

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Contra Costa Mental Health Plan (CCMHP)

Revised December 2017

| | | | | | |
|---|---|---|---|---|-------|
| PROVIDER NUMBER: | | NPI #: | | DATE: | |
| PROVIDER NAME: | | ADDRESS: | | DAYS/HOURS OF OPERATION: | |
| CITY: | ZIP: | PROGRAM PHONE NUMBER: | | | |
| TYPE OF REVIEW (Please specify): | <input type="checkbox"/> CERTIFICATION | <input type="checkbox"/> RE-CERTIFICATION | | REPORTING UNIT NUMBERS: | |
| DEPARTMENT OF HEALTH CARE SERVICES (DHCS) REPRESENTATIVE: | | | COUNTY MENTAL HEALTH PLAN (MHP) / PROVIDER REPRESENTATIVE (S): | | |
| SERVICES PROVIDED | | | | | |
| <input type="checkbox"/> 05/20 Non-Hospital PHF | H2013 | <input type="checkbox"/> 15/01 Case Mgmt/Brokerage | T1017 | <input type="checkbox"/> 15/60 Medication Support | H2010 |
| | | • 15/07 Intensive Care Coordination (ICC) | T1017 | | |
| <input type="checkbox"/> 05/40 Crisis Residential | H0018 | <input type="checkbox"/> 15/30 Mental Health Services | H2015 | <input type="checkbox"/> 15/70 Crisis Intervention | H2011 |
| | | • 15/57 Intensive Home Based Services (IHBS) | H2015 | | |
| <input type="checkbox"/> 05/65 Adult Residential | H0019 | <input type="checkbox"/> 15/58 Therapeutic Behavioral Services | H2019 | | |
| <p>NOTE: Identify the names, addresses, phone numbers, and hours of operation of school and satellite sites and indicate which sites store medications.</p> <p>“Satellite” is defined as a site that is owned, leased or operated by an MHP or an organizational provider at which specialty mental health services are delivered to beneficiaries fewer than 20 hours per week, or, if located at a multiagency site, at which specialty mental health services are delivered by no more than two MHP employees or contractors of the provider." Note: A satellite must have an NPI #.</p> <p>Source: Please refer to MHP Contract Exhibit A, Attachment 1, Section 4.c.</p> | | | | | |

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| | |
|--|--|
| POPULATION SERVED: | |
| LANGUAGES: | |
| SPECIALTIES: | |
| EXECUTIVE DIRECTOR: | |
| PHONE NUMBER: | |
| E-MAIL: | |
| PROGRAM DIRECTOR: | |
| PHONE NUMBER: | |
| E-MAIL: | |
| QUALITY MANAGEMENT/ ADMINISTRATIVE/BILLING ASSISTANT: | |
| PHONE NUMBER: | |
| E-MAIL: | |
| PROGRAM'S MAILING ADDRESS: | |

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Use Categories 1-5 for all modes of service/service functions.

Category 6 for Medication Support 15/60.

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| LOCKOUTS | |
|--|--|
| <p>CCR, Title 9, Section 1840.360. Lockouts for Day Rehabilitation and Day Treatment Intensive</p> <p><i>Day Rehabilitation and Day Treatment Intensive are not reimbursable under the following circumstances:</i></p> <p>(a) <i>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.</i></p> <p>(b) <i>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.</i></p> <p>(c) <i>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.</i></p> <p>CCR, Title 9, Section 1840.362. Lockouts for Adult Residential Treatment Services.</p> <p><i>Adult Residential Treatment Services are not reimbursable under the following circumstances:</i></p> <p>(a) <i>When Crisis Residential Treatment Services, Psychiatric Inpatient Hospital Services, Psychiatric Health Facility, or Psychiatric Nursing Facility Services are reimbursed, except for the day of admission.</i></p> <p>(b) <i>When an organizational provider of both Mental Health Services and Adult Residential Treatment Services allocates the same staff's time under the two cost centers of Mental Health Services and Adult Residential Treatment Services for the same period of time.</i></p> | <p>CCR, Title 9, Section 1840.364. Lockouts for Residential Treatment Services</p> <p><i>Crisis Residential Treatment Services are not reimbursable on days when the following services are reimbursed, except for day of admission to Crisis Residential Treatment Services:</i></p> <p>(a) <i>Mental Health Services</i> (f) <i>Psychiatric Nursing Facility Services</i> (b) <i>Day Treatment Intensive</i> (g) <i>Adult Residential Treatment Services</i> (c) <i>Day Rehabilitation</i> (i) <i>Crisis Stabilization</i> (d) <i>Psychiatric Inpatient Hospital Services</i> (e) <i>Psychiatric Health Facility Services</i></p> <p>CCR, Title 9, Section 1840.366. Lockouts for Crisis Intervention</p> <p>(a) <i>Crisis Intervention is not reimbursable on days when Crisis Residential Treatment Services, Psychiatric Health Facility Services, Psychiatric Nursing Facility Services, or Psychiatric Inpatient Hospital Services are reimbursed, except for the day of admission to those services.</i></p> <p>(b) <i>The maximum amount claimable for Crisis Intervention in a 24-hour period is 8 hours.</i></p> <p>CCR, Title 9, Section 1840.368. Lockouts for Crisis Stabilization</p> <p>(a) <i>Crisis Stabilization is not reimbursable on days when Psychiatric Inpatient Hospital Services, Psychiatric Health Facility Services, or Psychiatric Nursing Facility Services are reimbursed, except on the day of admission to those services.</i></p> <p>(b) <i>Crisis Stabilization is a package program and NO OTHER specialty mental health services are reimbursable during the same time period this service is reimbursed, except for Targeted Case Management.</i></p> <p>(c) <i>The maximum number of hours claimable for Crisis Stabilization in a 24-hour period is 20 hours.</i></p> |

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|---|---|
| <p>CCR, Title 9, Section 1840.370 Lockouts for Psychiatric Health Facility Services</p> <p><i>Psychiatric Health Facility Services are not reimbursable on days when the following services are reimbursed, except for day of admission to Psychiatric Health Facility Services:</i></p> <ul style="list-style-type: none"> <i>(a) Adult Residential Treatment Services</i> <i>(b) Crisis Residential Treatment Services</i> <i>(c) Crisis Intervention</i> <i>(d) Day Treatment Intensive</i> <i>(e) Day Rehabilitation</i> <i>(f) Psychiatric Inpatient Hospital Services</i> <i>(g) Medication Support Services</i> <i>(h) Mental Health Services</i> <i>(i) Crisis Stabilization</i> <i>(j) Psychiatric Nursing Facility Services.</i> <p>CCR, Title 9, Section 1840.374. Lockouts for Targeted Case Management Services</p> <ul style="list-style-type: none"> <i>(a) Targeted Case Management Services are not reimbursable on days when the following services are reimbursed, except for day of admission or for placement services as provided in Subsection (b): (1) Psychiatric Inpatient Hospital Services; (2) Psychiatric Health Facility Services; (3) Psychiatric Nursing Facility Services.</i> <i>(b) Targeted Case Management Services, solely for the purpose of coordinating placement of the beneficiary on discharge from the hospital, psychiatric health facility or psychiatric nursing facility, may be provided during the 30 calendar days immediately prior to the day of discharge, for a maximum of three nonconsecutive periods of 30 calendar days or less per continuous stay in the facility.</i> | <p>CCR, Title 9, Section 1840.372 Lockouts for Medication Support Services - <i>The maximum amount claimable for Medication Support Services in a 24-hour period is 4 hours.</i></p> <p>CCR, Title 9, Section 1840.215 Lockouts for Psychiatric Inpatient Hospital Services</p> <ul style="list-style-type: none"> <i>(a) The following services are not reimbursable on days when psychiatric inpatient hospital services are reimbursed, except for the day of admission to psychiatric inpatient hospital services:</i> <ul style="list-style-type: none"> <i>(1) Adult Residential Treatment Services,</i> <i>(2) Crisis Residential Treatment Services,</i> <i>(3) Crisis Intervention,</i> <i>(4) Day Treatment Intensive,</i> <i>(5) Day Rehabilitation,</i> <i>(6) Psychiatric Nursing Facility Services, except as provided in Subsection (b),</i> <i>(7) Crisis Stabilization, and</i> <i>(8) Psychiatric Health Facility Services.</i> <i>(b) Psychiatric Nursing Facility Services may be claimed for the same day as a psychiatric inpatient hospital services, if the beneficiary has exercised the bed hold option provided by Title 22, Sections 72520, 73504, 76506, and 76709.1, subject to the limitations of Title 22, Section 51535.1.</i> <i>(c) When psychiatric inpatient hospital services are provided in a Short-Doyle/Medi-Cal hospital, in addition to the services listed in (a), psychiatrist services, psychologist services, mental health services, and medication support services are included in the per diem rate and not separately reimbursable, except for the day of admission.</i> |

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| CATEGORY 1: POSTED BROCHURES AND NOTICES | Criteria Met | | |
|--|--------------|----|--|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <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 information available:</p> | | | <p>Prior to provider onsite review, check threshold language(s) requirements for the provider.</p> |
| <p>A) The beneficiary brochure per MHP policies and procedures are visible to consumers and separated by language?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 7. CCR, Title 9, § 1810.360 (b)(3),(d) and (e) CCR, Title 9, § 1810.410 (e)(4)</i></p> | | | <p>CCR, Title 9, Section 1810.360 (b) (3), (d) and (e)</p> <p><i>(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:</i></p> <p><i>(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).</i></p> <p><i>(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).</i></p> <p><i>(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.</i></p> <p>CCR, Title 9, Section 1810.410 (e) (4)</p> <p><i>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.</i></p> |

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| CATEGORY 1: POSTED BROCHURES AND NOTICES <i>(Continued)</i> | Criteria Met | | |
|---|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>B) The provider directory per MHP policies and procedures is readily available to consumers or a sign is posted in both English and Spanish stating that it is available upon request?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 7. CCR, Title 9, § 1810.360 (b)(3),(d)and (e) CCR, Title 9, § 1810.410 (e) (4)</i></p> | | | <p><i>Please refer to the Title 9 regulations referenced in Category 1: Posted Brochures and Notices, #1 (A) above.</i></p> <p>The provider list must be available onsite upon intake and upon request in English and in threshold languages (if applicable).</p> |
| <p>C) The posted notice explaining grievance, appeal, expedited appeal, and fair hearings processes is clearly displayed at eye level in both English and Spanish?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 15. CCR, Title 9, § 1850.205 (c)(1)(B) CCR, Title 9, § 1810.410 (e)(4)</i></p> | | | <p>CCR, Title 9, Section 1850.205 (c) (1) (B) <i>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.</i></p> <p>CCR, Title 9, Section 1810.410 (e) (4) <i>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.</i></p> |

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| CATEGORY 1: POSTED BROCHURES AND NOTICES <i>(Continued)</i> | Criteria Met | | |
|--|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>D) The grievance forms, appeal forms, expedited appeal forms, and self-addressed envelopes are clearly displayed and readily available?</p> <p>These documents should be available to beneficiaries without the need to make a verbal or written request.</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 15. CCR, Title 9, § 1850.205 (c)(1)(C) CCR, Title 9, § 1810.410 (e)(4)</i></p> | | | <p><i>CCR Title 9, Section 1850.205 (c)(1)(C)</i></p> <p><i>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.</i></p> <p><i>CCR, Title 9, Section 1810.410 (e) (4)</i></p> <p><i>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.</i></p> <p>Note: Check for grievance appeal forms in English and the threshold languages (if applicable). Also, check for envelopes addressed to the MHP. These documents should be available to beneficiaries without the need to make a verbal or written request.</p> |

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| CATEGORY 2: FIRE SAFETY INSPECTION | Criteria Met | | |
|---|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>A) Does the space owned, leased or operated by the provider and used for services or staff meet local fire codes? A valid and current fire permit is required at the time of the visit. The address on the fire permit must match the primary practice address on the NPI. <i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.2.</i> <i>CCR, Title 9, § 1810.435 (b)(2)</i></p> | | | <p>Does the provider have a valid fire clearance?</p> <ul style="list-style-type: none"> • 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. <p>Verify all fire exits are clear and unobstructed.</p> <p>CCR, Title 9, Section 1810.435 (b) (2)</p> <p><i>(b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider:</i></p> <p><i>(2) Maintain a safe facility.</i></p> |
| CATEGORY 3: PHYSICAL PLANT | Criteria Met | | |
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| <p>A) Is the facility and its property clean, sanitary, and in good repair?</p> <ul style="list-style-type: none"> • Free from hazards that might pose a danger to the beneficiary? • Fire exits clear and unobstructed? • Furniture 4 ft and above must be bolted to the wall. • Wall hangings must be secured to the wall • Walkways must be free from tripping hazards. | | | <p>Please refer to the Title 9 regulation referenced in Category 2: Fire Safety Inspection, #1 above</p> <p>Tour the facility:</p> <ul style="list-style-type: none"> • Observe the building and grounds for actual and potential hazards (e.g. loose or torn carpeting, electrical cords that might pose a hazard). |

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| CATEGORY 3: PHYSICAL PLANT | Criteria Met | | |
|---|--------------|----|---|
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| <p>B) Are all confidential and protected health information (PHI) secure?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.3. CCR, Title 9, § 1810.435 (b) (2)</i></p> | | | <p>Inspect Client Records Room</p> <ul style="list-style-type: none"> Verify client records are maintained confidentially. Client records shall not be located where the public can view or have physical access to. Identify who has access to the client records room during and after business hours. |
| CATEGORY 4: POLICIES AND PROCEDURES | Criteria Met | | |
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| <p>Does the provider have the following policies and procedures and are they being implemented:</p> <p>A) Confidentiality and Protected Health Information.</p> | | | <ul style="list-style-type: none"> Ensure the MHP's policies and procedures match the actual process. <p><i>CCR, Title 9, Section 1810.310 (a) (10)</i></p> <p><i>(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.</i></p> |
| <p>B) Emergency evacuation plan needs to be site specific where services are being rendered.</p> <p><i>MHP Contract, Exhibit F CCR, Title 9, § 1810.310 (a) (10) CCR, Title 9, § 1810.435 (b) (4)</i></p> | | | <p><i>CCR, Title 9, Section 1810.435 (b) (4)</i></p> <p><i>(b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider:</i></p> <p><i>(4) Maintain client records in a manner that meets state and federal standards.</i></p> |

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| CATEGORY 4: POLICIES AND PROCEDURES <i>(Continued)</i> | Criteria Met | | |
|--|--------------|----|--|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>C) Written personnel policies and procedures specific to screening licensed personnel/providers and checking the excluded provider lists.</p> <p>The Excluded Individuals/Entities lists below are being checked monthly and prior to hire or initiation of a contract:</p> <p>http://oig.hhs.gov/exclusions/exclusions_list.asp</p> <p>https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp</p> <p>https://www.sam.gov/portal/SAM/#1</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.5. CCR, Title 9, § 1840.314</i></p> | | | <p>Review the written policy and procedures to verify that the MHPs hire and contract only with individuals or direct service providers who:</p> <ol style="list-style-type: none"> 1. Are eligible to claim for and receive state and federal funds; 2. Have the required licensures that are valid and current; and 3. Are not on any excluded provider lists. <p>Verify that the MHP also has a process to verify the above upon hire or initiation of the contract as well as a timeline as to when periodic verifications will be performed.</p> <p>NOTE: 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</p> <ul style="list-style-type: none"> • Social Security Act, Sections 1128 and 1128A • CFR, Title 42, Sections 438.214 and 438.610 • DMH Letter No. 10-05 |
| <p>D) General operating procedures must be site specific (e.g., hours of operation, disaster procedures, emergency evacuation procedures, etc.).</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.5. CCR, Title 9, § 533</i></p> | | | <p>Check that the provider has a current administrative manual, which includes: general operating procedures (e.g., hours of operation, disaster procedures, emergency evacuation procedures, etc.).</p> |

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| CATEGORY 4: POLICIES AND PROCEDURES <i>(Continued)</i> | Criteria Met | | |
|---|--------------|-----------|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>E) Maintenance policy to ensure the safety and well-being of beneficiaries and staff. Must include site specific list of contact to resolve maintenance issues.</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.4. CCR, Title 9, § 1810.435(b)(2)</i></p> | | | <p>Is the building county-owned or leased? Review the building maintenance policy or the maintenance agreement between the MHP and owner of the building where services are provided.</p> <p>CCR, Title 9, Section 1810.435 (b) (2) <i>(b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider:</i> <i>(2) Maintain a safe facility.</i></p> |
| <p>F) Service delivery policies (e.g. types of service intake process referral and linkage, length of services, discharge, and discontinuation of services).</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.5. CCR, Title 9, §§ 1810.209-210 §§ 1810.212-213 §§ 1810.225, 1810.227 and 1810.249</i></p> | | | <p>Review the written policies and procedures of services provided at the site. Check for policies and procedures regarding types of service intake process referral and linkage, length of services, discharge, and discontinuation of services.</p> |
| <p>G) Unusual occurrence reporting (UOR) procedures relating to health and safety issues.</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.5. CCR, Title 9, § 1810.435 (b)(2)</i></p> | | | <p>Review the written policies and procedures for the UOR processes.</p> |
| <p>H) Written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.8.</i></p> | | | <p>Check that the provider has written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.</p> |

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| CATEGORY 5: HEAD OF SERVICE & LICENSED STAFF | Criteria Met | | |
|--|--------------|----|--|
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| <p>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? A copy of license is required.</p> <p>CCR, Title 9, § 680 (a) CCR, Title 9, § 1810.435 (c)(3) CCR, Title 9, §§ 622 through 630 MHP Contract, Exhibit A, Attachment 1, Section 4.L.9.</p> | | | <p>MHP Contract, Exhibit A, Attachment 1, Section L, 9 <i>The organizational provider's head of service, as defined in California Code of Regulations (CCR), Title 9, Sections 622 through 630, is a licensed mental health professional or other appropriate individual.</i></p> <p>CCR, Title 9, Section 1810.435 (c) (3) <i>(c) In selecting organizational providers with which to contract, the MHP shall require that each provider:</i> <i>(3) Have as head of service a licensed mental health professional or mental health rehabilitation specialist as described in Section 622 through 630.</i></p> <p>CCR, Title 9, Section 680 (a) <i>Outpatient services in Local Mental Health Services shall include:</i> <i>(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.</i> <i>In addition, the staff may include qualified registered nurses and other professional disciplines.</i> <i>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.</i></p> |

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| CATEGORY 5: HEAD OF SERVICE & LICENSED STAFF (Continued) | Criteria Met | | |
|---|--------------|----|--|
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| <p>CCR, Title 9, Section 622 Requirements for Professional Personnel <i>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.</i></p> <p>CCR, Title 9, Section 623 Psychiatrist <i>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.</i></p> <p>CCR, Title 9, Section 624 Psychologist <i>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.</i></p> | | | <p>CCR, Title 9, Section 625 Social Worker <i>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.</i></p> <p>CCR, Title 9, Section 626 Marriage, Family and Child Counselor <i>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.</i></p> |

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| CATEGORY 5: HEAD OF SERVICE & LICENSED STAFF (Continued) | Criteria Met | | |
|---|--------------|----|---|
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| <p>CCR, Title 9, Section 627 Nurse <i>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.</i></p> <p>CCR, Title 9, Section 628 Licensed Vocational Nurse <i>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.</i></p> <p>CCR, Title 9, Section 629 Psychiatric Technician <i>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.</i></p> | | | <p>CCR, Title 9, Section 630 Mental Health Rehabilitation Specialist <i>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.</i></p> <p>BUSINESS AND PROFESSIONS CODE SECTION 4999.20 <i>(a)(1) "Professional clinical counseling" means the application of counseling interventions and psychotherapeutic techniques to identify and remediate cognitive, mental, and emotional issues, including personal growth, adjustment to disability, crisis intervention, and psychosocial and environmental problems, and the use, application, and integration of the coursework and training required by Sections 4999.32 and 4999.33. "Professional clinical counseling" includes conducting assessments for the purpose of establishing counseling goals and objectives to empower individuals to deal adequately with life situations, reduce stress, experience growth, change behavior, and make well-informed, rational decisions. (2) "Professional clinical counseling" is focused exclusively on the application of counseling interventions and psychotherapeutic techniques for the purposes of improving mental health, and is not intended to capture other, nonclinical forms of counseling for the purposes of licensure. For purposes of this paragraph, "nonclinical" means non-mental health. (3) "Professional clinical counseling" does not include the assessment or treatment of couples or families unless the professional clinical counselor has completed all of the (required) training and education: (4) "Professional clinical counseling" does not include the provision of clinical social work services.</i></p> |

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| CATEGORY 6: MEDICATION SUPPORT SERVICES | Criteria Met | | |
|---|--------------|----|--|
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| Does the provider store or maintain medications on site? | | | If the response is 'NO', indicate that in the 'Criteria Met' column and skip the remaining category. |
| 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: | | | |
| <p>A. LABELING</p> <p>1. Are all medications obtained by prescription labeled in compliance with federal and state laws? Including but not limited to:</p> <ul style="list-style-type: none"> • Name of beneficiary • Name of Prescriber • Name of the medication • Dosage/Strength • Route of administration • Frequency • Quantity of contents • Indications and Usage • Date of expiration <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.10</i></p> | | | <p>Ask how the Provider ensures prescriptions are labeled in compliance with federal and state laws.</p> <p>Check the medication labels for compliance.</p> <p>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). All multi-dose vials must be dated and initialed when opened.</p> <p><u>NOTE:</u> Prescription labels may be altered only by persons legally authorized to do so.</p> |
| <p>B. INCOMING (RECEIPT) MEDICATION LOG</p> <p>1. Are all medications entering the facility logged? This includes:</p> <ul style="list-style-type: none"> • Prescriptions for individual patients/clients • House supply • Sample medications <p><i>CCR, Title 22, § 73361</i></p> | | | <p>Review the Incoming (Receipt) medication log.</p> <p><i>CCR, Title 22, § 73361 – Pharmaceutical Service – Drug Order Records</i></p> <p><i>Facilities shall maintain a record which includes, for each drug ordered by prescription, the drug name, strength and quantity, the name of the patient, the date ordered, the date received and the name of the issuing pharmacy. The records shall be kept at least one year.</i></p> |

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| CATEGORY 6: MEDICATION SUPPORT SERVICES <i>(Continued)</i> | Criteria Met | | |
|--|--------------|----|--|
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| <p>2. Does the Incoming (Receipt) medication log include the following information:</p> <ul style="list-style-type: none"> • Medication name • Strength and quantity • Name of the Patient • Date ordered • Date received • Name of issuing pharmacy <p>The records shall be kept at least one year. <i>CCR, Title 22, § 73361</i></p> | | | <p>Review the Incoming (Receipt) medication log.</p> <p><i>CCR, Title 22, § 73361 – Pharmaceutical Service – Drug Order Records</i></p> <p><i>Facilities shall maintain a record which includes, for each drug ordered by prescription, the drug name, strength and quantity, the name of the patient, the date ordered, the date received and the name of the issuing pharmacy. The records shall be kept at least one year.</i></p> |
| <p>C. MEDICATION STORAGE</p> <p>1. Are all medications stored at proper temperatures</p> <p>a. Verify room and refrigerator temperatures:</p> <ul style="list-style-type: none"> • Room temperature medications at 59° F – 86° F? • Refrigerated medications at 36° F – 46° F? <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.10</i> <i>CCR, Title 9, § 1810.435(b) (3)</i></p> | | | <p>Review temperature log – Is it current?</p> <p>Check room and refrigerator <u>thermometers</u> to verify that they are at the appropriate temperatures.</p> |
| <p>2. Verify that food and other items are not stored in the same refrigerator as medications.</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.10</i> <i>CCR, Title 9, § 1810.435(b) (3)</i></p> | | | <p><u>No food</u> should be stored in the same refrigerator as medications.</p> |

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| CATEGORY 6: MEDICATION SUPPORT SERVICES <i>(Continued)</i> | Criteria Met | | |
|--|--------------|----|--|
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| <p>3. Are medications intended for external-use-only stored separately from oral and injectable medications? <i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.10</i></p> | | | Ask to see the medications used for external use only – check the labels and expiration dates. Verify that external medications are stored separately from oral and injectable medications. |
| <p>4. Are medications stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication? <i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.10</i> <i>CCR, Title 9, § 1810.435 (b) (3)</i></p> | | | <p>Check the medication storage area and how the area is secured/locked.</p> <p>Identify who has access to the medication room or ask to see a list of staff who have access.</p> |
| <p>D. MEDICATION DISPENSING LOG</p> <p>1. All medications dispensed or administered must be logged, regardless of their source. The log should indicate:</p> <p>a. The date and time the medication was dispensed or administered</p> <p>b. The source of the medication</p> <p>c. The lot and/or vial number if the medication was administered from a multi-dose container or sample card</p> <p>d. The name of the patient receiving the medication</p> <p>e. The dosage of the medication given</p> <p>f. The route of administration used</p> <p>g. The signature of authorized staff who dispensed or administered the medication</p> <p><i>CCR, Title 22, § 73313(f)</i> <i>CCR, Title 22, § 73351</i> <i>CCR, Title 22, § 73353</i></p> | | | <p>Review the medication log for the required documentation.</p> <p><i>CCR, Title 22, § 73313(f)</i> <i>The time and dose of drug administered to the patient shall be properly recorded in each patient's medication record by the person who administered the drug.</i></p> <p><i>CCR, Title 22, § 73351</i> <i>There shall be written policies and procedures for safe and effective distribution, control, use and disposition of drugs developed by the patient care policy committee. The committee shall monitor implementation of the policies and procedures and make recommendations for improvement.</i></p> <p><i>CCR, Title 22, § 73353</i> <i>No drugs shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illness. All such orders shall be in writing and signed by the person giving the order. The name, quantity or duration of therapy, dosage and time of administration of the drug, the route of administration if other than oral and the site of injection when indicated shall be specified. Telephone orders may be given only to a licensed pharmacist or licensed nurse and shall be immediately recorded in the patient's health record and shall be signed by the prescriber within 48 hours. The signing of orders shall be by signature or a personal computer key.</i></p> |

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| CATEGORY 6: MEDICATION SUPPORT SERVICES (Continued) | Criteria Met | | |
|--|--------------|----|--|
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| E. AUDITING SUPPLIES OF CONTROLLED SUBSTANCES 1. Is a separate log maintained for Scheduled II, III and IV controlled drugs? <i>CCR, Title 22, § 73367(b)</i> | | | Verify which staff the facility has designated access to the Schedule II, III and IV controlled drugs. |
| 2. Are records reconciled at least daily and retained at least one year? <i>CCR, Title 22, § 73367(b)</i> | | | Review the current controlled substances medication log to determine if appropriate licensed staff is reconciling the log at least daily or every shift. |
| 3. Does the controlled substance record include: <ul style="list-style-type: none"> a. Patient Name b. Prescriber c. Prescription number d. Drug Name e. Strength f. Dose administered g. Date and time of administration h. Signature of person administering the drug <p>NOTE: If supplied as part of a unit dose medication system, it does not need to be separate from other medication records. <i>CCR, Title 22, § 73367(b)</i></p> | | | Review the controlled substances medication record and verify the required information is documented. <i>CCR, Title 22, § 73367(b)</i> <i>Separate records of use shall be maintained on all Schedule II drugs. Such records shall be maintained accurately and shall include the name of the patient and the prescriber, the prescription number, the drug name, strength and dose administered; the date and time of administration and the signature of the person administering the drug. Such records shall be reconciled at least daily and shall be retained at least one year. If such drugs are supplied on a scheduled basis as part of a unit dose medication system, such records need not be separate from patient medication records.</i> |
| 4. Are controlled drugs kept separate from non-controlled drugs? <i>CCR, Title 22, § 73367(a)</i> | | | Verify that controlled drugs are stored separately from non-controlled drugs. |

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|--|--------------|----|--|
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| <p>F. MEDICATION DISPOSAL</p> <p>1. Are medications disposed of after the expiration date?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.10</i> <i>CCR, Title 22, § 73369</i></p> | | | <p>Ask how expired medications are monitored and checked.</p> <p>Ask how the expired medications are disposed of at the site, the staff involved, and how often this occurs.</p> <p>Verify the location of where the expired medications are stored.</p> <p>Check the expiration dates of the medications stored. For all medications expired and still on the shelf, list the name of the medication and date of the expiration in the POC.</p> |
| <p>2. Is a medication log maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.10</i> <i>CCR, Title 22, § 73369(b)(1)(2)</i></p> | | | <p>Ask how expired, contaminated, deteriorated and abandoned medications are disposed of. Is it in a manner consistent with state and federal laws?</p> <p>Ask to see the medication/dispensing log where the expired, contaminated, deteriorated or abandoned medications are recorded.</p> <p>Ask how Schedule II, III, or IV controlled drugs are handled.</p> |

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| CATEGORY 6: MEDICATION SUPPORT SERVICES <i>(Continued)</i> | Criteria Met | | |
|---|--------------|----|---|
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| <p>3. When medication has reached its expiration date, the disposal of the medication must be logged. The log should include the following information:</p> <ul style="list-style-type: none"> a. The name of the patient b. Medication name and strength c. The prescription number d. Amount destroyed e. Date of destruction f. Name and signatures of witnesses <p>Logs are to be retained for at least three years.</p> <p><i>CCR, Title 22, § 73369(b)(1)(2)</i></p> | | | <p>Review the expired medication disposal log and verify the required information is documented.</p> <p><i>CCR, Title 22, Section 73369 Pharmaceutical Service – Disposal of Drugs</i></p> <p><i>(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:</i></p> <ul style="list-style-type: none"> <i>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.</i> <i>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.</i> |

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(A POC is required for items where Federal and State criteria were not met)

IS A PLAN OF CORRECTION (POC) REQUIRED? YES NO

(The POC is a separate form)

DATE POC ISSUED: _____

POC DUE DATE: _____

(POC due 30 days from date issued)

DATE POC RECEIVED: _____

DATE POC APPROVED: _____

NEW CERTIFICATION activation approval date is the latest date the following three (3) items are in place:

- 1) *Date provider was operational (client received 1st services):* _____
- 2) *Date of fire clearance:* _____
- 3) *Date the provider requested certification (complete application received by DHCS Cert Unit):* _____

New Certification Activation/approval date: _____

RECERTIFICATION site visit for: Triennial, Change of Address, and/or any significant changes in the physical plant of the provider site

Fire Clearance Date: _____

Date of On-Site: _____

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

On-Site and Report Completed by: _____

Date of Onsite: _____

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PLAN OF CORRECTION

| | | | |
|--|------------|--------------------------------------|------|
| PROVIDER NAME | PROVIDER # | DATE OF SITE VISIT | |
| ADDRESS | | DATE POC IS DUE | |
| SUMMARY STATEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF CORRECTION | |
| | | | |
| PROVIDER REPRESENTATIVE SIGNATURE | | TITLE | DATE |
| DHCS SIGNATURE | | TITLE | DATE |

If deficiencies are cited, an approved Plan of Correction is required to continue program participation. See Title 9, Section 1810.380 and 1810.385 ***Make a copy to leave with MHP***