

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

COUNTY: _____ DATE: _____

| | | | | | |
|--|-------|--|---|---|-------|
| PROVIDER NUMBER: PROVIDER NAME: ADDRESS: CITY: | | NPI #: ZIP: | | DAYS/HOURS OF OPERATION: | |
| TYPE OF REVIEW (Please specify): | | <input type="checkbox"/> CERTIFICATION | | <input type="checkbox"/> RE-CERTIFICATION | |
| 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"/> 10/81 Day Tx Int: 1/2 Day | H2012 | <input type="checkbox"/> 15/01 Case Mgmt/Brokerage | T1017 |
| | | | | • 15/07 Intensive Care Coordination (ICC) | 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 Services | H2015 |
| | | | | • 15/57 Intensive Home Based Services (IHBS) | 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 Services | H2019 |
| <input type="checkbox"/> 10/20 CSU: Emergency Rm | S9484 | <input type="checkbox"/> 10/95 Day Tx Rehab: Full Day | H2012 | <input type="checkbox"/> 15/60 Medication Support | H2010 |
| <input type="checkbox"/> 10/25 CSU: Urgent Care | S9484 | | | <input type="checkbox"/> 15/70 Crisis Intervention | H2011 |
| <p>NOTE: Identify the names, addresses, phone numbers, and hours of operation of school and satellite sites and indicate which sites store medications or provide day treatment.</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." <u>Note:</u> A satellite must have an NPI #.</p> <p>Source: Please refer to MHP Contract Exhibit A, Attachment 1, Section 4.c.</p> | | | | | |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL
Department of Health Care Services (DHCS)

Revised June 2014

| TABLE OF CONTENTS | PAGE |
|--|-------|
| LOCKOUTS | 3-4 |
| CATEGORY 1: POSTED BROCHURES AND NOTICES | 5-7 |
| CATEGORY 2: FIRE SAFETY INSPECTION | 8 |
| CATEGORY 3: PHYSICAL PLANT | 8 |
| CATEGORY 4: POLICIES AND PROCEDURES | 9-11 |
| CATEGORY 5: HEAD OF SERVICE & LICENSED STAFF | 12-14 |
| CATEGORY 6: CRISIS STABILIZATION SERVICES | 15-26 |
| CATEGORY 7: MEDICATION SUPPORT SERVICES | 27-32 |
| CATEGORY 8: DAY TREATMENT INTENSIVE/DAY REHABILITATION | 33-44 |
| SIGN OFF SHEET | 45 |
| PLAN OF CORRECTION | 46 |

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

In addition, use Category 6 for CSUs 10/20 and 10/25,

Category 7 for Medication Support 15/60, and

Category 8 for Day Treatment Intensive and Rehabilitation 10/81, 10/85, 10/91, and/or 10/95.

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| 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> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL
Department of Health Care Services (DHCS)

Revised June 2014

| LOCKOUTS | |
|---|--|
| <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">(a) <i>Adult Residential Treatment Services</i>(b) <i>Crisis Residential Treatment Services</i>(c) <i>Crisis Intervention</i>(d) <i>Day Treatment Intensive</i>(e) <i>Day Rehabilitation</i>(f) <i>Psychiatric Inpatient Hospital Services</i>(g) <i>Medication Support Services</i>(h) <i>Mental Health Services</i>(i) <i>Crisis Stabilization</i>(j) <i>Psychiatric Nursing Facility Services.</i> <p>CCR, Title 9, Section 1840.374. Lockouts for Targeted Case Management Services</p> <p>(a) <i>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></p> <p>(b) <i>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> | <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> <p>(a) <i>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></p> <ul style="list-style-type: none">(1) <i>Adult Residential Treatment Services,</i>(2) <i>Crisis Residential Treatment Services,</i>(3) <i>Crisis Intervention,</i>(4) <i>Day Treatment Intensive,</i>(5) <i>Day Rehabilitation,</i>(6) <i>Psychiatric Nursing Facility Services, except as provided in Subsection (b),</i>(7) <i>Crisis Stabilization, and</i>(8) <i>Psychiatric Health Facility Services.</i> <p>(b) <i>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></p> <p>(c) <i>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></p> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| 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?</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> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL
 Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 1: POSTED BROCHURES AND NOTICES <i>(Continued)</i> | Criteria Met | | |
|---|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| B) The provider list per MHP policies and procedures? <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><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> |
| C) The posted notice explaining grievance, appeal, expedited appeal, and fair hearings processes? <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><i>CCR, Title 9, Section 1850.205 (c) (1) (B)</i></p> <p><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><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> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL
 Department of Health Care Services (DHCS)

Revised June 2014

| 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?</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>CCR Title 9, Section 1850.205 (c)(1)(C)</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>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> <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> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| 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?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.2. 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? | | | <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). |
| <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. |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 4: POLICIES AND PROCEDURES <i>(Continued)</i> | Criteria Met | | |
|---|--------------|----|--|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>C) Personnel policies and procedures specific to screening licensed personnel/providers and checking the excluded provider lists.</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> <p>NOTE: Verify that the MHPs P&Ps identify the two required Excluded Individuals/Entities lists below as being checked periodically 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> <ul style="list-style-type: none"> • <i>Social Security Act, Sections 1128 and 1128A</i> • <i>CFR, Title 42, Sections 438.214 and 438.610</i> • <i>DMH Letter No. 10-05</i> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 4: POLICIES AND PROCEDURES <i>(Continued)</i> | Criteria Met | | |
|--|--------------|-----------|--|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| D) General operating procedures. <i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.5. CCR, Title 9, § 533</i> | | | 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.). |
| E) Maintenance policy to ensure the safety and well-being of beneficiaries and staff. <i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.4. CCR, Title 9, § 1810.435(b)(2)</i> | | | 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. <i>CCR, Title 9, Section 1810.435 (b) (2)</i> <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> |
| F) Service delivery policies. <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> | | | 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. |
| G) Unusual occurrence reporting (UOR) procedures relating to health and safety issues. <i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.5. CCR, Title 9, § 1810.435 (b)(2)</i> | | | Review the written policies and procedures for the UOR processes. |
| H) Written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available. <i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.8.</i> | | | 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. |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| 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?</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></p> <p><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></p> <p><i>In addition, the staff may include qualified registered nurses and other professional disciplines.</i></p> <p><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> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL
Department of Health Care Services (DHCS)

Revised June 2014

| 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> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL
 Department of Health Care Services (DHCS)

Revised June 2014

| 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> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 6: CRISIS STABILIZATION SERVICES | Criteria Met | | |
|---|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>A) Is a physician on call at all times for the provision of those Crisis Stabilization Services that may only be provided by a licensed physician?</p> <p><i>CCR, Title 9, § 1840.348(a)</i></p> | | | <p>Review the “On Call” schedules for physician coverage.</p> <ul style="list-style-type: none"> • <i>Identify the physician</i> • <i>Review the physician’s work schedule to determine if there is coverage</i> <p><i>CCR, Title 9, Section 1840.348 (a)</i> <i>A physician shall be on call at all times for the provision of those Crisis Stabilization Services that may only be provided by a physician.</i></p> |
| <p>B) Does the provider have qualified staff available to meet the 4:1 (client: staff) ratio during times Crisis Stabilization services are provided?</p> <p><i>CCR, Title 9, § 1840.348(c)</i> <i>CCR, Title 9, § 1840.348(g)</i></p> | | | <p>Review the staff schedules and working hours, compare with the census and determine if the staffing ratio requirements are being met.</p> <p><i>CCR, Title 9, Section 1840.348 (c)</i> <i>At a minimum there shall be a ratio of at least one licensed, waived, or registered mental health professional on site for each four beneficiaries or other patients receiving Crisis Stabilization at any given time.</i></p> <p><i>CCR, Title 9, Section 1810.254 (g)</i> <i>“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.</i></p> <p><i>CCR, Title 9, Section 1840.348 (g)</i> <i>Persons included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.</i></p> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL
Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 6: CRISIS STABILIZATION SERVICES <i>(Continued)</i> | Criteria Met | | |
|--|--------------|----|--|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>C) Does the provider have at least one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are receiving Crisis Stabilization services?</p> <p><i>CCR, Title 9, § 1840.348(b)(c)</i> <i>CCR, Title 9, § 1840.348(g)</i></p> | | | <p>NOTE: The Registered Nurse, Psychiatric Technician or Licensed Vocational Nurse who are on site when beneficiaries are receiving Crisis Stabilization services <i>may be counted</i> as part of the 4:1 client/staff ratio in Item 6B above.</p> <p>CCR, Title 9, Section 1840.348 (b) <i>There shall be a minimum of one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are present</i></p> <p>CCR, Title 9, Section 1840.348 (g) <i>Persons included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.</i></p> |
| <p>D) Does the provider have medical backup services available either on site or by written contract or agreement with a hospital?</p> <p><i>CCR, Title 9, § 1840.338(b)</i></p> | | | <p>CCR, Title 9, Section 1840.338 (b) <i>Medical backup services must be available either on site or by written contract or agreement with a general acute care hospital. Medical back up means immediate access within reasonable proximity to health care for medical emergencies. Immediate access and reasonable proximity shall be defined by the Mental Health Plan. Medications must be available on an as needed basis and the staffing pattern must reflect this availability.</i></p> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL
 Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 6: CRISIS STABILIZATION SERVICES <i>(Continued)</i> | Criteria Met | | |
|--|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>E. Does the provider have medications available on an as needed basis and the staffing available to prescribe and/or administer it?</p> <p>F. Which categories of staff are assessing and determining the beneficiary diagnosis?</p> <p><i>CCR, Title 9, § 522</i> <i>CCR, Title 9, 1840.346</i></p> | | | <ul style="list-style-type: none"> • Identify who at facility can prescribe medications? • Identify who at facility can administer medications? • Does the CSU have staff available to prescribe and/or administer medications? <p><i>CCR, Title 9, Section 1840.346</i></p> <p><i>Medication Support Services shall be provided within the scope of practice by any of the following:</i></p> <p><i>(a) Physician</i> <i>(b) Registered Nurse</i> <i>(c) Licensed Vocational Nurse</i> <i>(d) Psychiatric Technician</i> <i>(e) Pharmacist</i> <i>(f) Physician Assistant.</i></p> <p><i>NOTE: A Nurse Practitioner may also prescribe and administer medications.</i></p> <ul style="list-style-type: none"> • Identify which category of staff is determining diagnosis. i.e. Practicing within his/her scope of practice. • Review sample client records to verify appropriate staff are determining the diagnosis. <p><i>CCR, Title 9, Section 522 Medical Responsibility</i></p> <p><i>A physician meeting the qualifications of Section 620 (a) shall assume responsibility for all those acts of diagnosis, treatment, or prescribing or ordering of drugs which may only be performed by a licensed physician.</i></p> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 6: CRISIS STABILIZATION SERVICES <i>(Continued)</i> | Criteria Met | | |
|---|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>BUSINESS & PROFESSIONS CODE (Read left side to right side)</p> <p>Section 2836.1. Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing or ordering drugs or devices when all of the following apply:</p> <p>(a) The drugs or devices are furnished or ordered by a nurse practitioner in accordance with standardized procedures or protocols developed by the nurse practitioner and the supervising physician and surgeon when the drugs or devices furnished or ordered are consistent with the practitioner's educational preparation or for which clinical competency has been established and maintained.</p> <p>(b) The nurse practitioner is functioning pursuant to standardized procedure, as defined by Section 2725, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner, and the facility administrator or the designee.</p> <p>(c) (1) The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner's competence, including peer review, and review of the provisions of the standardized procedure.</p> <p>(2) In addition to the requirements in paragraph (1), for Schedule II controlled substance protocols, the provision for furnishing Schedule II controlled substances shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.</p> | | | <p>(d) The furnishing or ordering of drugs or devices by a nurse practitioner occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include (1) collaboration on the development of the standardized procedure, (2) approval of the standardized procedure, and (3) availability by telephonic contact at the time of patient examination by the nurse practitioner.</p> <p>(e) For purposes of this section, no physician and surgeon shall supervise more than four nurse practitioners at one time.</p> <p>(f) (1) Drugs or devices furnished or ordered by a nurse practitioner may include Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and shall be further limited to those drugs agreed upon by the nurse practitioner and physician and surgeon and specified in the standardized procedure.</p> <p>(2) When Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, are furnished or ordered by a nurse practitioner, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the nurse practitioner's standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the nurse practitioner furnishing the order.</p> <p>(g) (1) The board has certified in accordance with Section 2836.3 that the nurse practitioner has satisfactorily completed (1) at least six month's physician and surgeon-supervised experience in the furnishing or ordering of drugs or devices and (2) a course in pharmacology covering the drugs or devices to be furnished or ordered under this section.</p> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 6: CRISIS STABILIZATION SERVICES (continued) | Criteria Met | | |
|---|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| | | | <p>(2) Nurse practitioners who are certified by the board and hold an active furnishing number, who are authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration, shall complete, as part of their continuing education requirements, a course including Schedule II controlled substances based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision.</p> <p>(h) Use of the term "furnishing" in this section, in health facilities defined in Section 1250 of the Health and Safety Code, shall include (1) the ordering of a drug or device in accordance with the standardized procedure and (2) transmitting an order of a supervising physician and surgeon.</p> <p>(i) "Drug order" or "order" for purposes of this section means an order for medication which is dispensed to or for an ultimate user, issued by a nurse practitioner as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by nurse practitioners; and (3) the signature of a nurse practitioner on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.</p> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 6: CRISIS STABILIZATION SERVICES <i>(Continued)</i> | Criteria Met | | |
|---|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUILINE FOR REVIEWS |
| <p>BUSINESS & PROFESSIONS CODE (Read left side to right side) Section 3502.1. (a) In addition to the services authorized in the regulations adopted by the board, and except as prohibited by Section 3502, while under the supervision of a licensed physician and surgeon or physicians and surgeons authorized by law to supervise a physician assistant, a physician assistant may administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device pursuant to subdivisions (c) and (d).</p> <p>(1) A supervising physician and surgeon who delegates authority to issue a drug order to a physician assistant may limit this authority by specifying the manner in which the physician assistant may issue delegated prescriptions.</p> <p>(2) Each supervising physician and surgeon who delegates the authority to issue a drug order to a physician assistant shall first prepare and adopt, or adopt, a written, practice specific, formulary and protocols that specify all criteria for the use of a particular drug or device, and any contraindications for the selection. Protocols for Schedule II controlled substances shall address the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is being administered, provided, or issued. The drugs listed in the protocols shall constitute the formulary and shall include only drugs that are appropriate for use in the type of practice engaged in by the supervising physician and surgeon. When issuing a drug order, the physician assistant is acting on behalf of and as an agent for a supervising physician and surgeon.</p> <p>(b) "Drug order" for purposes of this section means an order for medication that is dispensed to or for a patient, issued and signed by a physician assistant acting as an individual practitioner within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription or order of the supervising physician,</p> | | | <p>(2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by physician assistants pursuant to authority granted by their supervising physicians and surgeons, and (3) the signature of a physician assistant on a drug order shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.</p> <p>(c) A drug order for any patient cared for by the physician assistant that is issued by the physician assistant shall either be based on the protocols described in subdivision (a) or shall be approved by the supervising physician and surgeon before it is filled or carried out. (1) A physician assistant shall not administer or provide a drug or issue a drug order for a drug other than for a drug listed in the formulary without advance approval from a supervising physician and surgeon for the particular patient. At the direction and under the supervision of a physician and surgeon, a physician assistant may hand to a patient of the supervising physician and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon, manufacturer as defined in the Pharmacy Law, or a pharmacist.</p> <p>(2) A physician assistant may not administer, provide, or issue a drug order to a patient for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and surgeon for that particular patient unless the physician assistant has completed an education course that covers controlled substances and that meets standards, including pharmacological content, approved by the committee. The education course shall be provided either by an accredited continuing education provider or by an approved physician assistant training program. If the physician assistant will administer, provide, or issue a drug order for Schedule II controlled substances, the course shall contain a minimum of three hours exclusively on Schedule II controlled substances.</p> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 6: CRISIS STABILIZATION SERVICES <i>(Continued)</i> | Criteria Met | | |
|--|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>(Read left side to right side)</p> <p>Completion of the requirements set forth in this paragraph shall be verified and documented in the manner established by the committee prior to the physician assistant's use of a registration number issued by the United States Drug Enforcement Administration to the physician assistant to administer, provide, or issue a drug order to a patient for a controlled substance without advance approval by a supervising physician and surgeon for that particular patient.</p> <p>(3) Any drug order issued by a physician assistant shall be subject to a reasonable quantitative limitation consistent with customary medical practice in the supervising physician and surgeon's practice.</p> <p>(d) A written drug order issued pursuant to subdivision (a), except a written drug order in a patient's medical record in a health facility or medical practice, shall contain the printed name, address, and phone number of the supervising physician and surgeon, the printed or stamped name and license number of the physician assistant, and the signature of the physician assistant. Further, a written drug order for a controlled substance, except a written drug order in a patient's medical record in a health facility or a medical practice, shall include the federal controlled substances registration number of the physician assistant and shall otherwise comply with the provisions of Section 11162.1 of the Health and Safety Code. Except as otherwise required for written drug orders for controlled substances under Section 11162.1 of the Health and Safety Code, the requirements of this subdivision may be met through stamping or otherwise imprinting on the supervising physician and surgeon's prescription blank to show the name, license number, and if applicable, the federal controlled substances number of the physician assistant, and shall be signed by the physician assistant. When using a drug order, the physician assistant is acting on behalf of and as the agent of a supervising physician and surgeon.</p> | | | <p>(e) The medical record of any patient cared for by a physician assistant for whom the physician assistant's Schedule II drug order has been issued or carried out shall be reviewed and countersigned and dated by a supervising physician and surgeon within seven days.</p> <p>(f) All physician assistants who are authorized by their supervising physicians to issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration (DEA).</p> <p>(g) The committee shall consult with the Medical Board of California and report during its sunset review required by Division 1.2 (commencing with Section 473) the impacts of exempting Schedule III and Schedule IV drug orders from the requirement for a physician and surgeon to review and countersign the affected medical record of a patient.</p> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 6: CRISIS STABILIZATION SERVICES <i>(Continued)</i> | Criteria Met | | |
|--|--------------|----|--|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>A) Do all beneficiaries receiving Crisis Stabilization services receive a physical and mental health assessment? <i>CCR, Title 9, § 1840.338(c)</i></p> | | | <p>Review the MHP's P & P for this area.</p> <p><u>Review a sample of current client records</u> to ensure that beneficiaries are receiving both a physical and mental health assessment. NOTE: Have the provider show you where these can be found in the chart.</p> <p><i>CCR, Title 9, Section 1840.338 (c)</i> <i>All beneficiaries receiving Crisis Stabilization shall receive an assessment of their physical and mental health. This may be accomplished using protocol approved by a physician. If outside services are needed, a referral that corresponds with the beneficiary's need shall be made to the extent resources are available.</i></p> |
| <p>B) If a beneficiary is evaluated as needing service activities that can only be provided by a specific type of licensed professional, does the provider make such persons available? <i>CCR, Title 9, § 1840.348(d)</i></p> | | | <p>Review the MHP's P & P for this area.</p> <p><u>Review a sample of current client records</u> to ensure this requirement is met.</p> <p><i>CCR, Title 9, Section 1840.348 (d)</i> <i>If the beneficiary is evaluated as needing service activities that can only be provided by a specific type of licensed professional, such persons shall be available.</i></p> |
| <p>C) If Crisis Stabilization services are co-located with other specialty mental health services, does the provider use staff providing Crisis Stabilization that are separate and distinct from persons providing other services? <i>CCR, Title 9, § 1840.348(f)</i></p> | | | <p>Review MHP's P & P for staffing patterns and staffing schedule.</p> <p>When the CSU is co-located with other Specialty Mental Health Services, <u>obtain a copy of the staffing for the day of the onsite visit.</u> Verify that staff listed are present. Verify that CSU staff are not responsible for providing non-CSU services.</p> <p><i>CCR, Title 9, Section 1840.348 (f)</i> <i>If Crisis Stabilization services are co-located with other specialty mental health services, persons providing Crisis Stabilization must be separate and distinct from persons providing other services.</i></p> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 6: CRISIS STABILIZATION SERVICES <i>(Continued)</i> | Criteria Met | | |
|--|--------------|----|--|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>D) Are the beneficiaries currently in the Crisis Stabilization Unit (CSU) receiving Crisis Stabilization services longer than 23 hours and 59 minutes?</p> <p><i>CCR, Title 9, § 1810.210</i> <i>CCR, Title 9, § 1840.368(c)</i> <i>MHP Contract, Exhibit A, Attachment 1, Section 11.A.2</i></p> | | | <p>Review the board, admission/discharge log, or client records showing current beneficiaries and admission dates:</p> <ul style="list-style-type: none"> • Determine the time when services began and ended. • Determine if anyone has been there over 24 hours. <p>If any of the beneficiaries present have been receiving services for longer than 23 hours and 59 minutes, make a note of the number of beneficiaries and the actual length of time that each beneficiary has been in the CSU.</p> <p>NOTE: If there is a board, patient information should not be visual to the public.</p> <p>What procedures does the facility follow when claiming for CSU?</p> <ul style="list-style-type: none"> • What sort of services “count” towards the minimum of 31 minutes required for a one-hour billing? • How are services claimed for beneficiaries who have been receiving services longer than 23 hours and 59 minutes? <p>Document CSU efforts for discharge planning and meeting the beneficiary’s needs within the timeline.</p> <p><i>CCR, Title 9, Section 1810.210 Crisis Stabilization</i></p> <p><i>“Crisis Stabilization” means a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit.</i></p> <p><i>CCR, Title 9, Section 1840.368 (c) Lockouts for Crisis Stabilization</i></p> <p><i>(c) The maximum number of hours claimable for Crisis Stabilization in a 24-hour period is 20 hours.</i></p> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

Category 6 - CSU, continued: The following are questions to ask for clarification and may also point to potential quality of care and patient safety issues for consideration in conducting the review.

SURVEY THE ENVIRONMENT AS YOU TAKE A TOUR FOR THE FOLLOWING

| | Yes | No | Comments |
|---|-----|----|----------|
| 1. Is the CSU a 5150-designated facility? | | | |
| 2. Does it accept both adults and children/adolescents? | | | |
| 3. If the answer to #2 above is "Yes", are the adults physically segregated from the children and adolescents? Are the minors under 1:1 supervision at all times? | | | |
| 4. Do the police transport patients to the CSU? | | | |
| 5. Are there any types of patients which the CSU will not accept from the police? | | | |
| 6. Is there suitable furniture in the CSU on which the beneficiaries can sit or recline? | | | |
| 7. Does the CSU have seclusion and restraint (S&R) capability? (Review the MHP's P&Ps regarding use of S&R) | | | |
| 8. Are the S&R rooms clean and free from hazards that might pose a danger to a beneficiary confined in them (e.g., sharp edges, breakable glass, pointed corners) | | | |
| 9. Are the beds in the S&R rooms securely bolted to the floor? | | | |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

Category 6 - CSU, continued: The following are questions to ask for clarification and may also point to potential quality of care and patient safety issues for consideration in conducting the review.

SURVEY THE ENVIRONMENT AS YOU TAKE A TOUR FOR THE FOLLOWING

| | Yes | No | Comments |
|--|-----|----|----------|
| 10. Are there sheets or similar materials (e.g., blankets, bedspreads) present in the seclusion rooms? (The presence of sheets or blankets in a seclusion room where beneficiaries are NOT restrained poses a potential risk to patient safety. | | | |
| 11. How are patients monitored while in seclusion and restraints? (i.e., Direct line-of-sight observation, via television monitor?) How does the facility ensure that staff is actually monitoring the patients if this is done via television monitor? | | | |
| 12. Are there “quiet rooms” which patients can use when they wish to have a reduced level of stimulation? | | | |
| 13. Where does staff interview/assess patients? Where does staff provide crisis intervention to patients? | | | |
| 14. What procedures are in place when a patient experiences a medical emergency? How is medical emergency defined? Are there procedures which describe how a distinction is made between an emergency requiring attention by the on-call physician and an emergency requiring a call to “911”? Who is authorized to make this determination? | | | |
| 15. What procedures are in place to handle a psychiatric emergency which is beyond the scope/capability of the CSU or its staff? For example, what would be done with a patient who became seriously assaultive when all of the seclusion/restraint rooms were in use? | | | |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

Category 6 - CSU, continued: The following are questions to ask for clarification and may also point to potential quality of care and patient safety issues for consideration in conducting the review.

SURVEY THE ENVIRONMENT AS YOU TAKE A TOUR FOR THE FOLLOWING

| | Yes | No | Comments |
|--|-----|----|----------|
| 16. What procedures are followed when a non-English speaking patient is admitted? Is an interpreter brought to the facility? If not, why not? | | | |
| 17. What arrangements or options are available for family members who wish to visit patients? | | | |
| 18. Which staff performs crisis intervention services? | | | |
| 19. Which staff perform risk assessments (e.g., for DTO, DTS, GD)? | | | |
| 20. During the tour of the CSU, did you observe staff sitting and talking with patients or was staff exclusively sitting in the nursing station? | | | |
| 21. What dispositions are available if a patient is not appropriate for discharge home after 23 hours and 59 minutes? | | | |
| 22. What dietary facilities are available for preparation/dispensing of patient meals and snacks? | | | |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 7: 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>1. LABELING</p> <p>A) 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>2. INCOMING (RECEIPT) MEDICATION LOG</p> <p>A) 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> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 7: MEDICATION SUPPORT SERVICES (Continued) | Criteria Met | | |
|--|--------------|----|---|
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| <p>B) 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. CCR, Title 22, § 73361</p> | | | <p>Review the Incoming (Receipt) medication log.</p> <p>CCR, Title 22, § 73361 – Pharmaceutical Service – Drug Order Records</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>3. MEDICATION STORAGE</p> <p>A) 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>B) 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> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 7: MEDICATION SUPPORT SERVICES <i>(Continued)</i> | Criteria Met | | |
|---|--------------|----|--|
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| <p>C) 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>D) 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>4. MEDICATION DISPENSING LOG</p> <p>A) All medications dispensed or administered must be logged, regardless of their source. The log should indicate:</p> <ol style="list-style-type: none"> 1. The date and time the medication was dispensed or administered 2. The source of the medication 3. The lot and/or vial number if the medication was administered from a multi-dose container or sample card 4. The name of the patient receiving the medication 5. The dosage of the medication given 6. The route of administration used 7. The signature of authorized staff who dispensed or administered the medication <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> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 7: MEDICATION SUPPORT SERVICES <i>(Continued)</i> | Criteria Met | | |
|--|--------------|----|---|
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| 5. AUDITING SUPPLIES OF CONTROLLED SUBSTANCES A) 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. |
| B) 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. |
| C) Does the controlled substance record include: <ol style="list-style-type: none"> 1. Patient Name 2. Prescriber 3. Prescription number 4. Drug Name 5. Strength 6. Dose administered 7. Date and time of administration 8. 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> |
| D) 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. |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL
Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 7: MEDICATION SUPPORT SERVICES <i>(Continued)</i> | Criteria Met | | |
|---|---------------------|-----------|--|
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| <p>6. MEDICATION DISPOSAL</p> <p>A) 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>B) 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> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL
 Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 7: MEDICATION SUPPORT SERVICES (Continued) | Criteria Met | | |
|---|--------------|----|--|
| EVALUATION CRITERIA | YES | NO | COMMENTS |
| <p>C) When medication has reached its expiration date, the disposal of the medication must be logged. The log should include the following information:</p> <ol style="list-style-type: none"> 1. The name of the patient 2. Medication name and strength 3. The prescription number 4. Amount destroyed 5. Date of destruction 6. Name and signatures of witnesses <p>Logs are to be retained for at least three years.</p> <p>CCR, Title 22, § 73369(b)(1)(2)</p> | | | <p>Review the expired medication disposal log and verify the required information is documented.</p> <p>CCR, Title 22, Section 73369 Pharmaceutical Service – Disposal of Drugs</p> <p>(a) <i>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> <ol style="list-style-type: none"> 1) <i>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> 2) <i>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> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL
Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION | Criteria Met | | |
|---|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>SERVICE COMPONENTS:</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> | | | <p>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.</p> <p>CCR, Title 9, Section 1810.212 Day Rehabilitation <i>“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.</i></p> <p>CCR, Title 9, Section 1810.213 Day Treatment Intensive <i>“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.</i></p> <p>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> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION (Continued) | Criteria Met | | |
|---|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>A) Do the Community Meetings:</p> <p>1) Occur at least once a day and actively involve the staff and beneficiaries?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D</i></p> | | | <p>Review the Written Weekly Schedules and Written Program Description for daily Community Meetings.</p> <p>If Day Treatment Intensive, also review the Daily Progress Notes.</p> |
| <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> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D</i></p> | | | |
| <p>3) For <u>Day Treatment Intensive</u>: Does the Community Meeting include a staff whose scope of practice includes psychotherapy?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D</i></p> | | | <p>Review the Written Weekly Schedules to determine if the assigned staff to the Community Meetings is a Psychiatrist, Licensed/ Waivered/ Registered Psychologist, LCSW, or MFT.</p> |
| <p>4) For <u>Day Rehabilitation</u>: Does the Community Meeting 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, or marriage and family therapist?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D</i></p> | | | <p>Review the Written Weekly Schedules to determine if the requirements for assigned staff to the Community Meetings were met.</p> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION (Continued) | Criteria Met | | |
|--|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>B) Does the Therapeutic Milieu include:</p> <p style="padding-left: 40px;">1) Process Groups*?</p> <p style="padding-left: 80px;"><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D</i></p> <p>*NOTE:: Day rehabilitation may include psychotherapy instead of process groups, or in addition to process groups.</p> | | | <p>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.</p> <p>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> |
| <p>2) Skill Building Groups?</p> <p style="padding-left: 80px;"><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D</i></p> | | | <p>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.</p> <p>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> |
| <p>C) Are there Adjunctive Therapies?</p> <p style="padding-left: 80px;"><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D</i></p> | | | <p>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.</p> <p>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</u> in order to improve the outcome of those services consistent with the beneficiary's needs identified in the client plan.</p> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION (Continued) | Criteria Met | | |
|---|--------------|----|--|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>D) In addition, for <u>Day Treatment Intensive</u>: Psychotherapy?</p> <p>NOTE: Psychotherapy does not include physiological interventions, including medication intervention.</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D and E.1.</i></p> | | | <p>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.</p> <p>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.</p> |
| <p>E) Is a detailed Written Weekly Schedule available to beneficiaries and as appropriate to their families, caregivers or significant support persons?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.E.3</i></p> | | | <p>Ask how the weekly schedule is made available to the beneficiary, family, caregiver or significant support person.</p> |
| <p>F) Does the Weekly Schedule:</p> <p>1) Identify when services will be provided?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.E.3</i></p> | | | <p>Review the Written Weekly Schedule for required service components. (See Sections A - D)</p> <p>Review the Written Weekly Schedule for the required information in items F. 1-3.</p> |
| <p>2) Identify where services will be provided?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.E.3</i></p> | | | |
| <p>3) Specify the program staff, their qualifications, and the scope of their services?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.E.3</i></p> | | | |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL
 Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION (Continued) | Criteria Met | | |
|---|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| G) Is there a Written Program Description for the <i>Day Treatment Intensive</i> or <i>Day Rehabilitation</i> program? <i>MHP Contract, Exhibit A, Attachment 1, Section 8.J</i> | | | 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 Program Description describe the specific activities of each service and reflect the required components of the services as described in the MHP contract? <i>MHP Contract, Exhibit A, Attachment 1, Section 8.J</i> | | | Compare the program descriptions with the written weekly schedule. Do the activities listed on the written week schedule correspond to the written program descriptions? |
| I) Is there a Mental Health Crisis Protocol for responding to clients experiencing a mental health crisis ? <i>MHP Contract, Exhibit A, Attachment 1, Section 8.E.2</i> | | | Review the MHP's Mental Health Crisis Protocol. NOTE: 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. |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION (Continued) | Criteria Met | | |
|--|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p><u>HOURS OF OPERATION:</u></p> <p>Do the scheduled hours of operation for <i>Day Treatment Intensive</i> or <i>Day Rehabilitation</i> Programs :</p> <p>A) Meet the minimum program hours <u>per</u> day requirement?</p> <p><u>NOTE:</u></p> <p><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.</p> <p><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> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.L.1 and L.2</i></p> <p><i>CCR Title 9, §1840.318</i></p> | | | <p>Review Written Program Descriptions, Written Weekly Schedule, staffing schedules and Daily Attendance Records to verify the hours of operation requirements are met.</p> <p><i>CCR, Title 9, Section 1840.318 Claiming for Service Functions on Half Days or Full Days of Time</i></p> <p><i>(a) Day treatment intensive and day rehabilitation shall be billed as half days or full days of service</i></p> <p><i>(b) The following requirements apply for claiming of services based on half days or full days of time.</i></p> <ol style="list-style-type: none"> <i>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.</i> <i>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.</i> <i>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.</i> |
| <p>B) Are the scheduled hours of operation continuous?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.L.4</i></p> | | | <p>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.</p> <p><u>NOTE:</u> Program must be continuous except for lunch and short breaks. Lunch and break time do not count toward the total continuous hours of operation for purposes of determining minimum hours of service.</p> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION (Continued) | Criteria Met | | |
|---|--------------|----|--|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <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> | | | 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> | | | <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> | | | 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> <p><i>DMH Letter No. 03-03; MHP Contract, Exhibit A, Attachment 1, Section 8.G</i></p> | | | When the beneficiary is unavoidably absent, verify the hours and minutes of attendance are more than 50% of the scheduled hours of operation. |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION (Continued) | Criteria Met | | |
|---|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p><u>DOCUMENTATION STANDARDS:</u></p> <p>Are the documentation standards being met?</p> <p>A) Do all entries in the medical record include:</p> <p style="padding-left: 20px;">1) Dates of Service?</p> | | | Review the medical records to determine if entries are meeting documentation standards and the required and qualified staff are documenting and providing the service. |
| 1) Signature of Person providing the service (or electronic equivalent)? | | | |
| 2) Persons type of degree/licensure/title? | | | |
| 3) Date of signature? | | | |
| 4) Total number of minutes/hours the beneficiary actually attended the program? | | | |
| <i>MHP Contract, Exhibit A, Attachment 1, Section 8.H, 11.C</i> | | | |
| <p>B) For <u>Day Treatment Intensive</u>, are there:</p> <p style="padding-left: 20px;">1) <u>Daily progress notes</u> on activities? AND</p> | | | 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. |
| 2) A <u>Weekly clinical summary</u> that is reviewed and signed by a physician, a licensed/ waived/ registered psychologist, clinical social worker, or marriage family therapist, or a registered nurse who is either staff to the day treatment intensive program or the person directing the services? | | | 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. |
| <i>MHP Contract, Exhibit A, Attachment 1, Section 8.H, 11.C</i> | | | |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION (Continued) | Criteria Met | | |
|---|--------------|----|--|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>DOCUMENTATION STANDARDS (Continued):</p> <p>C) For <u>Day Rehabilitation</u>, are there:</p> <p>1) Weekly progress notes</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Sections 8.H,11.C</i></p> | | | <p>Review the medical records for:</p> <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> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.I</i></p> <p><i>DMH Information Notice 02-06 and DMH Letter No.03-03</i></p> | | | <p>Review the medical records for the required timeliness and frequency of contact.</p> <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>NOTE: Adult beneficiaries may decline this service component. Review documentation to verify adult beneficiaries have declined.</p> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION (Continued) | Criteria Met | | |
|--|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <p>STAFFING:</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> <p>CCR, Title 9, §1840.350(a) MHP Contract, Exhibit A, Attachment 1, Section 8.F</p> | | | <p>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.</p> <p>CCR, Title 9, Chapter 11, Section 1840.350 Day Treatment Intensive Staffing Requirements</p> <p>(a) At a <u>minimum</u> there must be an average ratio of at least <u>one</u> person from the following list providing Day Treatment Intensive services to <u>eight beneficiaries</u> or other clients in attendance during the period the program is open:</p> <p>(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.</p> <p>(c) Persons providing services in Day Treatment Intensive programs serving more than <u>12 clients</u> shall include at least <u>one person</u> from two of the following groups:</p> <p>(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.</p> |
| <p>2) Is the 1:8 minimum average staffing ratio during all hours of operation being met? Staff present must meet the requirements of item (a) in the right column.</p> <p>CCR, Title 9, §1840.352(a)</p> | | | |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION (Continued) | Criteria Met | | |
|---|--------------|----|---|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <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 of item (a) in the right column.</p> <p><i>CCR, Title 9, §1840.352(a)</i></p> | | | <p>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.</p> <p>CCR, Title 9, Chapter 11, Section 1840.352. Day Rehabilitation Staffing Requirements</p> <p><i>(a) At a <u>minimum</u> there must be an average ratio of at least <u>one</u> person from the following list providing Day Rehabilitation services to <u>ten</u> beneficiaries or other clients in attendance during the period the program is open:</i></p> <p><i>(1) Physicians</i></p> <p><i>(2) Psychologists or related waived/registered professionals</i></p> <p><i>(3) Licensed Clinical Social Workers or related waived/ registered professionals</i></p> <p><i>(4) Marriage and Family Therapists or related waived/registered professionals</i></p> <p><i>(5) Registered Nurses</i></p> <p><i>(6) Licensed Vocational Nurses</i></p> <p><i>(7) Psychiatric Technicians</i></p> <p><i>(8) Occupational Therapists</i></p> <p><i>(9) Mental Health Rehabilitation Specialists as defined in Section 630</i></p> <p><i>(c) Persons providing services in Day Rehabilitation programs serving more than <u>12 clients</u> shall include <u>at least two</u> of the following:</i></p> <p><i>(1) Physicians</i></p> <p><i>(2) Psychologists or related waived/registered professionals</i></p> <p><i>(3) Licensed Clinical Social Workers or related waived / registered professionals</i></p> <p><i>(4) Marriage and Family Therapists or related waived/registered professionals</i></p> <p><i>(5) Registered Nurses</i></p> <p><i>(6) Licensed Vocational Nurses</i></p> <p><i>(7) Psychiatric Technicians</i></p> <p><i>(8) Occupational Therapists</i></p> <p><i>(9) Mental Health Rehabilitation Specialists as defined in Section 630</i></p> |
| <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><i>CCR, Title 9, §630, §1810.254, §1840.352(c)</i> <i>MHP Contract, Exhibit A, Attachment 1, Section 8.F</i></p> <p>NOTE: CCR, Title 9, Chapter 3, 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 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.</i></p> <p>NOTE: CCR, Title 9, Chapter 11, Section 1810.254. Waivered/Registered Professional: <i>"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.</i></p> | | | |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL

Department of Health Care Services (DHCS)

Revised June 2014

| CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION (Continued) | Criteria Met | | |
|---|--------------|----|--|
| FEDERAL AND STATE CRITERIA | YES | NO | GUIDELINE FOR REVIEWS |
| <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> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.F</i></p> | | | <p>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> |
| <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> <p><i>CCR, Title 9, §1840.350(b), §1840.352(b)</i> <i>MHP Contract, Exhibit A, Attachment 1, Section 8.F</i></p> | | | <p>Persons who are not solely used to provide day treatment services may be utilized according to program need, but shall not be included as part of the ratio formula.</p> <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. <p><i>CCR, Title 9, Chapter 11, Section 1840.350. Day Intensive Staffing Requirements</i> <i>(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</i></p> <p><i>CCR, Title 9, Chapter 11, Section 1840.352. Day Rehabilitation Staffing Requirements</i> <i>(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</i></p> |

SD/MC PROVIDER CERTIFICATION & RE-CERTIFICATION PROTOCOL
Department of Health Care Services (DHCS)

Revised June 2014

(A POC is required for items where federal and state criteria was 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: _____



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

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***

Program Oversight and Compliance Branch
Mental Health Services Division
Department of Health Care Services
1500 Capitol Avenue, Suite 72.442, MS 2703, Sacramento, CA 95814
(916) 319-0985 FAX (916) 440-7620