

SAN MATEO COUNTY HEALTH SYSTEM
 BEHAVIORAL HEALTH & RECOVERY SERVICES
 QUALITY MANAGEMENT

MEDI-CAL SITE RE/CERTIFICATION TOOL AND SUMMARY

Medi-Cal Provider Number:

Review Date:

Provider Name:

Address:

Tel: (Fax:(

Contact Person:

Contact Email:

Hours Of Operation:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

	Y	N	COMMENTS
Hours of operation and services provided to Medi-Cal beneficiaries are comparable to those for non-Medi-Cal clients.	<input type="checkbox"/>	<input type="checkbox"/>	

TYPE OF REVIEW	COMMENTS
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification	

COUNTY REVIEWER	AGENCY REPRESENTATIVE

OUTPATIENT SERVICES PROVIDED		
<input type="checkbox"/> Day Treatment Rehabilitation (half day) 10/91	<input type="checkbox"/> Targeted Case Management 15/01	<input type="checkbox"/> Mental Health Services 15/10-19, 30-59
<input type="checkbox"/> Day Treatment Rehabilitation (full day) 10/95	<input type="checkbox"/> Therapeutic Behavioral Services (TBS) 15/58	<input type="checkbox"/> Medication Support 15/60
<input type="checkbox"/> Day Treatment Intensive (half day) 10/81	<input type="checkbox"/> Crisis Intervention 15/70	<input type="checkbox"/> Adult Residential 05/65
<input type="checkbox"/> Day Treatment Intensive (full day) 10/85	<input type="checkbox"/> Adult Crisis Residential 05/40	

List the name, address, phone number, and hours of operation of any school and satellite sites and indicate which sites store medications or provide day treatment.

1. POSTED BROCHURES AND NOTICES				
EVALUATION CRITERIA	Y	N	N/A	COMMENTS
Beneficiary brochures (Medi-Cal Guide) are available to clients in both English and Spanish.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aware that clients who ask for current provider list can obtain from the Access Team (800-686-0101).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notices explaining the grievance, appeal, and fair hearing processes are posted in English and Spanish.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grievance and appeal forms (English and Spanish), with self-addressed return, are available to clients without having to request them from a staff member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provider's Notices of Privacy Practices are posted in English and Spanish.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. PHYSICAL PLANT/FACILITIES				
EVALUATION CRITERIA	Y	N	N/A	COMMENTS
Facility is clean, sanitary, in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Agency provides or contracts for routine building maintenance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit doors are clearly marked and unlocked on the inside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evacuation route maps that guide people to exit doors are clearly posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers installed throughout the facility are inspected annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individuals with handicaps or disabilities can access agency by ramp or elevator if services are not provided on street level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handicapped parking is clearly marked and available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Restroom is wheelchair accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building is within reasonable walking distance of public transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. FIRE SAFETY CLEARANCE				
EVALUATION CRITERIA	Y	N	N/A	COMMENTS
Provider has a current, valid fire safety clearance that certifies compliance with local fire codes. (Copy for BHRS.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provider has evidence of efforts to have the facility re-inspected prior to tri-ennial recert. (if no fire clearance obtained prior to visit.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. STAFF QUALIFICATIONS				
EVALUATION CRITERIA	Y	N	N/A	COMMENTS
The provider has a Head of Service that meets the requirements of CCR, Title 9, Sections 622-630.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. LICENSES/CERTIFICATIONS				
EVALUATION CRITERIA	Y	N	N/A	COMMENTS
ADULT AND CRISIS RESIDENTIAL TREATMENT FACILITIES ONLY – Is the provider currently licensed by the State Department of Social Services as a Social Rehabilitation Facility or Community Care Facility and currently certified as a Social Rehabilitation Program by the State Department of Mental Health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. POLICIES AND PROCEDURES				
EVALUATION CRITERIA	Y	N	N/A	COMMENTS
Provider has Policies and Procedures that are current, available, and include policies on:				
General operating procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Service delivery policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confidentiality of client information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Logging and reporting of unusual occurrences/ serious incidents relating to health & safety issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bring/give copy of Policy 93-11.
Referring beneficiaries to a psychiatrist when necessary, or to a physician who is not a psychiatrist, if a psychiatrist is not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mandatory reporting requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secure storage of client records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Retention and destruction of client records that meets the requirement that records be retained for a minimum of seven years, or one year past the client's 18th birthday, whichever is longer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requirement that clients be informed of the Grievance and Appeal process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Written description of the specific programs and service activities provided by the agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COUNTY OWNED and/or OPERATED SITES: Clients are given, at admission and upon request, a copy of Informing Materials (maintained by the ACCESS Team).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provider has a Personnel Policies and Procedures that is current, available, and include policies on:				
Hiring, discipline and termination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual Harassment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employment non-discrimination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Credentialing of employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7. PHARMACEUTICAL SERVICES EVALUATION CRITERIA	POLICY			PRACTICE			COMMENTS
	Y	N	N/A	Y	N	N/A	
There are policies and procedures in place for dispensing, administering, and storing medications for each of the following, and practices match policies and procedures:							
All medications obtained by prescription are labeled in compliance with federal and state laws.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IM multi-dose vials are dated and initialed when opened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication labels are altered only by persons legally authorized to do so.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications intended for external-use-only are stored separately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications are stored separately from foodstuffs and clearly labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications are stored at proper temperatures. <ul style="list-style-type: none"> Room temperature medications at 59-86 degrees Fahrenheit. Refrigerated medications at 36-46 degrees Fahrenheit. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature log for refrigerator is present and complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All medications are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications are appropriately disposed of after the expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications are disposed of when contaminated, deteriorated or abandoned, in a manner consistent with federal and state laws.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A medication log is maintained to document when the provider disposes of expired, contaminated, deteriorated and abandoned medications in a manner consistent with federal and state laws.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications are dispensed only by persons lawfully authorized to do so within the scope of practice of their license/registration/waiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication errors are reported and logged and logs are securely stored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. INTENSIVE DAY TREATMENT PROGRAMS				
EVALUATION CRITERIA	Y	N	N/A	COMMENTS
Evidence presented and/or written description of the Intensive Day Treatment program includes the following components:				
Community meetings that:				
• Occur at least once a day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Includes a qualified staff (a physician, licensed/waivered/registered psychologist, LCSW, MFT, RN, PT, LVN, or Mental Health Rehabilitation Specialist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Address relevant items including, but not limited to, what the schedule for the day will be, any current event, individual issues clients or staff wish to discuss to elicit support of the group, conflict resolution within the milieu, planning for the day, the week, or special events, old business from previous meetings or from previous day treatment experiences, and debriefing or wrap-up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Therapeutic milieu that:				
• Meets minimum program hours per day requirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is continuous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Includes skill building groups, adjunctive therapies, and process groups (or psychotherapy) for two hours/half-day and three hours/full-day program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A protocol for responding to clients experiencing a mental health crisis is in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A current written schedule is available which includes when and where the service is provided as well as specifying the program staff who will provide the service, their qualifications, and the scope of their responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staffing ratio of 1:10 (client: qualified staff) is maintained during program hours. (Qualified staff includes physician, licensed/waivered psychologist, licensed/waivered/registered Clinical Social Worker, Marriage and Family Therapist, Registered Nurse, Licensed Vocational Nurse, Psychiatric Technician, Occupational Therapist, and Mental Health Rehabilitation Specialist.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When more than 12 clients are present, the requirement that staff from 2 different qualified disciplines be present is met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daily client census log is maintained and is securely stored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
At least one staff member is present and available to the group in the therapeutic milieu during all scheduled hours of operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EVALUATION CRITERIA	Y	N	N/A	COMMENTS
There is documentation of the scope of responsibilities and specific times in which day treatment activities are being performed, exclusive of other activities, for staff that have other responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is a clearly conveyed expectation that the beneficiary will be present for all scheduled hours of operation for each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Federal Financial Participation is not claimed for a beneficiary on any day that the beneficiary was not present for at least 50% of the scheduled hours of operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation standards are met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
At least one contact per month is made with a family member, caregiver, significant support person, or legally responsible adult. (Adult beneficiaries may choose to have this service done for them.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. DAY REHABILITATION PROGRAMS				
EVALUATION CRITERIA	Y	N	N/A	COMMENTS
Evidence presented and/or written description of the Day Rehabilitation Treatment program includes the following components:				
Community meetings that:				
• Occur at least once a day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Includes a qualified staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Includes skill building groups, adjunctive therapies and psychotherapy for average daily/weekly hour requirements for two hours/half-day and three hours/full-day program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Address relevant items including, but not limited to, what the schedule for the day will be, any current event, individual issues clients or staff wish to discuss to elicit support of the group, conflict resolution within the milieu, planning for the day, the week, or special events, old business from previous meetings or from previous day treatment experiences, and debriefing or wrap-up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Therapeutic milieu that:				
• Meets minimum program hours per day requirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is continuous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Includes skill building groups, adjunctive therapies, and process groups (or psychotherapy) for average daily/weekly hour requirements for two hours/half-day and three hours/full-day program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A protocol for responding to clients experiencing a mental health crisis is in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EVALUATION CRITERIA	Y	N	N/A	COMMENTS
A current written schedule is available which includes when and where the service is provided as well as specifying the program staff who will provide the service, their qualifications, and the scope of their responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staffing ratio of 1:10 (client: qualified staff) is maintained during program hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When more then 12 clients are present, the requirement that staff from 2 different qualified disciplines be present is met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daily client census log is maintained and is securely stored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
At least one staff member is present and available to the group in the therapeutic milieu during all scheduled hours of operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is documentation of the scope of responsibilities and specific times in which day treatment activities are being performed, exclusive of other activities, for staff that have other responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is a clearly conveyed expectation that the beneficiary will be present for all scheduled hours of operation for each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Federal Financial Participation is not claimed for a beneficiary on any day that the beneficiary was not present for at least 50% of the scheduled hours of operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation standards are met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
At least one contact per month is made with a family member, caregiver, significant support person, or legally responsible adult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. CRISIS STABILIZATION				
EVALUATION CRITERIA	Y	N	N/A	COMMENTS
Provider has qualified staff available to meet the 4:1 (client: staff) ratio during times Crisis Stabilization services are provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provider has at least one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are receiving Crisis Stabilization services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provider has medical backup services available either on site or by written contract or agreement with a hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provider has medications available on an as needed basis and the staffing available to prescribe and administer it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All beneficiaries receiving Crisis Stabilization services receive a physical and mental health assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When a beneficiary is evaluated as needing service activities that can only be provided by a specific type of licensed professional, the provider makes such persons available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When Crisis Stabilization services are co-located with other specialty mental health services, the provider uses staff to provide Crisis Stabilization services that are separate and distinct from the staff providing other services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. ACTION			
Reviewer: If there are deficiencies, discuss them at the time of identification or upon completion of the re/certification. Decide whether to make a recommendation/s or to require a plan/s of correction within a specified time.			
	Y	N	COMMENTS
Plan of Correction required?	<input type="checkbox"/>	<input type="checkbox"/>	Date due (30 days from review date):
Plan of Correction received?	<input type="checkbox"/>	<input type="checkbox"/>	Date received:
Plan of Correction approved?	<input type="checkbox"/>	<input type="checkbox"/>	Date approved:
Follow-up site visit required?	<input type="checkbox"/>	<input type="checkbox"/>	Date scheduled:
Transmittal submitted to Medi-Cal?	<input type="checkbox"/>	<input type="checkbox"/>	Date faxed:

RE/CERTIFICATION APPROVAL DATE: (Certification date is the latest date all of the following are in place: **a)** certification application is received by San Mateo County, Behavioral Health and Recovery Services, Quality Management; **b)** date of fire clearance; **c)** date provider was operational.) _____.

Certification is valid for 3 years from the Re/Certification Approval Date above.

A provider's certification is contingent upon compliance with all Federal, State and Local laws and regulations pertaining to the provision of services to persons with mental illness.

Additional certification review will be necessary following changes in ownership, site location, organizational and/or corporate structure, programs and/or services provided. It is the responsibility of the designated Head of Service to report any such changes to the Deputy Director of the Department of Health and Social Services, Mental Health Division 60 days in advance of such changes occurring.

Additional certification review may be necessary following significant staff changes (including high turnover or any change in the person designated as Head of Services), as well as following any unusual occurrences/special incidents.

COMPLETED BY

Signature, BHRS On-Site Reviewer

Date