

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH) SHORT DOYLE/MEDI-CAL PROVIDER SITE CERTIFICATION & RECERTIFICATION PROTOCOL: DAY TREATMENT

A. Provider Name			B. Provider No.						
			C. NPI No.						
D. Program Name	E. Days/Hours of Operation		M	T	W	Th	F	Sat	Sun
	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. Review Type (Specify)	<input type="checkbox"/> Certification		I. Site Visit Date						
	<input type="checkbox"/> Re-Certification								
J. ACBH Certifier Representative			K. Provider Representative(s)						
			L. Phone No. (If Different Than Provider Phone 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"/> 10/95 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"/> 15/70 Crisis Intervention H2011							

Category 1: Posted Brochures and Notices	Criteria Met		Guidelines for Certification Reviews
Federal and State Criteria	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:	<input type="checkbox"/>	<input type="checkbox"/>	Note: Alameda County's current threshold languages are: <ul style="list-style-type: none"> English Chinese Traditional Chinese Simplified Farsi Spanish Vietnamese

¹ 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. 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.

² This protocol pertains **only** to Day Treatment programs (Categories 1-5 and Category 8).

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	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Arabic • Tagalog
A. The beneficiary brochure/Guide to Medi-Cal Mental Health Services per MHP procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Check to see whether the brochures/Guides are in a visible place and are available in English and the threshold languages.³ • The brochures/Guides must be made available to beneficiaries when first receiving a specialty mental health service and upon request.
B. The provider list/directory per MHP procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Check to see whether the current provider list/directory is in a visible place and is available in English and the threshold languages (See footnote 5 below). • The provider list/directory must be made available to beneficiaries when first receiving a specialty mental health service and upon request. • <u>Note:</u> The provider may display a notice visible to beneficiaries for items A. and B. that specifies, in English and the threshold languages, “Copies available upon request.”
C. The posted notice explaining grievance, appeal, and fair hearings processes?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Check to see whether the grievance, appeal, and fair hearings processes are in a visible place, and are available in English and the threshold languages without the need to make a verbal or written request.⁴

³ CCR, Title 9, Section 1810.360 (b) (3) (d) (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.

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 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 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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<p>D. The grievance forms, appeal forms, and self-addressed envelopes?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Check to see whether the grievance & appeal forms are in a visible place, and are available in English and the threshold languages without the need to make a verbal or written request.⁵ • Check for envelopes addressed to the MHP office which receives grievances. 	
<p>Category 2: Fire Safety Inspection</p>		<p>Criteria Met</p>		<p align="center">Guidelines for Certification Reviews</p>
<p>Federal and State Criteria</p>		<p>Yes</p>	<p>No</p>	
<p>1. Does the space owned, leased or operated by the provider and used for services or staff meet local fire codes?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Prior to the review, request a current and valid fire clearance from the provider.⁶ • <u>Note:</u> The facility 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. • Verify all fire exits are clear and unobstructed. 	
<p>Category 3: Physical Plant</p>		<p>Criteria Met</p>		<p align="center">Guidelines for Certification Reviews</p>
<p>Evaluation Criteria</p>		<p>Yes</p>	<p>No</p>	
<p>1. Is the facility and its property clean, sanitary, and in good repair?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Tour the facility & observe the building & grounds for actual and potential hazards (e.g. loose/torn carpeting, electrical cords that might pose a hazard, cleaning supplies left out in the open, etc.) (See footnote 9 below). 	
<p>2. Are all confidential and protected health information (PHI) secure?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Inspect client records room: <ul style="list-style-type: none"> ○ Verify client records are maintained confidentially, and are not located where the public can view or have physical access to. ○ Identify who has access to client records room during & after business hours (See footnote 9 below). 	

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.

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.

⁶ CCR, Title 9, Section 1810.435 (b) (2) 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		Guidelines for Certification Reviews
Evaluation Criteria	Yes	No	
1. Does the provider have the following policies and procedures and are they being implemented?			
<p>A. Confidentiality and Protected Health Information</p> <p>B. Emergency evacuation</p> <p>C. Personnel policies and procedures specific to screening licensed personnel/providers and checking the excluded provider lists</p>	<p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p>	<p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p>	<ul style="list-style-type: none"> • Check for written P&Ps for description of how beneficiary confidentiality is in compliance with state and federal laws and regulations governing the confidentiality of personal or medical information.⁷ • Verify written P&P on emergency evacuation. • 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/current licenses, if applicable, and are not on any excluded/debarred provider lists. • Verify the MHP also has a process to verify the above upon hire as well as a timeline as to when periodic verifications will be performed. • <u>Note:</u> The MHP cannot employ or contract with individuals or 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. • <u>Note:</u> Verify that the MHP’s P&Ps identify the two required Excluded Individuals/Entities lists: https://oig.hhs.gov/exclusions/exclusions_list.asp https://files.medi-cal.ca.gov/pubsdoco/SandILanding.aspx⁸

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) (4) 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

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Category 4: Policies and Procedures	Criteria Met		Guidelines for Certification Reviews
Evaluation Criteria	Yes	No	
D. General operating procedures	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Check for a current administrative manual, which includes: general operating procedures (e.g., hours of operation, disaster procedures, emergency evacuation procedures, etc.).⁹
E. Maintenance policy to ensure the safety and well-being of beneficiaries and staff	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Check for the building maintenance policy or the maintenance agreement between the MHP and owner of the building where services are provided.¹⁰
F. Service delivery policies	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Check the written P&Ps of services provided at the site. Check for P&Ps regarding types of service, intake process, referral and linkage, length of services, discharge, and discontinuation of services.¹¹
G. Unusual occurrence reporting (UOR) procedures relating to health and safety issues	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Check for the written P&P for the UOR processes. The county requires that all providers notify the county of any unusual occurrences, deaths, etc.¹²
H. Written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Check for the 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.

⁹ [CCR, Title 9, Section 533.](#)

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

¹¹ [CCR, Title 9, Section 1810.209-210, Section 1810.212-213, Section 1810.225, Section 1810.227, and Section 1810.249.](#)

¹² CCR, Title 9, Section 1810.435 (b) (2) 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 5: Head of Service ¹³	Criteria Met		Guidelines for Certification Reviews
Evaluation Criteria	Yes	No	
A. Does the provider have, as head of service, a licensed mental health professional or other appropriate individual as described in CCR, Title 9, § 622 through 630?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Check to see whether the MHP provider has, as head of service, a licensed mental health professional or other appropriate individual. Obtain a copy of the current and valid license of the provider.¹⁴ Check to see the written P&Ps that providers follow to ensure that staff maintain current and valid licenses.

¹³ 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.

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.

California Code, [Business and Professions Code, Section 4999.20](#)

¹⁴ CCR, Title 9, Section 1810.435 (c) (3) 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.

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Category 5: Head of Service ¹³	Criteria Met		Guidelines for Certification Reviews
Evaluation Criteria	Yes	No	
Name: Discipline:			<ul style="list-style-type: none"> • <u>Note for 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.

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Category 7: Medication Support Services	Criteria Met		<input type="checkbox"/> Not Applicable (Provider does <u>not</u> store or maintain meds on site)
Evaluation Criteria	Yes	No	Guidelines for Certification Reviews
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?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Note: 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.
2. Are all medications obtained by prescription labeled in compliance with federal and state laws?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ask how they ensure prescriptions are labeled in compliance with federal and state laws. Check the medication labels for compliance. Note: Prescription labels may be altered only by persons legally authorized to do so.
3. Are intramuscular multi-dose vials dated and initialed when opened?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Determine how multi-dose vials are stored. Check the multi-dose vials to see if any opened multi-dose vials are dated, initialed, and refrigerated (e.g. insulin, tuberculin).
4. Are medications intended for external use only, and food stuffs, stored separately from drugs intended for internal use?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> If the provider has any medications intended for external use only, check the labels & expiration dates.¹⁵ Verify that external use only medications are stored separately from oral and injectable medications. No food should be stored in the same refrigerator as medications.
5. 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"/>	<p>Ask how they monitor to ensure medications are stored at proper temperatures (See footnote 20 below). Review temperature logs to see whether they are up-to-date.</p> <ul style="list-style-type: none"> Check room thermometers and refrigerator thermometers to verify that they are at the appropriate temperatures.
6. 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"> Check the medication storage area and how the area is secured/locked (See footnote 20 below). Ask who has access to the medication storage area or ask to see a list of staff who have access.

¹⁵ CCR, Title 9, Section 1810.435 (b) (3) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider: (2) Store and dispense medications in compliance with State and federal laws and regulations.

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Category 7: Medication Support Services	Criteria Met		<input type="checkbox"/> Not Applicable (Provider does <u>not</u> store or maintain meds on site)
Evaluation Criteria	Yes	No	Guidelines for Certification Reviews
			<u>Note:</u> Per the Medical Board regarding Medical Assistants. ¹⁶
7. Are medications disposed of after the expiration date?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Ask how expired medications are monitored and checked. • Ask how the expired medications are disposed of at the site, the staff involved, and how often this occurs. • Verify the location of where the expired medications are stored. • Check the expiration dates of the medications stored. • For all medications expired and still on the shelf, list the name of the medication and the expiration date in the CAP.
8. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Ask how they ensure expired, contaminated, deteriorated and abandoned medications are disposed of in a manner consistent with state/federal laws. • Ask to see their P&P on how they dispose of expired medications.¹⁷ • Ask to see the medication/dispensing log where the expired, contaminated, deteriorated or abandoned medications are recorded. • Ask how Schedule II, III, or IV controlled drugs are handled.

¹⁶ Medical assistants: 1) are allowed to have access to the keys of the narcotic medication cabinet as long as there is an in-house procedure and the determination to allow this practice is made by the supervising physician or podiatrist; and 2) may hand patients properly-labeled and pre-packaged prescriptions drugs (excluding controlled substances) that have been ordered by a licensed physician, podiatrist, physician assistant, nurse practitioner, or nurse midwife. The properly-labeled and pre-packaged prescription drug must have the patient's name affixed to the package, and the physician, podiatrist, physician assistant, nurse practitioner, or nurse midwife must verify it is the correct medication and dosage for that specific patient and provide the appropriate patient consultation regarding use of the drug prior to the medical assistant handing medication to a patient.

¹⁷ CCR, Title 22, Section 73369 (b) (1) (2) 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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Category 8: Day Treatment Intensive / Day Rehabilitation	Criteria Met		Guidelines for Certification Reviews
Federal and State Criteria	Yes	No	
<p><u>SERVICE COMPONENTS:</u></p> <p>Is there evidence that the <u>Day Treatment Intensive</u> (DTI) and <u>Day Rehabilitation</u> (DR) programs include the following required service components?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Documents to review include but are not limited to: Documentation Standards, Written Program Descriptions, Written Weekly Schedules, Mental Health Crisis Protocol, Daily Client Attendance Records, staffing schedules, Duty Statements, and Staff Licensures, medical records and billing records.^{18 19} Note: If the site is requesting both half day and full day of either DTI or DR, then each half day and full day program must have a separate location, separate Written Weekly Schedule, separate Written Program Description, and sufficient and qualified staff for each program.
<p>A) Do the Community Meetings:</p> <p>1) Occur at least once a day and actively involve the staff and beneficiaries?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Review the Written Weekly Schedules and Written Program Description for daily Community Meetings. If Day Treatment Intensive, also review the Daily Progress Notes.
<p>2) Address relevant items including, but not limited to, what the schedule for the day will be, any current events, individual issues that beneficiaries or staff wish to discuss to elicit support of the group and conflict resolution?</p>	<input type="checkbox"/>	<input type="checkbox"/>	

¹⁸ CCR, Title 9, Section 1810.212 Day Rehabilitation. "Day Rehabilitation" means a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, 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.

¹⁹ 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.

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<p>3) For <u>Day Treatment Intensive</u>: Do the Community Meetings include a staff whose scope of practice includes psychotherapy?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Review the Written Weekly Schedules to determine if the assigned staff to the Community Meetings is a Psychiatrist, Licensed/ Waivered/ Registered Psychologist, clinical social worker, MFT, or professional clinical counselor. • <u>Note</u>: LPCCs are <u>not</u> permitted to assess or treat couples or families unless the LPCC has completed <u>ALL</u> the required experience and course work on this subject as specified in CA Business and Professions Code Section 4999.20.
<p>4) For <u>Day Rehabilitation</u>: Do the Community Meetings include staff who is a physician, a registered nurse, psychiatric technician, licensed vocational nurse, or mental health rehabilitation specialist, or a licensed / waivered / registered psychologist, clinical social worker, marriage and family therapist, or professional clinical counselor?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Review the Written Weekly Schedules to determine if the requirements for assigned staff to the Community Meetings were met.

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Category 8: Day Treatment Intensive / Day Rehabilitation	Criteria Met		Guidelines for Certification Reviews
Federal and State Criteria	Yes	No	
<p>B) Does the Therapeutic Milieu include:</p> <p>1) Process Groups*?</p> <p>*NOTE:: Day Rehabilitation may include psychotherapy instead of process groups, or in addition to process groups.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Review the Written Weekly Schedules for the type of groups scheduled and Written Program Description to determine if the process groups assist each beneficiary to develop necessary skills to deal with his/her mental health problems and issues. Process groups are facilitated by staff and shall assist each beneficiary to develop necessary skills to deal with his/her problems and issues. The group process shall utilize peer interaction and feedback in developing problem-solving strategies to resolve behavioral and emotional problems.
<p>2) Skill Building Groups?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Review the Written Weekly Schedules for the type of groups scheduled and Written Program Description to determine if the skill-building groups help beneficiaries identify barriers related to their psychiatric and psychological experiences. In skill building groups, staff shall help beneficiaries identify barriers related to their psychiatric and psychological experiences. Through the course of group interaction beneficiaries identify skills that address symptoms and increase adaptive behaviors.
<p>C) Are there Adjunctive Therapies?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Review the Written Weekly Schedules for the type of groups scheduled and Written Program Description to determine if the adjunctive therapies (art, recreation, dance or music) are therapeutic interventions. Adjunctive therapies assist the beneficiary in attaining or restoring skills which enhance community functioning including problem solving, organization of thoughts and materials, and verbalization of ideas and feelings. <u>Adjunctive therapies are used in conjunction with other mental health services in order to improve the outcome of</u>

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			those services consistent with the beneficiary's needs identified in the client plan.
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Category 8: Day Treatment Intensive / Day Rehabilitation	Criteria Met		Guidelines for Certification Reviews
Federal and State Criteria	Yes	No	
D) In addition, for <u>Day Treatment Intensive</u> : Is Psychotherapy being provided? NOTE: Psychotherapy does not include physiological interventions, including medication intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Review the Written Weekly Schedules, Written Program Description and progress notes to determine if psychotherapy is being provided by a licensed, registered, or waived staff practicing within their scope of practice. Psychotherapy means the use of psychological methods within a professional relationship to assist the beneficiary or beneficiaries to achieve a better psychosocial adaption, to acquire a greater human realization of psychosocial potential and adaption, to modify internal and external conditions that affect individual, groups, or communities in respect to behavior, emotions and thinking, in respect to their intrapersonal and interpersonal processes. Psychotherapy is provided by licensed, registered, or waived staff practicing within their scope of practice.
E) Is a detailed Written Weekly Schedule available to beneficiaries and as appropriate to their families, caregivers or significant support persons?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ask how the Written Weekly Schedule is made available to the beneficiary, family, caregiver or significant support person.
F) Does the Written Weekly Schedule:	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Review the Written Weekly Schedule for required service components. (See Sections A - D) Review the Written Weekly Schedule for the required information in items F. 1-3.
1) Identify when services will be provided?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Identify where services will be provided?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Specify the program staff, their qualifications, and the scope of their services?	<input type="checkbox"/>	<input type="checkbox"/>	

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Category 8: Day Treatment Intensive / Day Rehabilitation	Criteria Met		Guidelines for Certification Reviews
Federal and State Criteria	Yes	No	
G) Is there a Written Program Description for the Day Treatment Intensive or Day Rehabilitation program?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Review the Written Program Description for content and if all required service components (See Sections A - D) for DTI or DR are described.
H) Does the Written Program Description describe the specific activities of each service and reflect the required components of the services as described in the MHP contract?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Compare the program descriptions with the written weekly schedule. Do the activities listed on the Written Weekly Schedule correspond to the written program descriptions?
I) Is there a Mental Health Crisis Protocol for responding to clients experiencing a mental health crisis ?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Review the MHP's Mental Health Crisis Protocol. <u>Note:</u> The protocol must assure the availability of appropriately trained and qualified staff. If beneficiaries will be referred to crisis services outside of the day treatment program, the provider must have the capacity to handle the crisis until the beneficiary is linked to outside crisis services.

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Category 8: Day Treatment Intensive / Day Rehabilitation	Criteria Met		Guidelines for Certification Reviews
Federal and State Criteria	YES	NO	
<p><u>HOURS OF OPERATION:</u> Do the scheduled hours of operation for <u>Day Treatment Intensive</u> or <u>Day Rehabilitation</u> Programs:</p> <p>A) Meet the minimum program hours <u>per</u> day requirement? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>NOTE:</u> <u>For Half Day:</u> The beneficiary must receive face-to-face services a <i>minimum</i> of three (3) hours each day the program is open. <u>For Full-Day:</u> The beneficiary must receive face-to-face services in a program with services available <i>more than</i> four (4) hours per day.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Review Written Program Description, Written Weekly Schedules, staffing schedules and Daily Attendance Records to verify the hours of operation requirements are met.²⁰
<p>B) Are the scheduled hours of operation continuous?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Review the Written Weekly Schedule to verify the required hours are met. Review progress notes in the medical record to verify attendance and continuous hours of operation. <u>Note:</u> Program must be continuous except for lunch and short breaks. Lunch and break time do <u>not</u> count toward the total continuous hours of operation for purposes of determining minimum hours of service.

²⁰ 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.

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Category 8: Day Treatment Intensive / Day Rehabilitation	Criteria Met		Guidelines for Certification Reviews
Federal and State Criteria	Yes	No	
<p><u>BENEFICIARY ATTENDANCE:</u></p> <p>A) Is the beneficiary attending all of the scheduled hours of operation?</p> <p>1) Is the attendance documented in minutes/hours on the progress notes?</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> Review the progress notes in the medical records for documentation of the beneficiary’s attendance in minutes and hours.
<p>2) If the beneficiary is unavoidably absent:</p> <p>a) Is there a separate entry for the reason for the unavoidable absence documented?</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> <u>Note:</u> In cases where absences are frequent, it is the responsibility of the Contractor to ensure that the provider re-evaluates the beneficiary’s need for the day treatment intensive program and takes appropriate action.
<p>b) Is the total time of attendance documented in minutes/hours?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Review a sample of client records for the presence of unavoidable absences. Verify that there is documentation of the reason for the absence and the hours and minutes the beneficiary attended. Note the frequency of the absences and if the absences are unavoidable or not.
<p>c) Did the beneficiary attend at least 50% of the scheduled hours of operation for that day?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> When the beneficiary is unavoidably absent, verify the hours and minutes of attendance are more than 50% of the scheduled hours of operation.²¹

²¹ [DMH Letter No. 03-03](#)

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Category 8: Day Treatment Intensive / Day Rehabilitation	Criteria Met		Guidelines for Certification Reviews
Federal and State Criteria	Yes	No	
<p><u>DOCUMENTATION STANDARDS:</u> Are the documentation standards being met? A) Do all entries in the medical record include:</p>			<ul style="list-style-type: none"> • Review the medical records to determine if entries are meeting documentation standards and the required and qualified staff are documenting and providing the service.
<p>1) Dates of Service?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2) Signature of Person providing the service (or electronic equivalent)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3) Person's type of degree/licensure/title?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4) Date of signature?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5) Total number of minutes/hours the beneficiary actually attended the program?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>B) For <u>Day Treatment Intensive</u>, are there: 1) <u>Daily progress notes</u> on activities? <u>AND</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Review the medical records for: <ul style="list-style-type: none"> ○ Required timeliness and frequency of DTI progress notes. ○ The content of the progress note.
<p>2) A <u>weekly clinical summary</u> that is reviewed and signed by a physician, a licensed/ waived/ registered psychologist, clinical social worker, marriage family therapist, or professional clinical counselor, or a registered nurse who is either staff to the day treatment intensive program or the person directing the services?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Review the medical records for: <ul style="list-style-type: none"> ○ Required timeliness and frequency of DTI clinical summary ○ The content of the clinical summary.

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Category 8: Day Treatment Intensive / Day Rehabilitation	Criteria Met		Guidelines for Certification Reviews
Federal and State Criteria	Yes	No	
<p><u>DOCUMENTATION STANDARDS</u> (Continued):</p> <p>c) For <u>Day Rehabilitation</u>, are there:</p> <p>1) Weekly progress notes</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Review the medical records for: <ul style="list-style-type: none"> ○ Required timeliness and frequency of DR progress notes. ○ The content of the progress note.
<p>D) For <u>Day Treatment Intensive & Day Rehabilitation</u>:</p> <p>Is there documentation of at least one contact per month with a family member, caregiver, or other significant support person identified by an adult beneficiary, or one contact per month with the legally responsible adult for a beneficiary who is a minor?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Review the medical records for the required timeliness and frequency of contact.^{22 23} <ul style="list-style-type: none"> ○ This contact may be face-to-face, or by an alternative method (e-mail, telephone, etc.). ○ The contacts should focus on the role of the support person in supporting the beneficiary's community reintegration. ○ The Contractor shall ensure that this contact occurs outside the hours of operation and outside the therapeutic program. <p><u>Note:</u> <u>Adult</u> beneficiaries may decline this service component. Review documentation to verify adult beneficiaries have declined.</p>

²² DMH Letter No. 03-03
²³ DMH Information Notice 02-06

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Category 8: Day Treatment Intensive / Day Rehabilitation	Criteria Met		Guidelines for Certification Reviews
Federal and State Criteria	Yes	No	
<p><u>STAFFING:</u></p> <p>A) For <u>Day Treatment Intensive</u>, are the staffing requirements being met?</p> <p>1) Is there at least one staff person whose scope of practice includes psychotherapy in attendance during all hours of operation?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Review the Written Weekly Schedule, staffing schedules and work hours, staff licensures and qualifications, and Daily Attendance Records or other documentation in order to determine if the staffing requirement is met.²⁴
<p>2) Is the 1:8 minimum average staffing ratio during all hours of operation being met? Staff present must meet the requirements in CCR, Title 9, Chapter 11, Section 1840.350 (a).</p>	<input type="checkbox"/>	<input type="checkbox"/>	

²⁴ CCR, Title 9, Chapter 11, Section 1840.350 Day Treatment 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. (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.

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Category 8: Day Treatment Intensive / Day Rehabilitation	Criteria Met		Guidelines for Certification Reviews
Federal and State Criteria	Yes	No	
<p>STAFFING (Continued):</p> <p>B) For <u>Day Rehabilitation</u>, are the staffing requirements being met?</p> <p>1) Is the 1:10 minimum average staffing ratio during all hours of operation being met? Staff present must meet the requirements in CCR, Title 9, Chapter 11, Section 1840.352 (a).</p>	<p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p>	<p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p>	<ul style="list-style-type: none"> Review the Written Weekly Schedule, staffing schedule, staff licensures and qualifications, and Daily Attendance Records or other documentation in order to determine if the staffing requirement is met.^{25 26 27 28}
<p>2) If more than 12 clients are in the <u>Day Rehabilitation</u> program at one time, is there at least one person from two of the following groups listed in item (c) in the right column?</p>	<p align="center"><input type="checkbox"/></p>	<p align="center"><input type="checkbox"/></p>	

²⁵ CCR, Title 9, Chapter 11, Section 1840.352. Day Rehabilitation Staffing Requirements (a) At a minimum there must be an average ratio of at least one person from the following list providing Day Rehabilitation services to ten 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 (c) Persons providing services in Day Rehabilitation programs serving more than 12 clients shall include at least two of the following: (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.

²⁶ CCR, Title 9, Chapter 3, 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 restoration, social adjustment, or vocational adjustment. Up to two year 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.

²⁷ CCR, Title 9, Chapter 11, Section 1810.254. Waivered/Registered Professional: "Waivered/Registered Professional" means an individual who has a waiver of psychologist licensure issued by the Department or has registered with the corresponding state licensing authority for psychologists, marriage and family therapists or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist or clinical social worker licensure.

²⁸ CCR, Title 9, Chapter 11, Section 1840.352. Day Rehabilitation Staffing Requirements (a) At a minimum there must be an average ratio of at least one person from the following list providing Day Rehabilitation services to ten 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 (c) Persons providing services in Day Rehabilitation programs serving more than 12 clients shall include at least two of the following: (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.

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Category 8: Day Treatment Intensive / Day Rehabilitation	Criteria Met		Guidelines for Certification Reviews
Federal and State Criteria	Yes	No	
<p>STAFFING (Continued):</p> <p>C) For both <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i>:</p> <p>1) Is there at least one staff person present and available to the group in the therapeutic milieu for all scheduled hours of operation?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Review the staff schedules and work hours, and Written Weekly Schedules or other documentation in order to determine if the therapeutic milieu staffing requirement is being met.
<p>2) If staff have other responsibilities (group home, school), is there documentation of the scope of responsibilities and the specific times in which day treatment activities are being performed exclusive of other activities?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> 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.^{29 30} <ul style="list-style-type: none"> Review the provider’s staffing pattern, assigned duties and responsibilities of these staff, <u>other</u> assigned duties and responsibilities of these staff, staff work hours and attendance as well as hours of operation of the program.

²⁹ CCR, Title 9, Chapter 11, Section 1840.350. Day Intensive Staffing Requirements

(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.

³⁰ CCR, Title 9, Chapter 11, Section 1840.352. Day Rehabilitation Staffing Requirements

(b) Persons providing Day Rehabilitation who do not participate in the entire Day Rehabilitation 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 Rehabilitation services and function in other capacities.

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Follow/Up or Corrective Action Plan (CAP)			
<i>(CAPs are required for items where federal and state criteria were not met)</i>			
Is A Follow Up for Certification Required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is A Corrective Action Plan (CAP) Required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Category and Item	Certifier Notes	Instruction on Follow Up	Due Date

If applicable, date Follow up or CAP approved: _____ **Date:** _____

a) Date the provider requested certification _____ **Date:** _____

b) Date of fire clearance _____ **Date:** _____

c) Date provider was operational _____ **Date:** _____

New certification approval date: _____ **Date:** _____

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

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

Report completed by: _____ **Date:** _____

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

Revision Date	Section(s) Changed	Brief Summary of Change(s)	Staff Member Making the Change
9/16/2022	Category 1.1	Removed Korean and added Arabic as Alameda County threshold languages.	Torfeh Rejali, QA Administrator