

Sacramento County Mental Health Plan PROVIDER SITE RE/CERTIFICATION PROTOCOL

Provider Name:		Date:	
Address:		Provider No:	
Type of Review:	Certification	Re-certification	Address Change
No. of Clients Served:		Hours of Operation:	
NPI Number:		501 (C) (3) Letter On File?: <small>If non-profit, letter on file from state?</small>	Yes No
Fire Clearance:			
a) Does the space, which is owned, leased, or operated by the provider and used for services or staff, meet local fire codes?		Yes	No
b) Copy of the <u>signed</u> fire clearance provided?		Yes	No
c) Date of Fire Clearance: (Clearance must be completed within one year prior to certification) _____ <i>MHP Contract, Exhibit A, Attachment 1, Appendix D. Item 2</i>			
NPI:			
a) Does the name & address of the provider's NPI match the State Provider File? <small>(Ensure the provider updates practice address and/or name on the NPI Registry and update the State Provider File when submitting the re-cert transmittal)</small>		Yes	No
b) Does provider have a copy of NPI Receipt or NPI Printout from the NPI Registry? <small>(Print a copy and ensure Organization Name/Doing Business As, Practice Address and all other provided information is current and accurate.) NPI Registry: https://npiregistry.cms.hhs.gov/</small>		Yes	No

SERVICES PROVIDED

Case Management (15/01)	Dispensing medication	Psych Health Facility
Mental Health Services (15/30)	Psychiatric Visit Only	Day Tx Intensive Half Day (10/81)
TBS (15/58)	Adult Crisis Residential	Day Tx Intensive Full Day (10/85)
Medication Support (15/60)	Adult Residential	Day Rehab. Half Day (10/91)
Crisis Intervention (15/70)	Crisis Stabilization (10/20)	Day Rehab Full Day (10/95)

Consider the listed evaluation criteria and place a check mark in the columns labeled YES or NO as appropriate. Please attach supporting documentation as needed or when requested. (Ref: Title 9, Chapter 11, §1810.435, §1810.436. et al.)

Category 1: POSTED BROCHURES AND NOTICES <small>(CCR, Title 9, Chapter 11, Section 1850.205 (c)(1) (B) (C); MHP Contract, Exhibit A, Attachment 1, Section V)</small>	Criteria Met		
Evaluation Criteria	YES	NO	N/A
1. LICENSE TO OPERATE Does the organizational provider have the necessary licenses to operate posted in the lobby?			
2. Agency Sign Agency sign must be posted on the exterior of the building. When Program is housed in a suite within a large building, the agency name must appear on building lobby directory.			
3. HIPAA Is the HIPAA Privacy Practices Notice posted in the lobby? <i>BHS website: Resources – Helpful Links: http://www.dhhs.saccounty.net/BHS/Pages/BHS-Home.aspx</i>			
4. Notice to Consumers Is the Medical Board – Notice To Consumers visibly posted?			
5. Good Neighbor Policy Is the Good Neighbor Policy Poster clearly visible from outside of building or office suite?			

Category 1: POSTED BROCHURES AND NOTICES (continued)	Criteria Met		
Evaluation Criteria	YES	NO	N/A
6. Problem Resolution, Grievance, Appeals and Change of Provider a) Are current MEMBERS' PROBLEM RESOLUTION PROCESS posters displayed? b) Are Grievance, Appeals, Problem Resolution and Request Change of Provider pamphlets available? c) Are posters and literature displayed in the following threshold languages? Arabic Chinese English Hmong Russian Spanish Vietnamese <i>BHS website: Service Providers – Forms/Documents-Updated January 1, 2015</i>			
7. Member's Handbooks Available in the lobby or available upon request in all threshold languages? <i>BHS website: Consumers/Clients-Updated July 2017</i>			
8. Complaint/Suggestion Box Is a Complaint/Suggestion Box and suggestion forms located in the lobby area?			

Category 2: PHYSICAL PLANT	Criteria Met		
Evaluation Criteria	YES	NO	N/A
1. Have there been significant changes in the physical plant of the provider site? a) If yes, date the changes were completed: b) Describe changes: _____			
2. Is the physical plant clean, sanitary and in good repair? Walls must be clean; carpets must be clean and free of trip hazards.			
3. Evacuation Maps Ensure layout depicted on the evacuation maps is from the viewpoint of the user and "You are here" is indicated with arrows to the closest exit.			
4. Exit Signs Signs must be posted over all exits.			
5. Fire extinguishers Must be wall-mounted with signs posted above them. Inspection date:			
6. Book Shelves Are all book shelves over 5 Feet tall secured to the wall?			
7. Electrical Wiring Is all electrical/phone/computer wiring secured and out of footpath of staff/clients?			
8. Comfort Is the physical plant comfortable and inviting to culturally diverse populations?			
9. HIPAA – Client Record Storage a) Are client records and confidentiality of client records maintained in a manner that meets the requirements of applicable state and federal standards? b) 3-lock system? c) Minimum persons with access? d) Access process? (examples: tracking logs, in/out guides)			

Category 3: POLICIES AND PROCEDURES	Criteria Met		
Evaluation Criteria	YES	NO	N/A
1. Service delivery and General Operating policies on site? <i>MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 5</i>			
2. Maintenance Policies a) Established and implemented to provide for physical safety of clients, visitors and personnel? b) Contact numbers for SMUD, PG&E, phone, building maintenance, lessor, etc. listed & available to staff? <i>MHP Contract, Exhibit A, Attachment 1, Appendix D Item 4</i>			
3. Blood-Borne Pathogens Exposure Control Policy?			
4. Safety – Emergency Preparedness Includes bomb threat, chemical spill, earthquake, electrical outage, evacuation, fire, flooding, food poisoning, suicide attempt, violent intruder, emergency utility shut-off procedures, emergency phone list			

Category 3: POLICIES AND PROCEDURES (continued)	Criteria Met		
Evaluation Criteria	YES	NO	N/A
5. HIPAA Are HIPAA Policies on site? County or Agency? <i>MHP Contract, Exhibit D, Section 6; W&IC Section 532</i>			
6. Program Description a) Does the program description reference availability of alternate means of transportation (bus) and/or proximity to culturally diverse populations? b) If applicable, does the program description reference the facility's co-location and/or partnership with community groups?			
7. Sacramento County Policies and Procedures Are updated/current policies on site or is the link available on personnel computer desktops? http://www.dhhs.saccounty.net/BHS/Pages/Policy-and-Procedure-Manual.aspx			
8. Adverse Incident Reports a) Is there a binder or file with original Adverse Incident Reports (complaints, unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community) for 24 months? b) Does the agency's process reflect Sacramento County's policy on reporting Adverse Incidents? <i>MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 5</i>			
9. Personnel Policies a) Harassment, workers' compensation, benefits, etc. (Employee Handbook) b) HIPAA Security/AVATAR agreement <i>MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 5</i>			
10. Referring individuals to a psychiatrist or physician Policy <i>MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 8</i>			
11. Interpreter Services Policy & Procedures a) On-site staff available for interpreter services in: Chinese, English, Hmong, Russian, Spanish, Vietnamese? b) What other languages, not included above, does staff speak?			
12. Internal Utilization Review Policy and Procedure			
13. Feedback Log Are agency "Feedback Forms" being used and maintained in a log? <i>Sample Available at BHS website: Service Providers – Forms/Documents section</i>			

Category 4: STAFFING	Criteria Met		
Evaluation Criteria	YES	NO	N/A
1. Head of Service CCR, Title 9, Section 622-630 a) Licensed & registered? b) Copy of the current license provided? Name: _____ Expiration Date: _____			
2. Staff Credentialing a) Check credentialing binder/files for staff b) Check staff ID and current licenses c) County-signed applications (MHA's) and waivers (ASW's & IMF's)? d) Respective board printout of license and status?			
3. NPDB & DEA Physicians must be queried through the National Practitioner Data Bank (NPDB)			
4. OIG & Medi-Cal Exclusions Lists Printouts documenting monthly checks on all non-AVATAR user staff			
5. Custodian of Records Name: _____ Title: _____			
6. Compliance Training Is there an approval letter from the QM Program Manager approving the agency's training or is the agency using the County training?			
7. AVATAR Account/Training Registration or Internet Security Agreement User Acknowledgement Agreement section signed by all staff who are AVATAR Users and included in Credentialing Binder?			

Category 5: Residential Sites	Criteria Met		
	YES	NO	N/A
Evaluation Criteria			
1. Is the provider an adult or crisis residential facility? a) If yes, are they certified as a Social Rehabilitation Program by the State DHCS?			
2. Is the Provider a Residential Site? a) If yes, do they have the required State certification licenses to operate?			
3. Does the provider store food for client use? a) Is the temperature of refrigerated and frozen food for clients' use between 36-46° F (2-8° C) for the refrigerator and below 30° F (at or below 0° C) for the freezer? _____ b) Are temperatures recorded monthly on a log? c) How are deviations managed?			

Category 6: PHARMACEUTICAL SERVICES Complete this section if medications are provided or stored. Storage and dispensing of medications must be in compliance with all pertinent state and federal standards.	Criteria Met		
	YES	NO	N/A
Evaluation Criteria			
Are there pharmaceutical services? <i>If no, go to next category. If yes, complete the rest of this section.</i>			
1. Policies and procedures for dispensing, administering and storage of medications? <i>MHP Contract, Exhibit A, & Attachment 1, Appendix D, Item 10A-F</i>			
2. Medication Dispensing and Administering Are drugs dispensed or administered only by persons lawfully authorized to do so?			
3. Does unlicensed staff administer medications? Is there documentation that appropriate training and supervision was provided for each of the unlicensed staff administering medications in a residential setting?			
4. Does unlicensed staff obtain client vital signs for medication visits? a) Is there a training program and documentation of competency to perform tasks?			
5. Prescription Medications a) Are all drugs obtained by prescription labeled in compliance with Federal and State laws? b) Are prescription labels altered only by persons legally authorized to do so? Pharmacist who filled RX: _____			
6. External Use Medications a) Does this provider have medications for external use? b) If yes, are drugs intended for external use only stored separately from drugs for internal use?			
7. Temperature Log a) Are all drugs stored at proper temperatures? Is it Logged? b) Room temperature drugs at stored between 59-86° F (15-30° C)? _____ c) Is the thermometer present in the refrigerator? d) Refrigerated drugs between 36-46° F (2-8° C)? _____			
8. Medication Storage a) Are medications stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication? b) Are medications stored in a manner separate from foodstuff and clearly labeled?			
9. Expired Medications <i>MHP Contract, Exhibit A, & Attachment 1, Appendix D, Item 10A-F</i> a) Are medications removed after the expiration date? b) Is a log maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with State and Federal laws? c) Method of destruction: _____ d) Is there a monthly log to document that expired meds were checked? e) Does an authorized hazardous waste vendor dispose of expired meds? Vendor Name: _____			
10. Multi-dose Vials Are IM multi-dose vials dated and initialed when opened?			
11. Prescription Pads a) Are stock prescription pads kept in a locked storage area? b) Are the physician prescription pads locked in a secure area when unattended? c) Nurse/LVN: _____ Comments: _____			

Category 7: Intensive Day Treatment Program Components <i>CCR, Title 9, Section 1810.213, Section 1840.318 (a)(b)(1)(2), and Section 1840.350(a)&(c); DMH Contract, Exhibit A, Attachment 1, Section X, 1a-h, Attachment 1, Appendix C, and Appendix D, No. 11; DMH Letter No. 03-03.</i>	Criteria Met		
Evaluation Criteria	YES	NO	N/A
Is there an intensive day treatment program? <i>If no, go to next category. If yes, complete this section</i>			
1. Community Meetings a) Occur at least once a day b) Include a staff whose scope of practice includes psychotherapy for DTI or rehab for Day Rehab c) Address relevant items including daily schedule, current events, conflict resolution, planning etc.			
2. Therapeutic Milieu a) Meets minimum program requirements per day (Full day > 4 hours, Half day is minimum 3 hours) b) Continuous hours c) Process groups d) Skill building groups e) Adjunctive therapies f) Psychotherapy			
3. Protocol for responding to clients experiencing a mental health crisis a) Must assure the availability of appropriately trained and qualified staff b) Must have the capacity to handle the crisis until outside crisis services can be accessed			
4. Detailed Written Weekly Schedule a) Must identify when and where service is provided and by whom b) Must specify the program staff, their qualifications and the scope of their practice			
5. Staff to Client Ratio Does the Day Treatment Intensive Program have an average ratio of one (1) qualified staff to eight (8) or two (2) qualified staff to 12 clients in attendance during the period the program is open? a) Review a copy of the license, waiver/registration, or MHRS documentation for each qualified staff used to meet the staffing ratios b) Review the Daily Program Schedule/ Attendance Sheet for a random six-week period c) Review daily census log d) Review corresponding Day Program Staff Rosters and Day Program Activity Schedules			
6. Description of how at least one staff person will be present and available to the group in the therapeutic milieu for all scheduled hours of operation?			
7. If staff have other responsibilities (group home, school), documentation of the scope of responsibilities and the specific times in which day treatment activities are being performed exclusive of other activities?			
8. An expectation that the beneficiary will be present for all scheduled hours of operation for each day and those beneficiaries are present at least 50% of the scheduled hours of operation/day before Federal Financial Participation (FFP) will be claimed for that day?			
9. Documentation Standards a) Daily progress notes on activities and a weekly clinical summary reviewed and signed by a qualified staff. Check beneficiary records as needed.			
10. Family Contact a) Description of at least one contact per month with a family member, caregiver, significant support person, or legally responsible adult			
11. Psychotherapy group a) Does the program provide a daily psychotherapy group? b) Is there a qualified staff (LPHA) facilitating the psychotherapy group?			
12. Does the program have a detailed Program Description that outlines and describes all required service components? (#1-11)			

Category 8: Day Rehabilitation Program Components	Criteria Met		
Evaluation Criteria	YES	NO	N/A
Is there a Day Rehabilitation Program? <i>If no, stop here. If yes, complete the rest of this section.</i>			
1. Community Meetings a) Occur at least once a day b) Include a staff whose scope of practice includes psychotherapy c) Address relevant items including daily schedule, current events, conflict resolution, planning etc.			
2. Therapeutic Milieu a) Meets minimum program requirements per day (Full day > 4 hours, Half day is minimum 3 hours) b) Continuous hours c) Process groups d) Skill building groups e) Adjunctive therapies for average daily/weekly hour requirements for two hours/half-day and three hours/full-day program?			
3. Staff to Client Ratio Does the Day Treatment Intensive Program have an average ratio of one (1) qualified staff to eight (8) or two (2) qualified staff to 12 clients in attendance during the period the program is open? a) Review a copy of the license, waiver/registration, or MHRS documentation for each qualified staff used to meet the staffing ratios b) Review the Daily Program Schedule/ Attendance Sheet for a random six-week period c) Review daily census log d) Review corresponding Day Program Staff Rosters and Day Program Activity Schedules			
4. Description of how at least one staff person will be present and available to the group in the therapeutic milieu for all scheduled hours of operation?			
5. If staff have other responsibilities (group home, school), documentation of the scope of responsibilities and the specific times in which day treatment activities are being performed exclusive of other activities?			
6. An expectation that the beneficiary will be present for all scheduled hours of operation for each day and those beneficiaries are present at least 50% of the scheduled hours of operation/day before Federal Financial Participation (FFP) will be claimed for that day?			
7. Documentation Standards a) Daily progress notes on activities and a weekly clinical summary reviewed and signed by a qualified staff. Check beneficiary records as needed			
8. Family Contact a) Description of at least one contact per month with a family member, caregiver, significant support person, or legally responsible adult			

PLAN OF CORRECTION:

TO BE COMPLETED WITHIN 30 DAYS OF REVIEW

Empty space for the Plan of Correction details.

Initial Review

Disapprove

Triennial Review

Provisionally Approve

Follow-up Review

Approve

New Location/Services
Changes/Structural Changes Review

County QM Reviewer: _____ Date: _____