



Monterey County Behavioral Health Policy and Procedure

Policy Number	125
Policy Title	Medi-Cal Site Certification
References	DMH Information Notice 04-04 Programs Licensed By Different State Departments Will Be Issued Separate Provide Numbers DMH Information Notice 04-09 Provider Site Protocol For County Owned Or Operated SD/MC Organizational Provider Sites
Form	Site Certification Provider Letter Site Certification Categories Site Certification Survey Checklist
Effective	July 1, 2001 Revised: March 27, 2006 Revised: April 1, 2008

Policy

All sites providing Medi-Cal reimbursable services will be reviewed every two years to assure adherence Medi-Cal standards.

Procedure

1. All Medi-Cal provider contractors will be listed in order of contract renewal and will be visited to review their adherence to standards as part of the contract renewal process. The MCBHD Quality Services Management Department will maintain the list and conduct the review.

2. Sixty (60) days prior to expiration of the site certification, Quality Services Management will request that the contract provider submit a site certification request folder (Attachment 1), with updated information in the following areas:

- a. Fire safety
- b. Disaster safety
- c. Physical plan
- d. Policies and Procedures
- e. Physician availability
- f. Staffing
- g. Day Treatment staffing (if applicable)
- h. Wraparound Services
- i. Pharmaceutical Services

- 27 3. Quality Services Management will review the submitted documentation (Attachment 2), and will assure that all
28 documentation requirements are met prior to conducting an inspection of the provider site.
29
- 30 4. At a mutually convenient time, Quality Services Management and the provider representative(s) will conduct a walk-
31 through the service location.
32
- 33 5. Quality Services Management will utilize the State of California approved Site Certification Survey Checklist (Attachment
34 3), to conduct the site certification.
35
- 36 6. Quality Services Management will complete the checklist and note any areas in need of correction/out of compliance, and
37 will provide the contractor with a preliminary written report.
38
- 39 8. In the event of a need for correction, the contractor will have the opportunity to complete the correction, and Quality
40 Services Management will review and update the Site Certification Survey Checklist.
41
- 42 9. Upon compliance in all applicable areas of the checklist, Quality Services Management will complete the documentation
43 necessary to certify the site for initial or continued operation as a Medi-Cal facility. The certification will specify services to
44 be provided.
45
- 46 10. Quality Services Management will provide the contractor with a written confirmation of certification and will submit the
47 Provider Legal Entity and/or Provider File Update forms to the DMH within 10 days of completion of the review.
48
- 49 11. Quality Services Management will maintain a record of all certifications and documentation in a central location.
50
51

52 Dear Provider:

53
54 In order to facilitate your certification process, enclosed please find a copy of the Site Certification Checklist that will be
55 used.

56
57 Also enclosed are the Site Certification Categories for all areas that the checklist includes. All procedures and use
58 statements made for the certification visit need to be site specific.

59
60 You have the option of taking this material in the form provided and filling in the areas that are in parenthesis or blank, with
61 statements about your program. Completed in statement form, with all questions answered with information regarding your
62 program, will expedite the certification process.

63
64 On the day of your visit, please have a person who is familiar with the entire program on hand to answer any questions our
65 inspectors may have.

66
67 Our visit should take approximately 2 hours. In addition to the site-specific statements in all the enclosed categories, you
68 will be asked to show our inspectors around the premises in order to make sure that all policies are in place.

69
70 If you should have any further questions, you may contact me at (831) 796-1626.

71
72
73 Sincerely,

74
75
76
77 Amie S. Miller, MFT
78 Quality Improvement Supervisor
79

80
81 **CATEGORY 1: FIRE & DISASTER SAFETY**
82

83 Fire inspection was held on (date) and approved. (Copy attached)
84

85 Copy of fire evacuation plan is located (at/in, describe the program location)
86

87 Employees are informed of the fire evacuation plan (describe how and when)
88

89 Copy of Disaster Plan is located (where)
90

91 In the event of an emergency, (name of staff position- not a person) should be the first person contacted.
92

93 Employees are informed of the Disaster Plan (describe how and when)
94

95 **CATEGORY 2: PHYSICAL PLANT**
96

97 The maintenance of the building is the responsibility of (the landlord/renters/owners; list who, the address, and how to
98 contact them; how often will the maintenance be done?)
99

100 If repairs are to be done (explain how major/minor repairs get done, i.e., who is responsible, and who will be contacted.)
101

102 The landscaping of the outside of the building is the responsibility of (the landlord/ renters/owners, same as maintenance
103 above)
104

105 The building meets the minimum standards for the American with Disabilities Act (or the building is exempt from the
106 American with Disabilities Act, whichever applies)
107

108 All standing furniture, bookcases, and cabinets that need to be anchored to walls, floors, or ceilings, are in compliance.
109

110 All locks on doors, cabinets, and desks, are in good repair. (If locks secure something important, such as records of any
111 kind, whoever has access to the keys must be listed in the procedure for those items)
112

113 All restrooms are in good repair.
114

115
116 The janitorial service is the responsibility of (the landlord/renters/owners)
117 (If janitorial service is contracted, explain whom, when, and whose responsibility it is to make sure this service is carried
118 out.) If this service is not contracted explain the same.)
119

120 Explain how you measure and keep track of the temperature of any refrigerated food on the premises that is consumed by
121 consumers. If none, state none.
122

123 **CATEGORY 3: POLICIES AND PROCEDURES**
124

125 Personnel Policies and Records are kept (describe where, who has access to them, who is responsible for updating them,
126 and how someone may have access to them.)
127

128 General operating procedures (describe what your hours are, what you do for a consumer, who you will see, generally
129 about your day to day business.)

130
131 Service delivery policies (describe who delivers your services and how.)

132
133 Consumers' records and confidentiality (describe how, where, who, has access to your records, how information is
134 released, where charts are stored when a client is no longer with the agency, and your retained/destroyed record policy)

135 136 **CATEGORY 4: PHYSICIAN AVAILABILITY**

137
138 Describe whether you have medical or psychiatric services onsite.

139
140 If none, explain how your program would handle either a medical or psychiatric emergency. (This may be as simple as
141 listing your local police 911 service or your local hospitals)

142
143 If you have physician availability by referral, describe how a referral is made.

144 145 **CATEGORY 5: STAFFING**

146
147 Does the Program Director meet Title 9, Paragraph 622-630 regulations? If the Director meets those regulations, please
148 include his/her resume and current license.

149
150 Detail what experience the director has, if that person is a Mental Health Rehabilitation Specialist.

151 152 **CATEGORY 6: DAY TREATMENT STAFFING**

153
154 If you have no Day Treatment, please state.

155
156 If you have Day Treatment (Day Treatment **Intensive** has an average ratio of 1 QMHP staff to 8 individuals in attendance
157 during the period the program is open), please list the hours of operation, types of services, and what the QMHP's
158 qualifications are.

159
160 For Day Treatment **Rehabilitative**, the same as above, except the ratio is 10 to 1.

161 162 **CATEGORY 7: WRAPAROUND SERVICES**

163
164 Program Description (include weekly schedule, therapeutic milieu, protocol for handling mental health crises)

165
166 Staffing ratios (describe how they are maintained for qualified staff)

167
168 Program staffing (at least 1 staff person is present/available to group in the therapeutic milieu during scheduled hours of
169 operation; for staff with other responsibilities—is there documented specific times in which program activities are being
170 performed exclusive of other activities?)

171
172 Is it documented that the beneficiary is expected to be present for all hours of operation each day, and that beneficiary must
173 be present 50% before claiming FFP for a day?
174
175

176 Is there documentation of at least 1 contact per month with a beneficiary's family member/caregiver, significant support
177 person, or legally responsible adult?

178
179 Please describe how documentation standards will be met.

180 **CATEGORY 8: PHARMACEUTICAL SERVICES**

181
182
183 If you have no pharmaceutical services on premises, please state.

184
185
186 **LABELING AND STORAGE OF DRUGS**

187
188 Describe what procedure is used in your facility. (Below are some of the things that need to be included in your policy):

- 189
190 1. All drugs obtained by prescription are labeled in compliance with federal and state laws. Only persons legally
191 authorized to do so may alter prescription labels.
- 192
193 2. Drugs intended for external use only are stored separately.
- 194
195 3. All drugs are stored at proper temperatures:
- 196
197 a. Room temperature drugs 59-86 degrees F (15-30 degrees C);
198 b. Refrigerated drugs 36-46 degrees F (2-8 degrees C);
199 c. Drugs are stored away from foodstuffs and clearly labeled.
- 200
201 4. Drugs are stored in a secure area with limited access to those personnel with written authorization.
- 202
203 5. Drugs are not retained after the expiration date. No contaminated or deteriorated drugs are found.
- 204
205 6. Disposal of drugs:
- 206
207 a. Provider disposes of expired, contaminated, deteriorated, abandoned drugs in a manner consistent with state and
208 federal laws, and maintains a log.
- 209
210 7. Only persons lawfully authorized to do so dispense drugs.

211
212
213
214
215
216 **COUNTY OF MONTEREY SITE CERTIFICATION SURVEY CHECKLIST**

217
218
219 Provider: _____ Provider Number: _____

220
221 Address: _____ Tel: _____

222
223 Date _____ Reviewer _____

224
225
226 **Category 1: Fire and Disaster Safety**
227

- 228 1. Provider has fire clearance Yes No Comments:
229
230 2. Location description of the Fire Evacuation Plan Yes No Comments:
231
232 3. Employees are informed of the Fire Evacuation Plan Yes No Comments:
233
234 4. Provider has written and posted Disaster Plan Yes No Comments:
235
236 5. In event of emergency, staff position to be contacted Yes No Comments:
237
238 6. Employees are informed of the Disaster Plan Yes No Comments:
239

240 **Category 2: Physical Plant**
241

- 242 1. Building maintenance responsibility, including contact person(s) address and phone number, also frequency of
243 maintenance Yes No Comments:
244
245 2. Responsibility for major/minor repairs, and contact person(s) Yes No
246 Comments:
247
248 3. Responsibility for outside landscaping of building Yes No Comments:
249
250 4. Building meets the minimum standards for the American with Disabilities Act (or exempt from the ADA) Yes No
251 Comments:
252
253 5. All standing furniture, bookcases, and cabinets that need to be anchored to the walls, floors, or ceilings, are in
254 compliance Yes No Comments:
255
256
257 6. Locks on doors, cabinets, desks, are in good repair, and whoever has access to confidential information & records is
258 listed in the procedures Yes No
259 Comments:
260
261 7. Restrooms are clean and in good repair Yes No Comments:
262
263 8. Description of janitorial service responsibility/contact information Yes No
264 Comments:
265
266 9. Temperature of any refrigerated food for consumer use on premises is between 36 and 46 degrees F Yes No
267 Comments:
268

269 **Category 3: Policies and Procedures**
270

- 271 1. Personnel policies and records are site specific Yes No Comments:
272

273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320

- 2. General operating procedures are site specific Yes No Comments:
- 3. Service delivery policies are site specific Yes No Comments:
- 4. Consumers records and their confidentiality are site specific Yes No Comments:
- 5. Unusual incidence/occurrence reporting procedure Yes No Comments:

Category 4: Physician Availability

- 1. Psychiatrist/physician services are available onsite or by referral. If by referral, the procedure for this is available onsite and is site specific Yes No Comments:
- 2. Procedure for a medical or psychiatric emergency Yes No Comments:

Category 5: Staffing

- 1. Head of Service meets CCR Title 9, Section 622 ff requirements (see sample packet for description) Yes No Comments:
- 2. Experience detailed if Director is a Mental Health Rehabilitation Specialist Yes No Comments:

Category 6: Day Treatment Staffing

- 1. Day Treatment Intensive has an average ration of 1 QMHP staff to 8 individuals in attendance during the period the program is open Yes No Comments:
- 2. Day Treatment Rehabilitative has an average ratio of 1 QMHP staff to 10 individuals in attendance the period the program is open Yes No Comments:

Category 7: Wraparound Services

- 1. Detailed Program Description Yes No Comments:
- 2. Staffing ratios and how they are maintained Yes No Comments:
- 3. Detailed description of Program staffing Yes No Comments:
- 4. Documentation of expected beneficiary attendance and billing Yes No Comments:
- 5. Documentation of monthly contact with beneficiary's family/support/ legally responsible adult Yes No Comments:
- 6. Description of documentation standards Yes No Comments:

321
322 **Category 8: Pharmaceutical Services**
323

324 1. Prescribed medications maintained on site Yes No Comments:

325
326 2. Labeling and Storage of Drugs procedure Yes No Comments:

327
328 A. All drugs obtained by prescription are labeled in compliance with federal and state laws Yes No
329 Comments:

330
331 B. Drugs intended for external use only are stored separately.
332 Yes No Comments:

333
334 C. All drugs are stored at proper temperatures.

335
336 i. Room temperature drugs 59-86 degrees F. (15-30 degrees C.) Yes No
337 Comments:

338
339 ii. Refrigerated drugs 36-46 degrees F. (2-8 degrees C.) Yes No
340 Comments:

341
342 iii. Drugs are stored in a manner separated from foodstuffs, and clearly labeled
343 Yes No Comments:

344
345 D. Drugs are stored in a secure area with limited access to those personnel with written authorization Yes No
346 Comments:

347
348 E. Are drugs retained after the expiration date Yes No Comments:

349
350 F. No contaminated or deteriorated drugs are found Yes No Comments:

351
352 3. Disposal of Drugs

353
354 A. Provider disposes of expired, contaminated, deteriorated, abandoned drugs in a manner consistent with state and
355 federal laws, and maintains a log.
356 Yes No Comments:

357
358 4. Policies and Procedures for Dispensing of Drugs

359
360 A. Drugs are dispensed only by persons lawfully authorized to do so and are site specific Yes No
361 Comments:

362
363
364
365
366 **RECOMMENDATION:**

367
368 Approve Disapprove Date of Letter to Provider: _____
369

370
371
372
373
374
375
376
377
378

Reason(s) for Disapproval: _____

Plan of Correction required **Plan of Correction approved**
