should contain, at minimum, who and how medications are prescribed, administered, labeled, stored and discarded.</p> | <p>During the certification visit, check the provider's policy and procedures on how medications are stored and how the area is secured/locked.</p> <p>During the certification visit, ask who has access to the medication room or ask to see a list of those who have access to ensure it matches the policy and procedure.</p> <p>Note that IM multi-dose vials must be dated and initialed when opened. 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.</p> |
| <p>E. Are medications disposed of after the expiration date?³⁰</p> | <p>Providers must have a written policy and procedure on how medication is checked for expiration and discarded.</p> <p>Providers should have a schedule for this task and a designated and appropriate staff.</p> | <p>During the certification visit, check the medications in refrigerator/cabinet/or drawer to see whether there are any expired ones by checking the expiration date.</p> <p>If there are expired medications, BHCS will create a POC.</p> |

²⁸ MHP Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 10c CCR, Title 9, § 1810.435(b) (3)

²⁹ MHP Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 10d CCR, Title 9, § 1810.435 (b) (3)

³⁰ 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.

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
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| <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 for all medications which are dispensed from house supply?³¹</p> | <p>person.</p> <p>Providers must have a written policy and procedure on how medication is checked for expiration and discarded.</p> <p>Providers should have a schedule for this task and a designated and appropriate staff.</p> | <p>During the certification visit, check the medication / dispensing logs to ensure they are up-to-date.</p> <p>During the certification visit, review the policy and procedure to ensure expired, contaminated, deteriorated and abandoned medications are disposed of in a manner consistent with state/federal laws.</p> |

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
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| <p>Category 8 : Day Treatment – Intensive³² - Applicable to Contracted and County-run programs that provide Day Treatment Intensive</p> | | |
| <p>Is evidence presented and/or does the written description of the Intensive Day Treatment program include the following components³³:</p> | | |
| <p>A. Community meetings that:</p> <p>1. Occur at least once a day?³⁴</p> | <p>Providers must have the Day Treatment Schedule posted in a public place.</p> <p>The schedule should include, at minimum,</p> | <p>During the certification visit, check for a posted daily schedule to verify whether community meetings occur at least once per day.</p> |

³¹ MHP Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 10f

³² CCR, Title 9, Section 1840.360. Lockouts for Day Rehabilitation and Day Treatment Intensive Day Rehabilitation and Day Treatment Intensive are not reimbursable under the following circumstances:

- a) When Crisis Residential Treatment Services, Psychiatric Inpatient Hospital Services, Psychiatric Health Facility Services or Psychiatric Nursing Facility Services are reimbursed, except for the day of admission to those services.
- b) Mental Health Services are not reimbursable when provided by Day Rehabilitation or Day Treatment Intensive staff during the same time period that Day Rehabilitation or Day Treatment Intensive is provided.
- c) Two full-day or one full-day and one half-day or two half-day programs may not be provided to the same beneficiary on the same day.

³³ CCR, Title 9, Section 1810.213 Day Treatment Intensive “Day Treatment Intensive” means a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the individual in a community setting, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

³⁴ MHP Contract, Exhibit A, Attachment 1, § W ,Item 2a

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
|--|---|--|
| | activities for the week, names of groups, staff person(s) running the groups and the staff's scope of practice. | |
| 2. Includes a staff whose scope of practice includes psychotherapy? ³⁵ | <p>Providers must have the Day Treatment Schedule posted in a public place.</p> <p>The schedule must include, at minimum, activities for the week, names of groups, staff person(s) running the groups and the staff's scope of practice.</p> | During the certification visit, check the coverage schedule and meetings to determine the staff's scope of practice. |
| 3. Address relevant items including, but not limited to, what the schedule for the day will be, any current event, individual issues beneficiaries or staff wish to discuss to elicit support of the group, conflict resolution within the milieu, planning for the day, the week, or for special events, old business from previous meetings or from previous day treatment experiences, and debriefing or wrap-up. ³⁶ | <p>Providers must offer activities that address relevant items.</p> <p>Providers must have descriptions of such activities posted in a public place.</p> | During the certification visit, check the meeting schedule and descriptions to see what types of groups occur during the milieu and whether they are matched with the items listed. |
| B. Therapeutic milieu that: | | |
| 1. Meets minimum program hours per day requirement? ³⁷ | <p>Providers must offer services per the day requirement.</p> <p>Providers must have written policies and</p> | <p>During the certification visit, check the posted schedule and staffing to determine whether the program meets the hour requirements.</p> <ul style="list-style-type: none"> • Full-Day minimum is four plus hours per day, |

³⁵ MHP Contract, Exhibit A, Attachment 1, § W, Item 2a

³⁶ MHP Contract, Exhibit A, Attachment 1, § W, Item 2a

³⁷ CCR, Title 9, Section 1840.318 Claiming for Service Functions on Half Days or Full Days of Time

(a) Day treatment intensive and day rehabilitation shall be billed as half days or full days of service

(b) The following requirements apply for claiming of services based on half days or full days of time.

(1) A half-day shall be billed for each day in which the beneficiary receives face-to-face services in a program with services available four hours or less per day. Services must be available a minimum of three hours each day the program is open.

(2) A full day shall be billed for each day in which the beneficiary receives face-to-face services in a program with services available more than four hours per day.

(3) Although the beneficiary must receive face-to-face services on any full day or half-day claimed, all service activities during that day are not required to be face-to-face with the beneficiary.

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
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| | <p>procedure of how program hours are maintained and staffed.</p> <p>This policy should contain, at minimum, who and how program hours are staffed and maintained.</p> <p>Providers must have evidence in the form of beneficiary logs and staff schedules.</p> | <p>every program day.</p> <ul style="list-style-type: none"> • Half Day minimum are three hours per day, every program day. |
| 2. Is continuous? ³⁸ | <p>Providers must offer services per the day requirement.</p> <p>Providers must have written policies and procedure of how program hours are maintained and staffed.</p> <p>This policy should contain, at minimum, who and how program hours are staffed and maintained.</p> <p>Providers must have evidence in the form of beneficiary logs and staff schedules.</p> | <p>During the certification visit, check the posted schedule and staffing to determine whether program is continuous except for lunch and short breaks; lunch and break time do not count in the program time.</p> |
| 3. Includes skill building groups, adjunctive therapies, and psychotherapy for average daily/weekly hour requirements for two hours/half-day and three hours/full-day program? ³⁹ | <p>Providers must have the Day Treatment Schedule posted in a public place.</p> <p>The schedule must include, at minimum, activities for the week, names of groups, staff person(s) running the groups and the staff's scope of practice.</p> | <p>During the certification visit, check the posted schedule and staffing to determine whether the program provides skill building groups to help beneficiaries identify psychiatric and psychological barriers to attaining their objectives and, through the course of group interaction, become better able to identify skills that address symptoms and behaviors and to increase adaptive behaviors as well as adjunctive therapies utilize self-expression (art, recreation, dance, music, etc.) as the therapeutic intervention.</p> |
| C. A detailed written weekly schedule? ⁴⁰ | <p>Providers must have the Day Treatment Schedule posted in a public place.</p> | <p>During the certification visit, check the schedule to determine whether it identifies when and where the service components will be provided and by whom.</p> |

³⁸ MHP Contract, Exhibit A, Attachment 1, § W ,Item 2b

³⁹ MHP Contract, Exhibit A, Attachment 1, § W ,Item 4a

⁴⁰ MHP Contract, Exhibit A, Attachment 1, § W ,Item 2a

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
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| | The schedule must include activities for the week, names of groups, staff person(s) running the groups and the staff's scope of practice. | The schedule must also specify the program staff, their qualifications, and the scope of their responsibilities. |
| D. Protocol for responding to clients experiencing a mental health crisis? ⁴¹ | <p>Providers must have a written policy and procedure for how staff responds to beneficiaries' mental health crises.</p> <p>The schedule must include, at minimum, how crisis is assessed and referred and by whom.</p> <p>.</p> | <p>During the certification visit, ask to see the policies and procedures the provider uses that assure the availability of appropriately trained and qualified staff.</p> <p>Ask to see how beneficiaries are referred to crisis services outside of the day treatment program. Note the provider must have the capacity to handle the crisis until the beneficiary is linked to outside crisis services.</p> |
| E. How required staffing ratios of qualified staff are maintained? ⁴² | Providers must have written policy and procedures that ensure maintenance of staff to beneficiary ratio. | During the certification visit, check staffing pattern and the daily client census log to ensure that at a minimum there is an appropriate staff to client ratio. |

⁴¹ MHP Contract, Exhibit A, Attachment 1, § W ,Item 4c

⁴² CCR, Title 9, Section 1840.350 Day Intensive Staffing Requirements

(a) At a minimum there must be an average ratio of at least one person from the following list providing Day Treatment Intensive services to eight beneficiaries or other clients in attendance during the period the program is open:

- (1) Physicians
- (2) Psychologists or related waived/registered professionals
- (3) Licensed Clinical Social Workers or related waived/ registered professionals
- (4) Marriage and Family Therapists or related waived/registered professionals
- (5) Registered Nurses
- (6) Licensed Vocational Nurses
- (7) Psychiatric Technicians
- (8) Occupational Therapists
- (9) Mental Health Rehabilitation Specialists as defined in Section 630

(b) Persons providing Day Treatment Intensive who do not participate in the entire Day Treatment Intensive session, whether full-day or half-day, may be utilized according to program need, but shall only be included as part of the above ratio formula on a pro rata basis based on the percentage of time in which they participated in the session. The MHP shall ensure that there is a clear audit trail of the number and identity of persons who provide Day Treatment Intensive services and function in other capacities

(c) Persons providing services in Day Treatment Intensive programs serving more than 12 clients shall include at least one person from two of the following groups:

- (1) Physicians
- (2) Psychologists or related waived/registered professionals
- (3) Licensed Clinical Social Workers or related waived / registered professionals
- (4) Marriage and Family Therapists or related waived/registered professionals
- (5) Registered Nurses
- (6) Licensed Vocational Nurses
- (7) Psychiatric Technicians
- (8) Occupational Therapists
- (9) Mental Health Rehabilitation Specialists as defined in Section 630

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
|---|--|--|
| <p>F. Description of how at least one staff person will be present and available to the group in the therapeutic milieu for all scheduled hours of operation?⁴³</p> | <p>Providers must have evidence in the form of beneficiary logs and staff schedules.</p> <p>Providers must have written policy and procedures that ensure maintenance of staff to beneficiary ratio.</p> <p>Providers must have evidence in the form of beneficiary logs and staff schedules.</p> | <p>During the certification visit, check the schedule and staffing to determine whether at least one staff person will be present and available to the group.</p> |
| <p>G. If staff have other responsibilities (group home, school), documentation of the scope of responsibilities and the specific times in which day treatment activities are being performed exclusive of other activities?⁴⁴</p> | <p>Providers must have written policy and procedures that ensure staff roles and responsibilities are clear.</p> <p>Providers must have evidence in the form of client logs and staff schedules.</p> | <p>During the certification visit, ask to see the provider's policy and procedures that describes the staffing, duties and responsibilities of staff, as well as hours of operation of the program. Note that persons who are not solely used to provide day treatment services may be utilized according to program need, but shall not be included as part of the ratio formula.</p> |
| <p>H. An expectation that the beneficiary will be present for all scheduled hours of operation for each day and that the beneficiary is present at least 50% of the scheduled hours of operation/day before Federal Financial Participation (FFP) will be claimed for that day?⁴⁵</p> | <p>Providers must have a written policy and procedure that ensures this attendance and documentation.</p> <p>Providers must have evidence in the form of beneficiary logs and staff schedules.</p> | <p>During the certification visit, ask to see the beneficiary sign in sheets. Each beneficiary must sign in and out of groups.</p> |
| <p>I. Description of how documentation standards will be met?⁴⁶</p> | <p>Providers must have written policies and procedures pertaining to documentation standards.</p> <p>The policy, must include, at minimum, billable activities, documentation standards and the process to review charts.</p> | <p>During the certification visit, ask to see the provider's policies, procedures and trainings on documentation standards. Note, these should include daily progress notes on activities and a weekly clinical summary reviewed and signed by a physician, licensed/waivered/registered psychologist, licensed/waivered/registered social worker,</p> |

⁴³ MHP Contract, Exhibit A, Attachment 1, § W ,Item 4e

⁴⁴ MHP Contract, Exhibit A, Attachment 1, § W ,Item 4e

⁴⁵ MHP Contract, Exhibit A, Attachment 1, § W ,Item 4f

⁴⁶ MHP Contract, Exhibit A, Attachment 1, § W ,Item 5

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
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| | | <p>licensed/waivered/registered Marriage and Family Therapist, Registered Nurse, who is either staff to the day treatment program or the person directing the service.</p> <ul style="list-style-type: none"> • Check beneficiary records as needed. • Note check for the presence of notes, not the quality. |
| <p>J. Description of at least one contact per month with a family member, caregiver, significant support person, or legally responsible adult?⁴⁷</p> | <p>Providers must have written policies and procedures pertaining to how often this contact is made and how a beneficiary may opt out of such a contact.</p> <p>Providers must have a place where this is recorded in the beneficiary's chart.</p> | <p>During the certification visit, ask to see the service delivery policies and procedures which outline how contact is made with support persons. Note adult beneficiaries may choose not to have this service done for them.</p> <ul style="list-style-type: none"> • There is an expectation that this contact will occur outside the hours of operation and therapeutic milieu. • The contacts and involvement should focus on the role of the significant support person in supporting the client's community reintegration. |

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
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| <p>Category 9: Day Treatment – Rehabilitation²⁶ - Applicable to Contracted and County-run programs that provide Day Treatment Rehabilitation</p> | | |
| <p>Is evidence presented and/or does the written description of the Intensive Day Treatment program include the following components⁴⁸:</p> | | |
| <p>A. Community meetings that:</p> | | |
| <p>4. Occur at least once a day?⁴⁹</p> | <p>Providers must have the Day Treatment Schedule posted in a public place.</p> <p>The schedule should include, at minimum, activities for the week, names of groups, staff person(s) running the groups and the staff's scope of practice.</p> | <p>During the certification visit, check for a posted daily schedule to verify whether community meetings occur at least once per day.</p> |
| <p>5. Includes a staff whose scope of</p> | <p>Providers must have the Day Treatment</p> | <p>During the certification visit, check the coverage</p> |

⁴⁷ MHP Contract, Exhibit A, Attachment 1, § W ,Item 6 DMH Information Notice 02-06 and DMH Letter No.03-03

⁴⁸ CCR, Title 9, Section 1810.213 Day Treatment Intensive "Day Treatment Intensive" means a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the individual in a community setting, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

⁴⁹ MHP Contract, Exhibit A, Attachment 1, § W ,Item 2a

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
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| practice includes psychotherapy? ⁵⁰ | <p>Schedule posted in a public place.</p> <p>The schedule must include, at minimum, activities for the week, names of groups, staff person(s) running the groups and the staff's scope of practice.</p> | schedule and meetings to determine the staff's scope of practice. |
| 6. Address relevant items including, but not limited to, what the schedule for the day will be, any current event, individual issues beneficiaries or staff wish to discuss to elicit support of the group, conflict resolution within the milieu, planning for the day, the week, or for special events, old business from previous meetings or from previous day treatment experiences, and debriefing or wrap-up. ⁵¹ | <p>Providers must offer activities that address relevant items.</p> <p>Providers must have descriptions of such activities posted in a public place.</p> | During the certification visit, check the meeting schedule and descriptions to see what types of groups occur during the milieu and whether they are matched with the items listed. |
| B. Therapeutic milieu that: | | |
| 4. Meets minimum program hours per day requirement? ⁵² | <p>Providers must offer services per the day requirement.</p> <p>Providers must have written policies and procedure of how program hours are maintained and staffed.</p> <p>This policy should contain, at minimum, who</p> | <p>During the certification visit, check the posted schedule and staffing to determine whether the program meets the hour requirements.</p> <ul style="list-style-type: none"> • Full-Day minimum is four plus hours per day, every program day. • Half Day minimum are three hours per day, every program day. |

⁵⁰ MHP Contract, Exhibit A, Attachment 1, § W, Item 2a

⁵¹ MHP Contract, Exhibit A, Attachment 1, § W, Item 2a

⁵² CCR, Title 9, Section 1840.318 Claiming for Service Functions on Half Days or Full Days of Time

(c) Day treatment intensive and day rehabilitation shall be billed as half days or full days of service

(d) The following requirements apply for claiming of services based on half days or full days of time.

(4) A half-day shall be billed for each day in which the beneficiary receives face-to-face services in a program with services available four hours or less per day. Services must be available a minimum of three hours each day the program is open.

(5) A full day shall be billed for each day in which the beneficiary receives face-to-face services in a program with services available more than four hours per day.

(6) Although the beneficiary must receive face-to-face services on any full day or half-day claimed, all service activities during that day are not required to be face-to-face with the beneficiary.

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
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| | <p>and how program hours are staffed and maintained.</p> | |
| <p>5. Is continuous?⁵³</p> | <p>Providers must have evidence in the form of beneficiary logs and staff schedules.</p> <p>Providers must offer services per the day requirement.</p> <p>Providers must have written policies and procedure of how program hours are maintained and staffed.</p> <p>This policy should contain, at minimum, who and how program hours are staffed and maintained.</p> <p>Providers must have evidence in the form of beneficiary logs and staff schedules.</p> | <p>During the certification visit, check the posted schedule and staffing to determine whether program is continuous except for lunch and short breaks; lunch and break time do not count in the program time.</p> |
| <p>6. Includes skill building groups, adjunctive therapies, and psychotherapy for average daily/weekly hour requirements for two hours/half-day and three hours/full-day program?⁵⁴</p> | <p>Providers must have the Day Treatment Schedule posted in a public place.</p> <p>The schedule must include, at minimum, activities for the week, names of groups, staff person(s) running the groups and the staff's scope of practice.</p> | <p>During the certification visit, check the posted schedule and staffing to determine whether the program provides skill building groups to help beneficiaries identify psychiatric and psychological barriers to attaining their objectives and, through the course of group interaction, become better able to identify skills that address symptoms and behaviors and to increase adaptive behaviors as well as adjunctive therapies utilize self-expression (art, recreation, dance, music, etc.) as the therapeutic intervention.</p> |
| <p>C. A detailed written weekly schedule?⁵⁵</p> | <p>Providers must have the Day Treatment Schedule posted in a public place.</p> <p>The schedule must include activities for the week, names of groups, staff person(s) running the groups and the staff's scope of practice.</p> | <p>During the certification visit, check the schedule to determine whether it identifies when and where the service components will be provided and by whom. The schedule must also specify the program staff, their qualifications, and the scope of their responsibilities.</p> |

⁵³ MHP Contract, Exhibit A, Attachment 1, § W ,Item 2b

⁵⁴ MHP Contract, Exhibit A, Attachment 1, § W ,Item 4a

⁵⁵ MHP Contract, Exhibit A, Attachment 1, § W ,Item 2a

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
|---|--|--|
| <p>D. Protocol for responding to clients experiencing a mental health crisis?⁵⁶</p> | <p>Providers must have a written policy and procedure for how staff responds to beneficiaries' mental health crises.</p> <p>The schedule must include, at minimum, how crisis is assessed and referred and by whom.</p> | <p>During the certification visit, ask to see the policies and procedures the provider uses that assure the availability of appropriately trained and qualified staff.</p> <p>Ask to see how beneficiaries are referred to crisis services outside of the day treatment program. Note the provider must have the capacity to handle the crisis until the beneficiary is linked to outside crisis services.</p> |
| <p>K. How required staffing ratios of qualified staff are maintained?⁵⁷</p> | <p>Providers must have written policy and procedures that ensure maintenance of staff to beneficiary ratio.</p> <p>Providers must have evidence in the form of beneficiary logs and staff schedules.</p> | <p>During the certification visit, check staffing pattern and the daily client census log to ensure that at a minimum there is an appropriate staff to client ratio.</p> |
| <p>L. Description of how at least one</p> | <p>Providers must have written policy and</p> | <p>During the certification visit, check the schedule and</p> |

⁵⁶ MHP Contract, Exhibit A, Attachment 1, § W ,Item 4c

⁵⁷ CCR, Title 9, Section 1840.350 Day Intensive Staffing Requirements

(a) At a minimum there must be an average ratio of at least one person from the following list providing Day Treatment Intensive services to eight beneficiaries or other clients in attendance during the period the program is open:

- (1) Physicians
- (2) Psychologists or related waived/registered professionals
- (3) Licensed Clinical Social Workers or related waived/ registered professionals
- (4) Marriage and Family Therapists or related waived/registered professionals
- (5) Registered Nurses
- (6) Licensed Vocational Nurses
- (7) Psychiatric Technicians
- (8) Occupational Therapists
- (9) Mental Health Rehabilitation Specialists as defined in Section 630

(b) Persons providing Day Treatment Intensive who do not participate in the entire Day Treatment Intensive session, whether full-day or half-day, may be utilized according to program need, but shall only be included as part of the above ratio formula on a pro rata basis based on the percentage of time in which they participated in the session. The MHP shall ensure that there is a clear audit trail of the number and identity of persons who provide Day Treatment Intensive services and function in other capacities

(c) Persons providing services in Day Treatment Intensive programs serving more than 12 clients shall include at least one person from two of the following groups:

- (1) Physicians
- (2) Psychologists or related waived/registered professionals
- (3) Licensed Clinical Social Workers or related waived / registered professionals
- (4) Marriage and Family Therapists or related waived/registered professionals
- (5) Registered Nurses
- (6) Licensed Vocational Nurses
- (7) Psychiatric Technicians
- (8) Occupational Therapists
- (9) Mental Health Rehabilitation Specialists as defined in Section 630

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
|---|--|---|
| <p>staff person will be present and available to the group in the therapeutic milieu for all scheduled hours of operation?⁵⁸</p> | <p>procedures that ensure maintenance of staff to beneficiary ratio.</p> | <p>staffing to determine whether at least one staff person will be present and available to the group.</p> |
| <p>M. If staff have other responsibilities (group home, school), documentation of the scope of responsibilities and the specific times in which day treatment activities are being performed exclusive of other activities?⁵⁹</p> | <p>Providers must have evidence in the form of beneficiary logs and staff schedules.</p> <p>Providers must have written policy and procedures that ensure staff roles and responsibilities are clear.</p> <p>Providers must have evidence in the form of client logs and staff schedules.</p> | <p>During the certification visit, ask to see the provider's policy and procedures that describes the staffing, duties and responsibilities of staff, as well as hours of operation of the program. Note that persons who are not solely used to provide day treatment services may be utilized according to program need, but shall not be included as part of the ratio formula.</p> |
| <p>N. An expectation that the beneficiary will be present for all scheduled hours of operation for each day and that the beneficiary is present at least 50% of the scheduled hours of operation/day before Federal Financial Participation (FFP) will be claimed for that day?⁶⁰</p> | <p>Providers must have a written policy and procedure that ensures this attendance and documentation.</p> <p>Providers must have evidence in the form of beneficiary logs and staff schedules.</p> | <p>During the certification visit, ask to see the beneficiary sign in sheets. Each beneficiary must sign in and out of groups.</p> |
| <p>O. Description of how documentation standards will be met?⁶¹</p> | <p>Providers must have written policies and procedures pertaining to documentation standards.</p> <p>The policy, must include, at minimum, billable activities, documentation standards and the process to review charts.</p> | <p>During the certification visit, ask to see the provider's policies, procedures and trainings on documentation standards. Note, these should include daily progress notes on activities and a weekly clinical summary reviewed and signed by a physician, licensed/waivered/registered psychologist, licensed/waivered/registered social worker, licensed/waivered/registered Marriage and Family Therapist, Registered Nurse, who is either staff to the day treatment program or the person directing the</p> |

⁵⁸ MHP Contract, Exhibit A, Attachment 1, § W ,Item 4e

⁵⁹ MHP Contract, Exhibit A, Attachment 1, § W ,Item 4e

⁶⁰ MHP Contract, Exhibit A, Attachment 1, § W ,Item 4f

⁶¹ MHP Contract, Exhibit A, Attachment 1, § W ,Item 5

| Federal and State Criteria | What the Provider Must Do | Guideline for Certification Review/Visits |
|--|---|---|
| | | service. <ul style="list-style-type: none"> • Check beneficiary records as needed. • Note check for the presence of notes, not the quality. |
| <p>P. Description of at least one contact per month with a family member, caregiver, significant support person, or legally responsible adult?⁶²</p> | <p>Providers must have written policies and procedures pertaining to how often this contact is made and how a beneficiary may opt out of such a contact.</p> <p>Providers must have a place where this is recorded in the beneficiary's chart.</p> | <p>During the certification visit, ask to see the service delivery policies and procedures which outline how contact is made with support persons. Note adult beneficiaries may choose not to have this service done for them.</p> <ul style="list-style-type: none"> • There is an expectation that this contact will occur outside the hours of operation and therapeutic milieu. • The contacts and involvement should focus on the role of the significant support person in supporting the client's community reintegration. |

⁶² MHP Contract, Exhibit A, Attachment 1, § W ,Item 6 DMH Information Notice 02-06 and DMH Letter No.03-03

MEDI-CAL PROGRAM SITE CERTIFICATION PROTOCOL REQUEST FOR FOLLOW-UP/PLAN OF CORRECTION TEMPLATE

| Follow/Up Or Plan Of Correction (POC) | | | |
|---|-----------------|--------------------------------------|-----------------------------|
| <i>(A POC is required for items where federal and state criteria was not met)</i> | | | |
| Is A Follow Up For Certification Required? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is A Plan Of Correction (Poc) Required? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Category and Item <i>(certifier to insert Category number and item)</i> | Certifier Notes | Instruction on Follow Up to Provider | Due Date |
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| If applicable, date Follow-Up or POC approved: | | Date: | |
| a) Date Provider Update Request received by AS | | Date: | |
| b) Date of fire clearance | | Date: | |
| c) Date provider was operational | | Date: | |
| New certification approval date: | | Date: | |
| <i>New certification date is the latest date all of items a) through c) above are in place.</i> | | | |
| Re-certification approval date: <i>(generally, this is the date of on-site review)</i> | | Date: | |