

PROVIDER SYSTEM

DHCS



California Department of
HealthCareServices



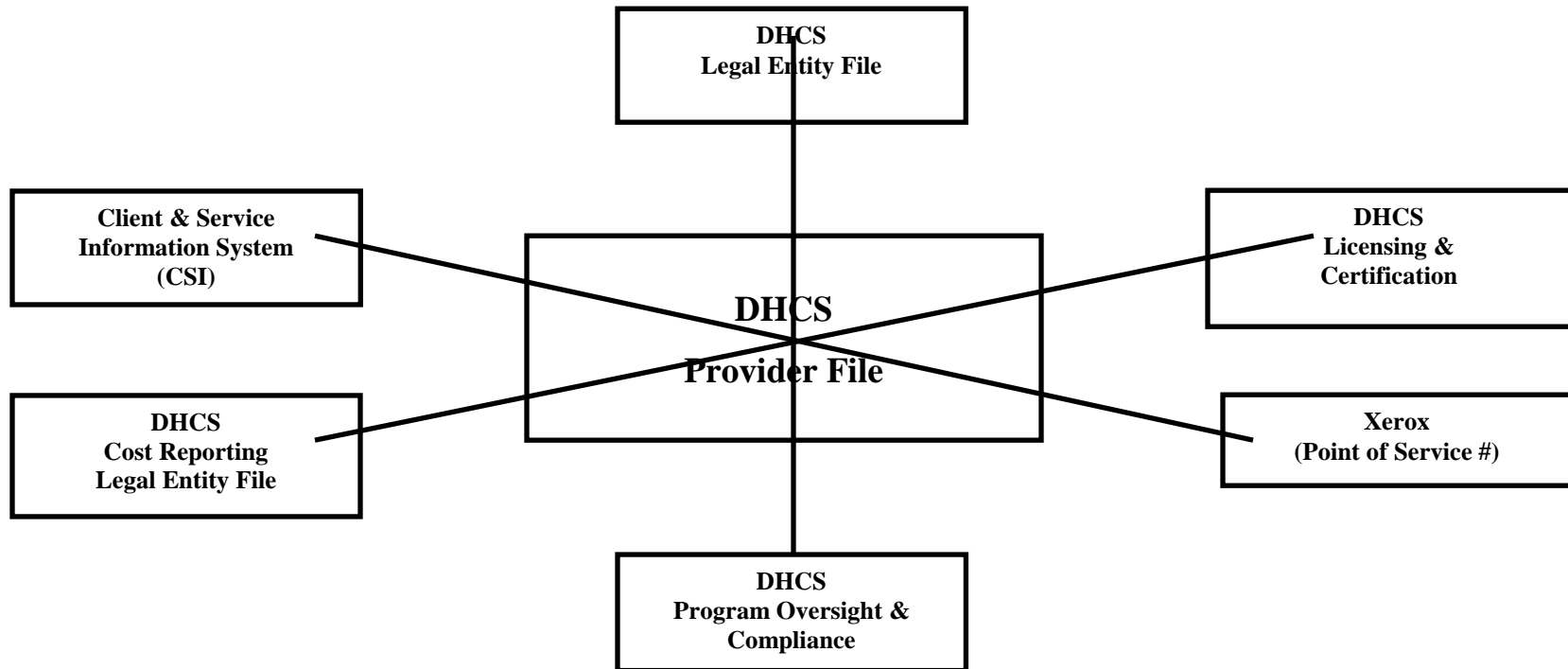
The CA Department of Health Care Services (DHCS) manages the information regarding Legal Entities and Providers of public mental health services in California in the Online Provider System (OPS). The term “Legal Entity” applies to a corporation, individual, or county that directly owns a facility offering public mental health services. The term “Provider” applies to those facilities delivering mental health services. There are approximately 1,800 Legal Entities and approximately 4,000 Providers in the State of California.

The staff in the Medi-Cal County Claims Customer Service Section (MedCCC) of the DHCS maintains the data in these files. These files were established to record information on the numerous Legal Entities and Providers that are operated by or contracted with county mental health programs. MedCCC staff has ongoing contact with counties and collects new information, updates current entries, and advises county MHP’s of changes to the files.

The Legal Entity File records information regarding Legal Entities such as the name, address, county of location, and federal taxpayer identification number. These terms are defined in the Legal Entity Information section of the Provider System Documentation Manual. When entered into the file, each Legal Entity is assigned a 5-digit Legal Entity Number. Legal Entity Numbers are assigned on a statewide basis. The Legal Entity Number is also used for cost reporting purposes.

The Provider File is a record of all information regarding mental health service providers funded by county mental health programs. The information in the Provider file includes the name, address, modes of service, service functions, revenue/procedure codes, Medi-Cal certification, Legal Entity Number and National Provider Identifier (NPI). These terms are defined in the Provider File Information section of the Provider System Documentation Manual. When entered into the file, each Provider is assigned a 4-digit Provider Number. Provider Numbers are assigned on a county basis with a separate number given for each county using that provider. The Provider Number is used to report to the Client and Service Information (CSI) System. The National Provider Identifier (NPI) is assigned to each provider number along with the county code, which is used for claiming in the Short-Doyle/Medi-Cal System. A Provider Number can be issued **only** if there is a corresponding Legal Entity Number. Programs licensed by different state departments will need to be given separate Provider Numbers.

DHCS PROVIDER SYSTEM



*Legal Entity File
Information*

PROVIDER SYSTEM

LEGAL ENTITY INFORMATION

A. DESCRIPTION OF THE LEGAL ENTITY FILE

The Legal Entity File contains ownership information for the Providers. Legal Entity Numbers are assigned on a statewide basis. For ease of understanding, the Legal Entity File could be thought of as the "Ownership File." Many Providers in California are owned by a corporation or individual (entity) that owns more than one Provider. If a Legal Entity owns several Providers then all Providers owned by that Legal Entity would have the same Legal Entity Number. In some cases, however, a Provider may be solely-owned, in which case it is its own entity. A Provider can also be county-owned; in which case the county is the Legal Entity.

The following table outlines the information in the Legal Entity File:

INFORMATION	DESCRIPTION
Legal Entity Code	5-digit number assigned to a Legal Entity by DHCS.
Legal Entity Name	The corporate or administrative name of the Legal Entity.
Legal Entity Start Date	Date the Legal Entity was first added to the file. A Legal Entity can be added retroactively.
Legal Entity End Date	Date the Legal Entity changed ownership status or ceased operations.
Legal Entity Street Address	Corporate or administrative street address of the Legal Entity.
Legal Entity City	City where the street address of the Legal Entity is located.
Legal Entity State	State where the street address of the Legal Entity is located.
Zip Code	Zip code for the street address of the Legal Entity.
County Code	The county code in which the Legal Entity's corporate or administrative address is physically located.
Ownership Type	Code for the type of ownership of the Legal Entity. (See the Ownership Type and Management Type Definitions.)
Mgmt Type (Management Type)	Code for the type or organization or program. (See Ownership Type and Management Type Definitions.)

PROVIDER SYSTEM

LEGAL ENTITY INFORMATION

A. DESCRIPTION OF THE LEGAL ENTITY FILE (cont.)

INFORMATION	DESCRIPTION
Fed-Taxpayer-I.D.	Federal Taxpayer Identification Number of the Legal Entity assigned by the Federal Government. (Similar to an SSN.)
Contact-Person	Name of the contact person at the county.
Contact Phone	Phone number of the county contact person.
Contact-Date	Date the Legal Entity File Update form was submitted.
Contact-Comments	Comments regarding the transaction.
Trans-Date	Date of last transaction (modification).
Trans-Time	Time of last transaction (modification).
Trans-ID	ID of the person entering the last transaction.
Trans Code	Type of transaction.
Filler	

Note: When viewing the Legal Entity File as a report in Microsoft Access, the above information will appear in a different format. The contact and transaction information does not show in the Access report format.

B. MAINTAINING THE LEGAL ENTITY FILE

1. Requesting a New Legal Entity Number

To add a Legal Entity to the Legal Entity File and obtain a new Legal Entity Number, counties must contact DHCS MedCCC staff and submit a Legal Entity File Update Form (MC 5840). All of the information from the preceding table is necessary when submitting the form (except the transaction date, time, and code). If assistance is needed to complete the form please contact MedCCC staff at email address: ProviderFile@dhcs.ca.gov.

PROVIDER SYSTEM

LEGAL ENTITY INFORMATION

B. MAINTAINING THE LEGAL ENTITY FILE (cont.)

2. Changing Information on the Legal Entity File

When information on the current Legal Entity File needs to be changed, please notify MedCCC staff as soon as possible. A Legal Entity name or address may be changed by submitting a Legal Entity File Update (LEFU) form to email address: ProviderFile@dhcs.ca.gov.

3. Ownership Changes or Mergers

If a change in ownership occurs (sale, merger, etc.), the existing Legal Entity Number **must** be closed along with all the provider numbers associated with that Legal Entity before a new Legal Entity Number or Provider Number can be assigned. A Legal Entity File Update Form must be submitted to MedCCC staff to close the previous Legal Entity Number. Once that form has been processed a new Legal Entity Form can be submitted with the new ownership information. The previous Legal Entity will be closed and a new Legal Entity Number will be assigned to the new owner.

All Providers that were linked to the old Legal Entity Number **must** be closed and assigned a new Provider Number so they can be linked to the new Legal Entity Number. If assistance is needed to complete the LEFU form please contact MedCCC staff. If the change in ownership has caused any changes in the corresponding Providers (i.e. closures, changes in services provided, name or address changes) then a Provider File Update Form (PFU) must be submitted to MedCCC with the appropriate changes. (See section titled Changing Information on the Provider File).

4. Completing the Legal Entity File Update Form (MC 5840)

The information on the Legal Entity File Update Form (LEFU) should come from the Legal Entity and be reported **by the county** to MedCCC staff. All information from the preceding table is necessary when submitting the form (except the transaction date, time, and code). If assistance is needed to complete the LEFU form, please contact MedCCC staff. Please include the name of the county contact person, the contact telephone number, and the date the form is submitted. The form can be submitted to MedCCC staff at email address: ProviderFile@dhcs.ca.gov. Please see the Provider System contact page for telephone numbers and e-mail addresses.

LEGAL ENTITY FILE UPDATE (LEFU)

TYPE OF TRANSACTION (Check one): Add Change Inactivate

LEGAL ENTITY NUMBER: (To only be assigned by DHCS)

FEDERAL TAX PAYER ID: -

Corporate or Administrative Name and Address:

LEGAL ENTITY NAME: _____

LEGAL ENTITY ADDRESS: _____

LEGAL ENTITY CITY: _____

ZIP CODE OF PROVIDER: - (Last four digits optional.)

OWNERSHIP TYPE: MANAGEMENT TYPE:

(Use codes from the Ownership Type and Management Type Definitions.)

COUNTY SUBMITTING FORM: _____

COUNTY SUBMITTING CODE: _____

LEGAL START END
ENTITY DATE M M D D Y Y Y Y DATE M M D D Y Y Y Y

COUNTY LEGAL ENTITY RESIDES IN: _____

COUNTY CONTACT NAME: _____ PHONE: (_____) _____ DATE: _____

LEGAL ENTITY FILE UPDATE INSTRUCTION

TYPE OF TRANSACTION:

Add: Adding a new Legal Entity to the file.
 Change: Making a change to an existing Legal Entity (name or address change).
 Inactivate: Used to put an end date in the file if a Legal Entity closes or changes ownership (such as a sale or merger.)

LEGAL ENTITY NUMBER: The Legal Entity is the owner of the Provider. Legal Entity Numbers are assigned by the State Department of Health Care Services, County Claims Customer Services Section.

FEDERAL TAXPAYER ID: The Taxpayer Identification Number assigned to the Legal Entity by the Federal Government (similar to an SSN).

LEGAL ENTITY NAME AND ADDRESS: The Corporate or Administrative name and address of the Legal Entity.

OWNERSHIP TYPE: Code for the type of ownership of the Legal Entity. See the Ownership Type and Management Type Definitions for a more detailed explanation of these codes:

- | | | |
|---------------------------------|----------------------------------|--------------------------------|
| 01 = Individual | 05 = County or City Government | 09 = Dept. of Veterans Affairs |
| 02 = Partnership or Corporation | 06 = District/Regional Authority | 10 = Other Federal Government |
| 03 = State Mental Health Agency | 07 = Religious Organization | 11 = Other |
| 04 = Other State Government | 08 = Other Not-For-Profit | |

MANAGEMENT TYPE: Type of organization or program of the Legal Entity. See the Ownership Type and Management Type Definitions for a more detailed explanation of these codes:

- | | | |
|--|--|---------------------------------------|
| 01 = Psychiatric Hospital | 04 = Outpatient Mental Health Clinic | 07 = Other Mental Health Organization |
| 02 = Psychiatric Unit of a General Hospital | 05 = Mental Health Partial Care Organization | |
| 03 = Organization Providing Residential Services | 06 = Multiservice Mental Health Organization | |

COUNTY SUBMITTING FORM: The name of the county submitting the form.

COUNTY SUBMITTING CODE: The county code submitting the Legal Entity File Update form.

LEGAL ENTITY START DATE: The initial start date of the county contract with the Legal Entity. A Legal Entity can be added retroactively.

LEGAL ENTITY END DATE: Date the Legal Entity ceased operations or changed ownership status.

COUNTY LEGAL ENTITY RESIDES IN: This is the location where the Legal Entity is physically located.

EMAIL the LEFU form to: ProviderFile@dhcs.ca.gov

or **FAX** the LEFU form to: (916) 440-7621

LEGAL ENTITY FILE DEFINITIONS

OWNERSHIP TYPE & MANAGEMENT TYPE CODES

OWNERSHIP TYPES:

FOR PROFIT

- | | | |
|----|----------------------------|--|
| 01 | Individual | The organization is owned or operated by a corporation that owns only one mental health organization. |
| 02 | Partnership or Corporation | The organization is owned or operated by a corporation that owns or operates more than one mental health organization. |

STATE-LOCAL GOVERNMENT

- | | | |
|----|-----------------------------|--|
| 03 | State Mental Health Agency | The state mental health agency that owns or operates the organization. |
| 04 | Other State Government | A State agency other than the state mental health agency that owns or operates the organization. |
| 05 | County or City Government | A city or county government agency that owns or operates the organization. |
| 06 | District/Regional Authority | A regional or district authority that owns or operates the organization. |

NOT-FOR-PROFIT

- | | | |
|----|------------------------|--|
| 07 | Religious Organization | The organization is owned or operated by a religious organization. |
| 08 | Other Not-for-Profit | Any other not-for-profit category. |

FEDERAL GOVERNMENT

- | | | |
|----|--------------------------------|---|
| 09 | Department of Veterans Affairs | The organization is owned or operated by the Veterans Department. |
| 10 | Other Federal Government | Other federal government mental health organizations. |

NONE OF THE ABOVE

- | | | |
|----|-------|--------------------------------------|
| 11 | Other | Any other category not listed above. |
|----|-------|--------------------------------------|

MANAGEMENT TYPES:

- | | | |
|---|---|---|
| 1 | Psychiatric Hospital | An entity (public or private) which is primarily concerned with providing inpatient care to mentally ill persons. |
| 2 | Psychiatric Unit of a General Hospital | A General Hospital is an organization that provides inpatient medical-surgical services on a 24-hour basis. The organization may also provide psychiatric services, either in a separate psychiatric inpatient, outpatient, or partial hospitalization service. |
| 3 | Organization Providing Residential Services | A freestanding organization that provides only residential treatment and/or only residential supportive services. |
| 4 | Outpatient Mental Health Clinic | An organization that provides only outpatient mental health services. |
| 5 | Mental Health Partial Care Organization | A freestanding organization offering only day or evening partial care or partial hospitalization. |
| 6 | Multiservice Mental Health Organization | An organization that provides two or more program elements and is not classified as a psychiatric or general hospital or a residential treatment center. |
| 7 | Other Mental Health Organization | An organization that does not fit any of the categories listed above. |

***Provider File
Information***

PROVIDER SYSTEM

PROVIDER FILE INFORMATION

A. DESCRIPTION OF THE PROVIDER FILE

The Provider File lists all Providers of Medi-Cal mental health services in California that are used by county mental health programs. Provider numbers are assigned on a county basis with a separate number for each provider location and each county using that provider. Before being listed in the Provider File, a Provider **must** have a Legal Entity identification number listed in the Legal Entity File and must also have an NPI number, if the provider will be billing Medi-Cal. If the Provider that needs to be added or changed does not have an existing Legal Entity number, a Legal Entity File Update Form (LEFU) must be submitted to add the Legal Entity to the file.

The following table outlines the information in the Provider File:

INFORMATION	DESCRIPTION
County Code	The county to which a unique Provider Number has been assigned.
National Provider Identifier	A 10-digit numeric identifier, the NPI number will be given to the Healthcare providers that need them to submit claims or conduct other transactions specified by HIPAA.
Provider Code	A 4-digit identifying number assigned to a Provider by DHCS.
Service Mode	The two-digit code for the category of services that the county will report for a Provider. (See the Mode and Service Function Definitions.)
Service Function	The two-digit code for the detail of services that the county will report for a Provider. (See the Mode and Service Function Definitions.)
Revenue/Procedure Codes	Codes that will be used for Short/Doyle Medi-Cal claiming process. These codes will be put on the EOB.
Parent/Satellite	Parent is the main location where services are provided. Satellite is a secondary location (open 20 hours or less per week or a school-based program) which reports services using the Parent Provider Number. "0" indicates the Parent. "1-9" and "A-Z" indicates a Satellite.
Provider Start Date	Date the county first started using and reporting the services of a Provider.
Provider End Date	Date the county no longer uses or reports services for a Provider, or date the Provider ceased operations or changed NPI or ownership.
Provider Name	Name of the facility providing services.
Provider Street Address	Street address of the facility where the services are provided (not the administrative or corporate address).
Provider City	The city for the Provider's street is located.

PROVIDER SYSTEM

PROVIDER FILE INFORMATION

A. DESCRIPTION OF THE PROVIDER FILE (cont.)

INFORMATION	DESCRIPTION
Zip Code	The zip code for the street address of the Provider.
State	The state in which the Provider's street address is located. This will be California, unless clients are sent out-of-state to receive services.
Facility Type	A code to indicate the type of facility or license of the Provider. (See the Provider Type Definitions.)
C/T (Contract Type)	A code indicates the contract arrangement between the county and the Provider.
Legal Entity Number	The Legal Entity Number assigned by DHCS for the owner of the Provider.
SD/MC Service	The Medi-Cal Mode indicates the category of Medi-Cal services for which the Provider is certified to bill.
SD/MC Start Date	Date the Provider was first certified for the Medi-Cal Mode.
SD/MC End Date	Date the Provider was de-certified for the Medi-Cal Mode.
Last Cert Date	Date the Provider was re-certified for the Medi-Cal mode
Contact Person	Name of the contact person at the county.
Contact Phone	Phone number of the contact person.
Contact Date	Date the Provider File Update was submitted.
Contact Comments.	Comments regarding the transaction.
Trans-Date	Date of last transaction (modification).
Trans-Time	Time of last transaction (modification).
Trans-ID	ID of the person entering the last transaction.
Trans Code	Type of transaction
Filler	

Note: When viewing the Provider File as a report in Microsoft Access, the above information will appear in a different format. The contact and transaction information does not show in the Access report format.

PROVIDER SYSTEM

PROVIDER FILE INFORMATION

B. MAINTAINING THE PROVIDER FILE

1. Requesting a new Provider Number

To obtain a new Provider Number and add a new Medi-Cal Provider to the file, counties must submit a Provider File Update Form (PFU) (MC 5829) to MedCCC staff. The 4-digit Provider Numbers are unique to each county with the exception of skilled nursing facilities/IMD provider numbers. Many counties may use the same Provider, but each county will have its own number for that Provider. Provider Numbers are assigned **only** by MedCCC staff. The Provider File Update Form (PFU) must be complete, including NPI numbers for all Short-Doyle/Medi-Cal (SD/MC) providers and the Modes of Service and Service Function Codes, before a Provider Number can be assigned. Please see the Modes and Service Functions Definitions attached for a detailed explanation of these codes. Provider name and address information must match the NPI Registry. If assistance is needed to complete the PFU form please contact MedCCC staff at email address: ProviderFile@dhcs.ca.gov.

2. Changing Information on the Provider File

If information on the current Provider File needs to be changed or updated, please notify MedCCC or Compliance Section staff as soon as possible. Counties must ensure that the information on the Provider File is kept current. To change existing information counties must submit a Provider File Update Form (PFU) or Medi-Cal Certification Form indicating the information to be changed. Updated forms are necessary to change any information listed on a Provider or if a Provider is no longer offering services, changes or deactivates their NPI, in which case the Provider Number on file **must** be closed as of the date of the change. Additional documentation may be requested for verification purposes. If counties have any questions regarding these procedures or if assistance is needed to complete the Provider File Update Form (PFU) please contact MedCCC staff at email address: ProviderFile@dhcs.ca.gov.

3. Certification for Medi-Cal Modes

If a new or existing Provider will be offering Medi-Cal eligible services, counties must submit a Medi-Cal Certification Form to the Compliance Section to request certification for Short-Doyle/Medi-Cal Modes of Service. A Provider Number must be issued prior to submitting the request for certification. Since Provider Numbers are unique to each county, each county must submit a request for certification, even though a provider may already be certified by another county. Please see the Certification Procedures for a more detailed explanation of the certification process. To contact the Compliance Section, please see the Provider System Contact List for telephone numbers and e-mail addresses.

4. Adding a Mode of Service or Service Function to the DHCS Provider File

Counties may submit a request to add Modes of Service and/or Service Function Codes to an existing Provider by submitting a Provider File Update Form (PFU) to MedCCC staff by submitting it to email address: ProviderFile@dhcs.ca.gov.

PROVIDER SYSTEM

PROVIDER FILE INFORMATION

B. MAINTAINING THE PROVIDER FILE (cont.)

5. Provider Name or Address Changes

Short-Doyle/Medi-Cal (SD/MC) Certified Providers:

Submit a DHCS 1735, Certification and Transmittal Form to the **DHCS cert mailbox** to request a name or address change to a MC certified contracted provider. Submit a name or address change notification to the **DHCS cert mailbox** for a county owned and operated provider. DHCS Compliance Section staff will review and forward the changes to the Provider File email box and a ticket number will be assigned. MedCCC staff will then make the changes to the file and send a notification when the form has been processed.

Non Medi-Cal Certified Providers:

Name and address changes for Providers that are **not** Medi-Cal certified may be made by contacting MedCCC staff directly. The change can be made by submitting a Provider File Update Form (PFU) to email address: ProviderFile@dhcs.ca.gov.

6. Completing the Provider File Update Form (MC 5829)

The information on the Provider File Update Form (PFU) should come from the Provider and be reported **by the county** to MedCCC staff. Please include the name of the county contact person, the contact telephone number, and the date the form is submitted. If assistance is needed to complete the form please contact MedCCC staff. The form can be submitted to MedCCC staff at email address: ProviderFile@dhcs.ca.gov.

7. Additional Uses of the Provider File

The CA Department of Health Services (DHCS) uses the **Provider File** information when editing SD/MC claims for valid providers.

Additionally, DHCS sends a file at the end of each day with the SD/MC provider information to Xerox. Upon receipt of this information, Xerox will give Organizational Providers a Provider Identification Number (PIN) for accessing beneficiary eligibility information through the Automated Eligibility Verification System (AEVS) or a Point of Service (POS) device.

If a PIN is lost, not working or needs to be changed have the Provider submits a letter on company letterhead signed by the Program Director with the Provider's Name, Address, NPI, and Provider Number to MedCCC staff at email address: ProviderFile@dhcs.ca.gov. PIN information is confidential and may only be given to the Program Director who submitted the request.

PROVIDER FILE UPDATE (PFU)

TYPE OF TRANSACTION (Check one): Add Change Inactivate

LEGAL ENTITY NUMBER: (If a Legal Entity number has not been assigned, complete a Legal Entity File Update form.)

COUNTY SUBMITTING FORM: _____

COUNTY CODE:

PROVIDER NUMBER : (To be assigned by DHCS only.)

NPI:

Is this Provider a satellite clinic? (Check one): Yes No

PROVIDER NAME: _____

ADDRESS NAME: _____

PROVIDER CITY: _____

ZIP CODE OF PROVIDER: - (Last four digits optional.)

PROVIDER START DATE END DATE
DATE M M D D Y Y Y Y DATE M M D D Y Y Y Y

PROVIDER TYPE: CONTRACT TYPE:

MODE OF SERVICE: SERVICE FUNCTION:

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COUNTY CONTACT NAME: _____ PHONE: (_____) _____ DATE: _____

PROVIDER FILE UPDATE INSTRUCTIONS

TYPE OF TRANSACTION:

Add: Adding a new Provider or a Service Function to an existing Provider.
Change: Making a change to an existing Provider.
Inactivate: Used to put an end date in the file if a Provider closes or the county no longer uses or reports the services of that Provider.

LEGAL ENTITY NUMBER: The Legal Entity is the owner of the Provider. Legal Entity Numbers are assigned by the State Department of Health Care Service (DHCS), County Claims Customer Service Section. The Legal Entity number is a five digit number issued by DHCS. If a number has not been assigned, then complete the Legal Entity File Update (LEFU) MC 5829 form.

COUNTY SUBMITTING FORM: The name of the county submitting the form.

COUNTY CODE: The code for the county submitting the Provider File Update.

PROVIDER NUMBER: The provider is the facility where the services are provided. The provider number is a 4 digit number issued by DHCS. If this is a new provider, DHCS - County Claims Customer Service Section will assign the number.

NATIONAL PROVIDER IDENTIFIER (NPI): The NPI is the unique health identifier for health care providers. The NPI is a 10-digit numeric identifier. The National Provider System (NPS) will be the system used to assign unique numbers to health care providers. The NPI is assigned to a service facility location. If a county has two provider numbers at the same service facility location, they will each need to have a separate NPI. The NPI is required for the Short-Doyle/Medi-Cal providers. The NPI information is located at: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

SATELLITE CLINIC: A satellite clinic is a clinic that is open less than 20 hours per week and reports services using the parent clinic Provider Number. Parent clinics are assigned a 0 (zero). Satellite clinics are assigned a number (1-9) or a letter (A-Z). These numbers or letters are listed in the Parent/Satellite (P/S) field. A satellite clinic must be assigned their own NPI if applicable.

PROVIDER NAME AND ADDRESS: The name and address of the facility where the services are being provided (not the administrative or corporate address). This provider name and address must match the NPI website, if applicable.

PROVIDER SERVICE START DATE: The month, day and year the county first contracts with that Provider. Providers can be added retroactively.

PROVIDER SERVICE END DATE: The month, day and year the county no longer contracts with the Provider or the date the Provider closed. End dates can be added retroactively.

PROVIDER TYPE: The type of facility or license of the Provider. Please see the Provider Type Definitions for a more detailed explanation of these codes.

01 = State Hospital	12 = Family Day Home	22 = Psychiatrist
02 = Psychiatric Hospital	13 = Preschool Center	23 = Psychologist
03 = General Hospital	14 = Day Care Center	24 = LCSW
04 = Psychiatric Health Facility	15 = Sheltered Workshop	25 = MFCC
05 = Skilled Nursing Facility	16 = Social Rehabilitation Center	26 = RN
06 = Intermediate Care Facility	17 = Social Rehabilitation Facility	27 = Mixed Specialty Practice
07 = Outpatient Clinic	18 = Vocational Rehab Center	28 = Community Treatment Center (CTF)
09 = Small Family Home	19 = Special Service Center	29 = Mental Health Rehabilitation Center (MHRC)
10 = Large Family Home	20 = Home Finding Agency	30 = Licensed Professional Clinical Counselor (LPCC)
11 = Group Home	21 = Case Management Agency	99 = Other

CONTRACT TYPE:

1 = County Mental Health Staffed	3 = Private Contract	5 = County MH Staff "Patch" at a Contract Provider
2 = County Interagency Agreement	4 = State Contract	

MODE OF SERVICE: Please see the Modes of Service and Service Function Definitions for a more detailed explanation of these codes.

05 = 24-Hour Services	25 = Research and Evaluation	45 = Community Outreach
10 = Day Services	40 = Formal Training	55 = Medi-Cal Administration
15 = Outpatient Services	41 = Contract Administration	60 = Support Services
20 = Administrative Support	42 = Utilization Review	

SERVICE FUNCTION: Please see the Cost Report Manual or the Modes of Service and Service Function Definitions for valid codes and a more detailed explanation of these codes.]

SHORT-DOYLE/MEDI-CAL PROVIDER ELIGIBILITY: The eligibility will be determined by DHCS, Program Oversight and Compliance Branch upon receipt of the Medi-Cal Certification and Transmittal form. County Claims Customer Service Section will update the Provider File when the Certification and Transmittal form is received from Program Oversight and Compliance Branch.

Email the PFU form to: ProviderFile@dhcs.ca.gov

or FAX the PFU form to: (916) 440-7621

PROVIDER FILE DEFINITIONS

PROVIDER TYPE CODES

01 STATE HOSPITAL: A psychiatric facility owned and operated by the State of California.

02 PSYCHIATRIC HOSPITAL: A facility which provides 24-hour inpatient psychiatric care for mentally disabled clients. Services include basic medical, nursing, rehabilitative, pharmacy, and dietary services.

03 GENERAL HOSPITAL: A facility that provides 24-hour inpatient care, including the following basic services: medical, nursing, rehabilitative, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services.

04 PSYCHIATRIC HEALTH FACILITY (PHF): A non-hospital 24-hour acute care facility licensed by the DHCS pursuant to the provisions in WIC section 5652.5.

05 SKILLED NURSING FACILITY (SNF): A health facility that provides the following basic services: skilled nursing care and supportive care to clients whose primary need is for availability of skilled nursing care on an extended basis.

06 INTERMEDIATE CARE FACILITY (ICF): A health facility which provides the following basic services: inpatient care to ambulatory or semi-ambulatory clients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care.

07 OUTPATIENT CLINIC: A facility without any other license indicated in this list that provides outpatient services. May be certified to provide SD/MC services.

09 SMALL FAMILY HOME: A family residence of the licensee in which care and supervision are provided for not more the six (6) children, or six (6) adults, exclusive of members of the licensee's family.

10 LARGE FAMILY HOME: A family residence of the licensee in which care and supervision are provided for seven (7) through twelve (12) children, or seven (7) through fifteen (15) adults, exclusive of members of the licensee's family.

11 GROUP HOME: A 24-hour facility of any capacity that provides services in a group setting for children or adults who need or desire care and supervision.

12 FAMILY DAY HOME: A family residence of the licensee in which care and supervision are provided during a portion of the day.

PROVIDER FILE DEFINITIONS

PROVIDER TYPE CODES

13 PRESCHOOL CENTER: A facility of any capacity that provides non-medical care to infants (0-2) and children during a portion of the day (includes DAY CARE CENTER-CHILDREN).

14 DAY CARE CENTER: A facility of any capacity that provides care and other services in a group setting to adults during a portion of the day.

15 SHELTERED WORKSHOPS: A facility that provides employment (work activity) to clients, below minimum wage, or pre-employment services of limited duration.

16 SOCIAL REHABILITATION CENTER: A facility of any capacity that provides services in a group setting during a portion of the day to persons who currently or potentially are capable of meeting their life support needs independently, but who temporarily need assistance, guidance, or counseling.

17 SOCIAL REHABILITATION FACILITY: A facility of any capacity that provides services in a group setting to persons who currently or potentially are capable of meeting their life support needs independently, but who temporarily need assistance, guidance, or counseling.

18 VOCATIONAL REHABILITATION CENTER: A facility that may provide work activity programs, job development, job placement, work evaluation, or work adjustment.

19 SPECIAL SERVICE CENTER: A facility which has several licenses, including those for: adult day care, home health agency, and community clinic.

20 HOME FINDING AGENCY: An individual or organization engaged in finding homes or other facilities for placement of persons of any age for temporary or permanent care, or adoption. This category includes the provision of continuing social services to such persons.

21 CASE MANAGEMENT AGENCY: A freestanding program (not part of an outpatient clinic) providing case management services which assist individuals in gaining access to needed medical, social, educational, and other services. May be certified to provide SD/MC services.

22 PSYCHIATRIST: An individual or group practice composed solely of physician(s) with a specialty of psychiatry or a licensed clinic or hospital outpatient department that contracts with a Mental Health Plan (MHP) to provide only psychiatric services. Used only for Fee-For-Services providers.

PROVIDER FILE DEFINITIONS

PROVIDER TYPE CODES

23 PSYCHOLOGIST: An individual or group practice composed solely of licensed psychologist(s) or a licensed clinic or hospital outpatient department that contracts with an MHP to provide only psychological services. Used only for Fee-For-Services providers

24 LICENSED CLINICAL SOCIAL WORKER (LCSW): An individual or group practice composed solely of licensed LCSW(s) or a licensed clinic or hospital outpatient department that contracts with an MHP to provide only clinical social work services. Used only for Fee-For-Services providers.

25 MARRIAGE FAMILY AND CHILD COUNSELOR (MFCC): An individual or group practice composed solely of licensed MFCC(s) or a licensed clinic or hospital outpatient department that contracts with an MHP to provide only marriage, family, and child counseling services. Used only for Fee-For-Services providers.

26 REGISTERED NURSE (RN): An individual or group practice composed solely of licensed RN(s) whose scope of practice allows them to provide psychotherapy as independent practitioners or a licensed clinic or hospital outpatient department that contracts with an MHP to provide only psychiatric nursing services. Used only for Fee-For-Services providers.

27 MIXED SPECIALTY PRACTICE: A group practice composed of individuals licensed with different specialties such as psychologists, psychiatrists, and LCSWs. or a licensed clinic or hospital outpatient department that contracts with an MHP to provide the services of these professionals. Used only for Fee-For-Service providers.

28 COMMUNITY TREATMENT CENTER (CTF): Any residential facility that provides mental health treatment services to children in a group setting which has the capacity to provide secure containment.

29 MENTAL HEALTH REHABILITATION CENTER (MHRC): This is a 24- hour program, licensed by the State Department of Mental Health, which provides intensive support and rehabilitation services designed to assist persons 18 years or older, with mental disorders who would have been placed in a state hospital or another mental health facility to develop the skills to become self-sufficient and capable of increasing levels of independent functioning.

30 LICENSED PROFESSIONAL CLINICAL COUNSELOR (LPCC): Are master's level mental health professionals qualified to perform counseling interventions and psychotherapeutic techniques to identify and remediate cognitive, mental, and emotional issues, including personal growth, adjustment to disability, crisis intervention, and psychosocial and environmental problems. Please refer to Business and Professions Code (BPC) Sections 4999.20 – 4999.76 for more information about LPCC scope of practice, licensure, and practice requirements.
Used only for Fee-For Service providers.

99 OTHER: Any other type of facility or provider that does not fit any other provider type listed.

Mode & Service Function Information

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

S/D Mode 05 = 24-Hour Services	SD/MC Mode 05 = Residential/PHF
	SD/MC Mode 07 = General Hospital
	SD/MC Mode 08 = Psych Hospital: Age < 21
	SD/MC Mode 09 = Psych Hospital: Age > 64
S/D Mode 10 = Day Services	SD/MC Mode 12 = Hospital Outpatient
S/D Mode 15 = Outpatient Services	SD/MC Mode 18 = Non-Hospital Outpatient

S/D Mode of Service			
05	10-18	Hospital Inpatient	07 08 09
05	19	Hosp. IP Admin Day	07 08 09
05	20-29	PHF	05
05	30-34	SNF Intensive	Not Medi-Cal Eligible
05	35	IMD Basic - No Patch	Not Medi-Cal Eligible
05	36-39	IMD with Patch	Not Medi-Cal Eligible
05	40-49	Adult Crisis Residential	05
05	50-59	Jail Inpatient	Not Medi-Cal Eligible
05	60-64	Residential Other	Not Medi-Cal Eligible
05	65-79	Adult Residential	05
05	80-84	Semi Supervised Living	Not Medi-Cal Eligible
05	85-89	Independent Living	Not Medi-Cal Eligible
05	90-94	MH Rehab Centers	Not Medi-Cal Eligible
10	20-24	Crisis Stabilization ER	12 18
10	25-29	Crisis Stab. Urgent Care	12 18
10	30-39	Vocational	Not Medi-Cal Eligible
10	40-49	Socialization	Not Medi-Cal Eligible
	60-69	SNF Augmentation	Not Medi-Cal Eligible
10	81-84	Day TX Intensive ½ Day	12 18
10	85-89	Day TX Intensive Full Day	12 18
10	91-94	Day Rehabilitation ½ Day	12 18
10	95-99	Day Rehabilitation Full Day	12 18
15	01-09	Case Management/Brokerage	12 18
15	10-19	Mental Health Services (MHS)	12 18
15	30-57, 59	MHS	12 18
15	58	TBS	12 18
15	60-69	Medication Support	12 18
15	70-79	Crisis Intervention	12 18

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

<i>S/D Mode of Service</i>	<i>Service Function</i>	<i>SD/MC Mode of Service</i>
20 – 42	00 Administration	Not Medi-Cal Eligible
45	10-19 Mental Health Promotion	Not Medi-Cal Eligible
45	20-29 Community Client Services	Not Medi-Cal Eligible
55	01-03 Medi-Cal Outreach	Not Medi-Cal Eligible
55	04-06 Medi-Cal Eligibility Intake	Not Medi-Cal Eligible
55	07-09 Medi-Cal Contract Admin.	Not Medi-Cal Eligible
55	11-13 Crisis Referral	Not Medi-Cal Eligible
55	14-16 MHS Contract Admin.	Not Medi-Cal Eligible
55	17-19 Discounted MH Outreach	Not Medi-Cal Eligible
55	21-23 SPMP Case Management	Not Medi-Cal Eligible
55	24-26 SPMP Program Planning	Not Medi-Cal Eligible
55	27-29 SPMP MAA Training	Not Medi-Cal Eligible
55	31-34 Non-SPMP Case Management	Not Medi-Cal Eligible
60	20-29 Conservatorship Investigation	Not Medi-Cal Eligible
60	30-39 Conservatorship Administration	Not Medi-Cal Eligible
60	40-49 Life Support/Board & Care	Not Medi-Cal Eligible
60	60-69 Case Management Support	Not Medi-Cal Eligible
60	70 Client Housing Support Expenditures	Not Medi-Cal Eligible
60	71 Client Housing Operating Expenditures	Not Medi-Cal Eligible
60	72 Client flexible Support Expenditures	Not Medi-Cal Eligible
60	75 Non-Medi-Cal Capital Assets	Not Medi-Cal Eligible
60	78 Other Non-Medi-Cal Client support Expenditures	Not Medi-Cal Eligible

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

DEFINITION OF MODE OF SERVICE

A mode of service identifies the different kinds of services or activities provided to clients in the local mental health program.

Cost Reports and CSI (Client and Service Information System) Modes of Service are used for Cost Reports and Settlement and CSI.

SD/MC Modes of Service and Service Function (MS/SF) codes are mapped to HCPCS Procedure Codes, Procedure Modifiers, and Revenue codes for the 837 transaction for Billing.

DEFINITION OF SERVICE FUNCTIONS

Service functions are the most specific level of reporting under modes of service. The numeric codes for service functions are usually expressed as ranges. This feature allows local programs the option of collecting cost and service data at an even more specific level. Not all modes of service have service functions.

SPECIFIC MODES AND SERVICE FUNCTIONS

MODE 05: 24-Hour Mode of Service

Services designed to provide a therapeutic environment of care and treatment within a residential setting. Depending on the severity of mental disorder, and the need for related medical care, treatment would be provided in one of a variety of settings.

The following SD/MC Modes are included in Cost Reports and CSI Mode 05:

05 – Psychiatric Health Facility, Adult Crisis Residential, or Adult Residential

07 – Inpatient Hospital Services of an acute care general hospital

08 – Psychiatric Hospital Services for individuals under 21

09 - Psychiatric Hospital Services for individuals age 65 and older

USE THE FOLLOWING SERVICE FUNCTIONS FOR MODE 05:

Service Functions 10-18: Hospital Inpatient

Service Functions 10-18: Hospital Inpatient

Services provided in an acute psychiatric hospital or a distinct acute psychiatric part of a general hospital that is approved by the Department of Health Services to provide psychiatric services. Those services are medically necessary for diagnosis or treatment of a mental disorder in accordance with Section 1820.205.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

MODE 05: Service Functions (continued)

Service Function 19: Hospital Inpatient Administrative Days

"Administrative Day Services" means psychiatric inpatient hospital services provided to a beneficiary who has been admitted to the hospital for acute psychiatric inpatient hospital services, and the beneficiary's stay at the hospital must be continued beyond the beneficiary's need for acute psychiatric inpatient hospital services due to a temporary lack of residential placement options at nonacute residential treatment facilities that meet the needs of the beneficiary. (CCR, Title 9, Section 1810.202)

Service Functions 20-29: Psychiatric Health Facility (PHF)

"Psychiatric Health Facility" means a facility licensed by the Department under the provisions of California Code of Regulations, Title 22, Chapter 9, Division 5, beginning with Section 77001. For the purposes of this Chapter, psychiatric health facilities that have been certified by the State Department of Health Services as Medi-Cal providers of inpatient hospital services will be governed by the provisions applicable to hospitals and psychiatric inpatient hospital services, except when specifically indicated in context. (CCR, Title 9, Section 1810.236)

"Psychiatric Health Facility Services" means therapeutic and/or rehabilitative services provided in a psychiatric health facility, other than a psychiatric health facility that has been certified by the State Department of Health Services as a Medi-Cal provider of inpatient hospital services, on an inpatient basis to beneficiaries who need acute care, which is care that meets the criteria of California Code of Regulations, Title 9, Section 1820.205, and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings. (CCR, Title 9, Section 1810.237)

Service Functions 30-34:

Intensive Skilled Nursing Facility (SNF)

A licensed skilled nursing facility which is funded and staffed to provide intensive psychiatric care and meets Title 9 staffing standards for inpatient services.

Service Function 35:

Institute for Mental Disease (IMD) Basic – No Patch

For this service function an IMD is a SNF where more than 50% of the patients are diagnosed with a mental disorder. The federal government has designated these facilities as IMDs.

Service Functions 36-39: IMD With Patch

Organized therapeutic activities that augment and are integrated into an existing skilled nursing facility.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

MODE 05: Service Functions (continued)

Service Functions 40-49: Adult Crisis Residential

“Crisis Residential Treatment Service” means therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. The service includes a range of activities and services that support beneficiaries in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, seven days a week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention. (CCR, Title 9, Section 1810.208)

Service Functions 50-59: Jail Inpatient

A distinct unit within an adult or juvenile detention facility which is staffed to provide intensive psychiatric treatment of inmates.

Service Functions 60-64: Residential Other

This service function includes children’s residential programs, former SB 155 programs, former Community Care Facility (CCF) augmentation, and other residential programs that are not Medi-Cal certified or defined elsewhere.

Service Functions 65-79: Adult Residential

“Adult Residential Treatment Service” means rehabilitative services, provided in a non-institutional, residential setting, for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The service includes a range of activities and services that support beneficiaries in their efforts to restore, maintain and apply interpersonal and independent living skills and to access community support systems. The service is available 24 hours a day, seven days a week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral. (CCR, Title 9, Section 1810.203)

Service Functions 80-84: Semi-Supervised Living

A program of structured living arrangements for persons who do not need intensive support but who, without some support and structure, may return to a condition requiring hospitalization. Housing units, which are to be shared by three to five persons, shall function as independent households with staff support in case of emergency as well as for regular assessments and assistance with the problems of daily living. This program may be a transition to independent living. Services may include provision of a rent subsidy.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 05: Service Functions (continued)

Service Functions 85-89: Independent Living

This program is for persons who need minimum support in order to live in the community. Clients may require rent subsidy and other assistance.

Service Functions 90-94:

Mental Health Rehabilitation Center

This is a 24-hour program, licensed by the State Department of Mental Health, which provides intensive support and rehabilitation services designed to assist persons 18 years or older, with mental disorders who would have been placed in a state hospital or another mental health facility to develop the skills to become self-sufficient and capable of increasing levels of independent functioning.

MODE 10: Day Mode of Service

Services that provide a range of therapeutic and rehabilitative programs as an alternative to inpatient care.

The following SD/MC Mode is included in Cost Reports and CSI Mode 10:

12 – Outpatient Hospital Services

18 – Non-Residential Rehabilitative Treatment

USE THE FOLLOWING SERVICE FUNCTIONS FOR MODE 10:

Service Functions 20-24:

Crisis Stabilization - Emergency Room

“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. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy. Crisis stabilization is distinguished from crisis intervention by being delivered by providers who do meet the crisis stabilization contact, site, and staffing requirements described in CCR, Title 9, Sections 1840.338 and 1840.348. (CCR, Title 9, Section 1810.210) Crisis Stabilization shall be provided on site at a licensed 24-hour health care facility or hospital based outpatient program or a provider site certified by the Department or an MHP to perform crisis stabilization (CCR, Title 9, Section 1840.338 (a)). The maximum allowance provided in CCR, Title 22, Section 51516, for “crisis stabilization-emergency room” shall apply when the service is provided in a 24-hour facility, including a hospital outpatient department. (CCR, Title 9, Section 1840.105(a)(4))

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 10: Service Functions (continued)

Service Functions 25-29: Crisis Stabilization - Urgent Care

“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. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy. Crisis stabilization is distinguished from crisis intervention by being delivered by providers who do meet the crisis stabilization contact, site, and staffing requirements described in CCR, Title 9, Sections 1840.338 and 1840.348. (CCR, Title 9, Section 1810.210). Crisis Stabilization shall be provided on site at a licensed 24-hour health care facility or hospital based outpatient program or a provider site certified by the Department or an MHP to perform crisis stabilization (CCR, Title 9, Section 1840.338 (a)). The maximum allowance for “crisis stabilization-urgent care” shall apply when the service is provided in any other appropriate site. (CCR, Title 9, Section 1840.105(a)(4)).

Service Functions 30-39: Vocational Services

Services designed to encourage and facilitate client motivation and focus upon realistic and attainable vocational goals. To the extent possible, the intent is to maximize client involvement in skill seeking and skill enhancement, with an ultimate goal of self-support.

Service Functions 40-49: Socialization Services

Services designed to provide activities for persons who require structured support and the opportunity to develop the skills necessary to move toward more independent functioning.

Service Functions 60-69: SNF Augmentation

Organized therapeutic activities that augment and are integrated into an existing skilled nursing facility.

Service Functions 81-84: Day Treatment Intensive - 1/2 Day

Service Functions 85-89: Day Treatment Intensive - Full Day

“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. (CCR, Title 9, Section 1810.213)

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 10: Service Functions (continued)

Service Functions 91-94: Day Rehabilitation - 1/2 Day

Service Functions 95-99: Day Rehabilitation - Full Day

“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. (CCR, Title 9, Section 1810.212)

MODE 15: Outpatient Mode of Service

Services designed to provide short-term or sustained therapeutic intervention for clients experiencing acute and/or ongoing psychiatric distress.

USE THE FOLLOWING SERVICE FUNCTIONS FOR MODE 15:

Service Functions 01-06, 08-09: Case Management/Brokerage

Case Management/Brokerage means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary’s progress; placement services; and plan development. (CCR, Title 9, Section 1810.249)

Service Function 07: Case Management/Brokerage-Intensive Care Coordination (ICC)

Case Management/Brokerage means Intensive Care Coordination (ICC) - A service that is responsible for facilitating assessment, care planning and coordination of services, including urgent services (for children/youth who meet the Katie A. Subclass criteria.) (See DHCS Letter No.: 13-11)

Service Functions 10-18, 30-38, 40-48, 50-56: Mental Health Services

“Mental Health Services” means individual or group therapies and interventions that are designed to provide reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral. (CCR, Title 9, Section 1810.227)

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 15: Service Functions (continued)

Service Function 57: Mental Health Services-Intensive Home Based Services (IHBS)

“Mental Health Services” Intensive Home Based Services (IHBS) - Are intensive, individualized and strength-based, needs-driven intervention activities that support and engagement and participation of the child/youth and his/her significant others and to help the child/youth develop skills and achieve the goals and objective of the plan (for children/youth who meet the Katie A. Subclass criteria.)

(See DHCS Letter No.: 13-11)

Service Function 58: Therapeutic Behavioral Services (TBS)

“Therapeutic Behavioral Services” (TBS) are one-to-one therapeutic contacts for a specified short-term period of time between a mental health provider and a child or youth with serious emotional disturbances (SED). TBS is designed to maintain the child/youth’s residential placement at the lowest appropriate level by resolving target behaviors and achieving short-term treatment goals. TBS is available to full-scope Medi-Cal beneficiaries under 21 years of age who meet MHP medical necessity criteria (children/youth with SED), are members of the certified class and meet the criteria for needing these services. A contact is considered therapeutic if it is intended to provide the child/youth with skills to effectively manage the behaviors or symptoms that are barriers to achieving residence in the lowest possible level.

The person providing TBS must be available on-site to provide individualized one-to-one, face-to-face behavioral assistance and one-to-one interventions to accomplish outcomes specified in the written treatment plan. The critical distinction between TBS and other rehabilitative mental health services is that a significant component of this service activity is having one provider on-site and immediately available to intervene for a specified period of time. The expectation is that the mental health provider would be with the child/youth for a designated time period specified in the treatment plan and that the entire time spent with the child/youth would be reimbursable. These designated time periods may vary in length and may be up to 24 hours a day, depending upon the needs of the child/youth. (See DMH Letter No.: 99-03)

Service Functions 19, 39, 49, 59:

Mental Health Services – Professional Inpatient Visit

These services are the same as Mental Health Services except the services are provided in a non-SD/MC inpatient setting by professional (former non-SD/MC Fee-For-Service) staff.

Service Functions 60-68: Medication Support Services

“Medication Support Services” means those services that include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; instruction in the use, risks and benefits of and alternatives for medication; and collateral and plan development related to the delivery of the service and/or assessment of the beneficiary. (CCR, Title 9, Section 1810.225)

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 15: Service Functions (continued)

Service Function 69:

Medication Support – Professional Inpatient Visit

These services are the same as Medication Support except the services are provided in a non-SD/MC inpatient setting by professional (former non-SD/MC Fee-For-Service) staff.

Service Functions 70-78: Crisis Intervention

“Crisis Intervention” 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. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements described in Sections 1840.338 and 1840.348. (CCR, Title 9, Section 1810.209)

Service Functions 79: Crisis Intervention – Professional Inpatient Visit

These services are the same as Crisis Intervention except the services are provided in a non-SD/MC inpatient setting by professional (former non-SD/MC Fee-For-Service) staff.

MODE 20: Administrative Support Mode of Service

Services provided in the administration of the total county mental health program.

Service Function 00: Administration

MODE 25: Research and Evaluation Mode of Service

Research – Centralized activities under the direction of the Local Mental Health Director designed to increase the scientific knowledge and understanding of the nature, cause, prevention, and treatment of mental, emotional, or behavioral disorders.

Evaluation – Scientific studies regarding the effectiveness and efficiency of specific mental health programs in which goals are clearly defined and achieved in measurable terms.

Service Function 00: Administration

MODE 40: Formal Training Mode of Service

Educational activities which are specifically designed to enhance the skills and knowledge of mental health staff. The educational activity is formally organized by a qualified instructor with specific learning objectives and is designed either to improve the quality of mental health services or improve the administration of the mental health program. Routine orientation of new staff is not included.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 40: Service Functions (continued)

Service Function 00: Administration

MODE 41: Contract Administration Mode of Service

Services involved in the administration of provider contracts. Activities include, but are not limited to:

Negotiation – Activities necessary to effect the consummation of a contract. Includes preparation of materials and attendance at meetings.

Maintenance – Ongoing activity necessary for the process/payment of provider claims, the distribution of essential announcements, policies, bulletins, forms, etc., and the training of provider staff.

Service Function 00: Administration

MODE 42: Utilization Review Mode of Service

The evaluation of the necessity and appropriateness of the use of all reimbursed medical services, procedures, and facilities. Includes review of the appropriateness of admissions, services ordered and provided, length of stay, and discharge practices.

Service Function 00: Administration

MODE 45: Outreach Mode of Service

Services delivered in the community-at-large to special population groups, human services agencies, and to clients and families who are not usually clients of the county mental health program.

USE THE FOLLOWING SERVICE FUNCTIONS FOR MODE 45:

Service Functions 10-19: Mental Health Promotion

Mental Health Service activities directed toward:

1. Enhancing and/or expanding agencies' or organizations' knowledge and skills in the mental health field for the benefits of the community-at-large or special population groups.
2. Providing education and/or consultation to clients and communities regarding mental health service programs in order to prevent the onset of mental health problems.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 55: Service Functions (continued)

MODE 55: Medi-Cal Administrative Activities (MAA)

MAA are the administrative activities necessary for the proper and efficient administration of the Medi-Cal program.

USE THE FOLLOWING SERVICE FUNCTIONS FOR MODE 55:

Service Functions 01-03: Medi-Cal Outreach – Not Discounted / Activity A

1. Informing Medi-Cal eligibles or potential Medi-Cal eligibles about Medi-Cal services, including Short-Doyle/Medi-Cal services.
2. Assisting at-risk Medi-Cal eligibles or potential Medi-Cal eligibles to understand the need for mental health services covered by Medi-Cal.
3. Actively encouraging reluctant and difficult Medi-Cal eligibles or potential Medi-Cal eligibles to accept needed mental health and health services.

Service Functions 04-06: Medi-Cal Eligibility Intake – Not Discounted / Activity B

1. Screening and assisting applicants for mental health services with the application for Medi-Cal benefits.

Service Functions 07-08: Medi-Cal/Mental Health Services Contract Administration – Not Discounted / Activity D

1. Identifying and recruiting community agencies as Medi-Cal contract providers.
2. Developing and negotiating Medi-Cal provider contracts.
3. Monitoring Medi-Cal provider contracts.
4. Providing technical assistance to Medi-Cal contract agencies regarding county, state and federal regulations.

Service Function 09: MAA Coordination and Claims Administration – Not Discounted / Activity H

1. Drafting, revising, and submitting MAA claiming plans.
2. Serving as liaison with claiming programs within the LGA and with the state and federal governments on MAA. Monitoring the performance of claiming programs.
3. Administrating LGA claiming, including overseeing, preparing, compiling, revising, and submitting MAA claims to the state.
4. Attending training sessions, meetings, and conferences involving MAA.
5. Training LGA program and subcontractor staff on state, federal, and local requirements for MAA claiming.
6. Ensuring that MAA claims do not duplicate Medi-Cal claims for the same activities from other providers.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 55: Service Functions (continued)

Service Functions 11-13: Referral in Crisis Situations for Non-Open Cases – Discounted / Activity C

1. Intervening in a crisis situation by referring to mental health services.

Service Functions 14-16: Medi-Cal/Mental Health Services Contract Administration – Discounted / Activity D

1. Identifying and recruiting community agencies as mental health service contract providers serving Medi-Cal and non-Medi-Cal clients.
2. Developing and negotiating mental health service contracts serving Medi-Cal and non-Medi-Cal clients.
3. Monitoring mental health service contract providers serving Medi-Cal and non-Medi-Cal clients.
4. Providing technical assistance to mental health service contract agencies regarding county, state and federal regulations.

Service Functions 17-19: Medi-Cal Outreach – Discounted / Activity A

1. Informing at-risk populations about the need for and availability of Medi-Cal and non-Medi-cal mental health services.
2. Telephone, walk-in, or drop-in services for referring persons to Medi-Cal and non-Medi-Cal mental health programs.

Service Functions 21-23: SPMP Case Management of Non-Open Cases – Discounted / Activity F

1. Gathering information about an individual's health and mental health needs, when performed by SPMP staff.
2. Assisting individuals to access Medi-Cal covered physical health and mental health services by providing referrals, follow-up, and arranging transportation for health care, when performed by SPMP staff.

Service Functions 24-26: SPMP Program Planning and Policy Development – Discounted / Activity E

1. Developing strategies to increase system capacity and to close service gaps.
2. Interagency coordination to improve delivery of mental health services to seriously mentally ill adults or seriously emotionally disturbed children or adolescents.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 55: Service Functions (continued)

Service Functions 27-29: SPMP Training – Discounted / Activity G

1. SPMP training, given or received, which improves the skill levels of SPMP staff members in performing allowable SPMP enhanced Medi-Cal Administrative Activities, specifically SPMP program planning and development and SPMP case management of non-open cases.

Service Functions 31-34: Non-SPMP Case Management of Non-Open Cases – Discounted / Activity F

1. Gathering information about an individual's health and mental health needs.
2. Assisting individuals to access Medi-Cal covered physical health and mental health services by providing referrals, follow-up, and arranging transportation for health care.

Service Functions 35-39: Non-SPMP Program Planning and Policy Development – Discounted / Activity E

1. Developing strategies to increase system capacity and to close service gaps.
2. Interagency coordination to improve delivery of mental health services to seriously mentally ill adults or seriously emotionally disturbed children or adolescents.

MODE 60: Support Services

Supplemental services which assist clients with supportive programs and activities that facilitate the provision of direct treatment services.

USE THE FOLLOWING SERVICE FUNCTIONS FOR MODE 60:

Service Functions 20-29: Conservatorship Investigation

Services provided by a designated investigator or agency to:

1. Collect, assess, and document for the court of jurisdiction the psychosocial and financial information necessary to support or deny a finding of grave disability consistent with established Lanterman-Petris-Short (LPS) criteria.
2. Evaluate the feasibility of available alternatives to conservatorship.
3. Make a recommendation to the court regarding conservatorship status.

Service Functions 30-39: Conservatorship Administration

Services provided by a designated conservator to manage, monitor, and coordinate a conservatee's financial resources and/or to assure the availability and adequacy of necessary treatment services and mental health social services.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 60: Service Functions (continued)

Service Functions 40-49: Life Support/Board & Care

The board and care portion of 24-hour licensed residential care facility or skilled nursing facility. These costs are allowable expenditures for persons not covered by public or private resources.

Service Functions 60-69: Case Management Support

Case Management Support services are case management activities that are not specifically related to an identified client. Support Services would typically include the following kinds of activities:

1. Developing the coordination of systems and communications concerning the implementation of a continuum of care.
2. Establishing systems of monitoring and evaluating clients being served by case managers.
3. Facilitating the development and utilization of appropriate community resources.
4. Engaging in discussions and activities preparatory to a client's beginning an aftercare program and prior to client acceptance of the aftercare plan.

Service Function 70: Client Housing Support Expenditures

The cost of providing housing supports, including housing subsidies for permanent, transitional and temporary housing; master leases; motel and other housing vouchers; rental security deposits; first and last month rental payments; and other fiscal housing supports. This does not include the capital costs used to purchase, build or rehab housing or the salaries and benefits of staff used to provide client housing supports. This category should not include service costs reported under Modes 05, 10, or 15. Units of service should not be reported for Service Function Code 70.

Service Function 71: Client Housing Operation Expenditures

The operating costs of providing housing supports to clients, including building repair and maintenance, utilities, housing agency management fees, insurance, property taxes and assessments, credit reporting fees, and other operating costs incurred in providing client housing supports. This does not include the capital costs used to purchase, build or rehab housing or the salaries and benefits of staff used to provide client housing supports. This category should not include service costs reported under Modes 05, 10 or 15. Units of service should not be reported for Service Function Code 71.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 60: Service Functions (continued)

Service Function 72: Client Flexible Support Expenditures

The cost of providing supports to clients, family members, and their caregivers including cash payments, vouchers, goods, services, items necessary for daily living (such as food, clothing, hygiene, etc.), travel, transportation, respite services for caregivers, and other supports. This does not include housing supports and capital expenditures or the salaries and benefits of staff used to provide client flexible supports. This category should not include service costs reported under Modes 05, 10, or 15. Units of service should not be reported for Service Function Code 72.

Service Function 75: Non-Medi-Cal Capital Assets

The cost of capital assets dedicated solely to non-Medi-Cal activities may either be expensed in the year purchased or depreciated over the useful life of the asset. Expenses that should be reported under Service Function Code 75, provided such expenses are dedicated solely to non-Medi-Cal activities, include:

- Purchasing land or buildings used for client housing or other non-Medi-Cal activities (note land is not a depreciable asset)
- Construction or rehabilitation of housing, facilities, buildings or office/meeting spaces
- Related “soft” costs for development including strategies to build community acceptance for projects
- Vehicles
- Other capital assets dedicated solely to non-Medi-Cal activities.

Mental health funds used to leverage other housing resources, including other collaborative housing projects, should be included under Service Function Code 75. Units of service should not be reported for Service Function Code 75.

The cost of capital assets included in the service costs per unit under Modes 05, 10 or 15 must be depreciated and should not be included in Service Function 75. Refer to the Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (HIM-15), Part 1, Chapter 1 for guidance on depreciation requirements.

Service Function 78: Other Non Medi-Cal Client Support Expenditures

The cost of salaries, benefits and related general operating expenditures incurred in providing non-Medi-Cal client supports not otherwise reported in Treatment or Outreach Programs (Mode 05, 10 or 55). Units of service should not be reported for Service Function Code 78.

*Medi-Cal Certification
Information*

CERTIFICATION PROCEDURES

PURPOSE: To enable Mental Health Plans (MHP) to establish new providers, add them to the DHCS Short-Doyle/MC Provider File, verify eligibility for services, and receive payment for claims submitted for services rendered.

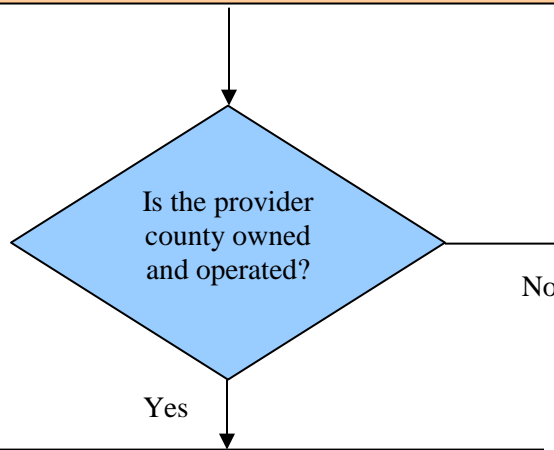
1. The MHP determines that a new provider is needed. Information regarding the legal entity and NPI number is obtained and the new program is developed.
2. When the new provider is a contract provider, the contract is developed including the types of services to be provided.
3. The MHP contacts MedCCC at ProviderFile@dhcs.ca.gov to obtain a provider number. Prior to issuance of a new number, all legal entity information must be provided, as well as completion of Provider File Update (PFU) with the Modes of Service and Service Function Codes that will be utilized. Provider name and address information must match the NPI Registry.
4. The fire clearance must be on file prior to providing services. When the provider premises and program are ready, MHP staff will complete the site certification using the DHCS Certification Protocol or a similar tool to ensure the provider meets all program and contractual requirements..
5. For a contract provider, after site certification, the MHP submits a Medi-Cal Certification and Transmittal form (DHCS 1735) to DMHCertification@dhcs.ca.gov.
6. If the provider information is incomplete, DMHCertification@dhcs.ca.gov will send the MHP an error message. The MHP has 30 days to resubmit the form to DMHCertification@dhcs.ca.gov.
7. DHCS staff submits a complete DHCS 1735 to ProviderFile@dhcs.ca.gov and MHP simultaneously.
7. For a new County Owned and Operated provider, the MHP submits a M/C County Owned and Operated Application (DHCS 1736), program description, fire clearance, and Head of Service license to DMHCertification@dhcs.ca.gov.
8. If the provider information is incomplete, ProviderFile@dhcs.ca.gov will send the MHP and DHCS staff an error message. The MHP has 30 days to resubmit the form to DMHCertification@dhcs.ca.gov.
8. DHCS schedules an onsite visit.
9. After the site certification of a County Owned and Operated provider, DHCS staff submits the DHCS 1735 to ProviderFile@dhcs.ca.gov and MHP simultaneously. A letter is mailed to the MHP Director with a cc to the QI Coordinator.
9. MedCCC will update the Provider File and the date of activation of Medi-Cal is entered in the provider file for each service function that is already on the file and is checked on the form.
10. MHP staff will monitor the ITWS Provider File to assure the data is updated.
11. At the end of each day, all of the Medi-Cal activity entered into the Online Provider System is extracted electronically and sent for submission to Xerox. This information makes changes to the Master Provider File (MPF), where a provider may check a consumer's Medi-Cal eligibility.
12. If the provider is new, Xerox generates a letter and sends it to the provider address that assigns a Provider Identification Number (PIN) that must be used when verifying eligibility of a consumer for Medi-Cal services.

This action opens the new provider on the DHCS Medi Cal Reimbursement file and allows the MHP to bill for that provider's services. All of the above must take place for all providers regardless of status as contract or County Owned and Operated, prior to submission of any bill/claims. Otherwise, the MHP will receive Error Correction Reports.

COUNTY OWNED AND OPERATED and CONTRACTED PROVIDER MEDI-CAL CERTIFICATION AND RECERTIFICATION FLOW CHART

Activation of a New County Owned and Operated, or Contracted Provider

County Mental Health Plans (MHP) determines that a new provider is needed. Information is obtained and a new program is developed. MHP submits a Provider File Update form to Department of Health Care Services (DHCS), County Claims Customer Service-(MedCCC) at ProviderFile@dhcs.ca.gov to obtain a provider number.



Triennial Recertification of Contracted Providers

Initial/New Certification of Contracted Providers
MHP conducts onsite/certifies per Title 9, DHCS Contract requirements and submits form DHCS 1735 to DMHCertification@dhcs.ca.gov. DHCS reviews and approves, then emails/submits documents to MedCCC ProviderFile@dhcs.ca.gov for processing with a cc to MHP. Provider's Medi-Cal certification is activated on ITWS.

Triennial Recertification of Contracted Providers
MHP conducts onsite/certifies per Title 9, DHCS Contract requirements and submits form DHCS 1735 to DMHCertification@dhcs.ca.gov. DHCS reviews and approves, then emails/submits documents to MedCCC ProviderFile@dhcs.ca.gov for processing with a cc to MHP. Provider's Medi-Cal recertification date is updated on ITWS.

Triennial Recertification of County Owned and Operated Providers

MHP submits a completed form DHCS 1736, Fire Clearance, Head of Service license, and program description to DMHCertification@dhcs.ca.gov . DHCS schedules the site visit, certifies per Title 9, DHCS Contract requirements. When approved and final DHCS emails/submits documents to MedCCC ProviderFile@dhcs.ca.gov for processing with a cc to MHP and a letter is mailed to the MHP Director. Provider's Medi-Cal certification is activated on ITWS.

Per DMH Letter 10-04, if the provider is certified for CSU, Day Tx, Day Rehab, or is a Juvenile Detention Facility, DHCS conducts the triennial onsite recertification. When approved and final, DHCS submits recertification documents to MedCCC ProviderFile@dhcs.ca.gov with a cc to MHP and a letter is mailed to the MHP Director. Provider's Medi-Cal recertification date is updated on ITWS.

Per DMH Letter 10-04, if the provider is not certified for CSU, Day Tx or Day Rehab, or Juvenile Detention Facility, MHP conducts triennial onsite recertification and submits form DHCS 1737, Fire Clearance, and Head of Service license to DMHCertification@dhcs.ca.gov . DHCS reviews and approves, then emails/submits documents to MedCCC ProviderFile@dhcs.ca.gov with a cc to MHP and a letter is mailed to the MHP Director. Provider's Medi-Cal recertification date is updated on ITWS.

Recertifications

MHPs are required to recertify providers triennially. MHP must notify DMHCertification@dhcs.ca.gov of all provider address changes when they occur. All change of address recertifications are done by DHCS.

Per MHP/DHCS contract, MHPs must notify DHCS (send notification to DMHCertification@dhcs.ca.gov) when a provider makes major staffing changes, makes organizational and/or corporate structure changes (example: conversion to non-profit status), adds day treatment or medication support services when medications are administered or dispensed from the provider site, there are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance), there is a change of ownership or location, there are complaints regarding the provider, and/or there are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.

SAMPLE ONLY – DO NOT SUBMIT THIS FORM

MEDI-CAL (M/C) CERTIFICATION TRANSMITTAL

Part A: Provide the following information:

2. NPI# _____

1. COUNTY SUBMITTING FORM: _____

3. TYPE OF TRANSACTION (Check all that apply)

- Activate M/C Activation date: _____ New Provider Mode/SF
Terminate M/C Termination date: _____ All Services Mode/SF
Re-Cert M/C Recertification Date: _____

If change, indicate one or more types: Change Name Address Effective date
Date change is effective: _____

4. PROVIDER NUMBER: _____ 5. PROVIDER NAME: _____

6. PROVIDER ADDRESS: _____

7. PROVIDER CITY: _____ 8. PROVIDER ZIP CODE: _____

9. Per the MHP Contract, the M/C activation date cannot be earlier than the latest date of the following dates:

- 1) Date the provider requested certification: _____
2) Date the site was operational: _____
3) Date of the fire clearance: _____ (must be within 1 yr. of site visit)

10. In addition, the onsite review must be completed within six months of the activation dates. Date of onsite review: _____
Is this an out-of-county cert/recert? yes No If yes, did the host county conduct the onsite visit? yes No

11. Indicate services Revenue/Procedure Code (CR/DC Mode, Service Function)

- (07) General Hospital 0100 (05/10) 0101 (05/19) Non-Hospital PHF H2013 (05/20)
(08) Psych Hosp Age (< 21) 0100 (05/10) 0101 (05/19) Crisis Residential H0018 (05/40)
(09) Psych Hosp Age (> 64) 0100 (05/10) 0101 (05/19) Adult Residential H0019 (05/65)
For Residential – How many beds? _____

12. Check only one Mode (either 12 or 18): (12) Hospital Outpatient (18) Non-Hospital Outpatient

13. Indicate services Procedure Code (CR/DC Mode, Service Function) (Check all that apply)

- Crisis Stabilization ER S9484 (10/20) Crisis Stabilization UC S9484 (10/25)
Day TX Intensive Half Day H2012 (10/81) Day TX Intensive Full Day H2012 (10/85)
Day Rehab. Half Day H2012 (10/91) Day Rehab. Full Day H2012 (10/95)
Case Manage/Brokerage T1017 (15/01) Therapeutic Behavioral Services (TBS) H2019 (15/58)
Intensive Care Coordination (ICC) T1017 (15/07) Medication Support H2010 (15/60)
Mental Health Services H2015 (15/30) Crisis Intervention H2011 (15/70)
Intensive Home Based Services (IHBS) H2015 (15/57)

14. The above named provider is certified by this agency to participate in the Short-Doyle/Medi-Cal program. I attest that the above named provider site complies with requirements of the CCR, Title 9, Sections 1810.435-436, the terms of the contract between the MHP and the Department.

County Email: _____

Print name of person completing form

Phone: (____) _____ Date: _____

Authorized Signature Check below to indicate person signing:

- County Mental Health Director or Designee DHCS Compliance Section

Submit transmittal form to DHCS Compliance Section @ DMHCertification@dhcs.ca.gov

15. Part B: DHCS Compliance Section Approval to Transmit Data to DHCS

DHCS Compliance Section Date: _____

DHCS 1735 Certification Transmittal Requirements Instructions

1. County submitting form: Name of county submitting form
2. NPI #: National Provider Identifier Number
3. Type of transaction: *You can activate or recertify and change name or zip on one transmittal. You cannot activate and recertify on 1 transmittal. If you change the address of a provider, you must also recertify it (this can be done on 1 transmittal).*

Activate: Check activate and new provider boxes for a new certification or check activate and mode boxes if activating one or more modes to an already active (M/C certified) provider. Include an activate date, which cannot be further back than six-months from form submission.

Terminate: Check terminate and all services boxes if terminating the entire provider; check terminate and mode boxes if terminating one or more mode and not terminating the entire provider. Include a terminate date. M/C Termination date is the date billing will end. This date should be the date the client received their last services. Any providers without an NPI must use a 7/1/2008 date, as that is when the NPI numbers were implemented.

Recert: Check recert box when recertifying a provider. Include a recertification date. This is the date the onsite visit was conducted for an already existing M/C certified provider. The site visit and recert date should be the same date. Include all services the provider is M/C certified for.

If Change: Check change box if you are changing a name, or if you need to change an effective date of activation, a recertification, or a termination, you would use this line to show when this was effective. Include an effective date of change.

4. Provider Number: 4-digit provided to you by MedCCC.
5. Provider Name: Name of provider must match NPI registry and host county's name (if applicable).
6. Provider Address: Location of services being provided. Must match NPI registry.
7. Provider City: Location of city where services are being provided. Must match NPI registry.
8. Provider Zip: Location of zip where services are being provided. Must match NPI registry.
9. Determination of M/C Activation: This will be the date billing can begin. This date is determined by answering the questions 9(1) – 9(3).

9(1) Date the provider requested certification (date the MHP and provider came into an agreement/contract). For piggy-backing certification, use your county's agreement with the provider, not the host county's agreement with the provider.

9(2) Date the site was operational (date the client received their first services). For piggy-backing certification, use the date your client received first services, not date the host county's client received their first services; and

9(3) Date of the Fire Clearance (date the fire clearance was granted). For piggy-backing certification/recertification, use the host county's fire clearance date. Fire clearances must be obtained/approved prior to provider delivering services. Onsite must be performed within one year from date of approved fire clearance.

M/C Activation date is the latest of these three dates (9(1)-9(3)), but not further than 6 months from date of completed transmittal submission. (i.e., transmittal submitted 2/1/13, the activate date cannot be further back than 8/1/12.)

10. Date of onsite review: Date the onsite review was conducted. The onsite review must be completed within six months of the activation date. For piggy-backing certification, you must answer if this is an out-of-county cert/recert with a yes or no, and if yes, did the host county conduct the onsite visit.
11. Indicate services for Residential: Check all modes that the provider will be delivering. Check appropriate box. To be M/C eligible, provider must be licensed by DHCS Program Certification Unit and have no more than 16 beds. Indicate # of beds on line 10 and submit Provider's current residential license.
12. Check only one Mode: Mode 18 is outpatient services. Mode 12 is outpatient services inside a hospital.

13. Indicate services for Modes 12 or 18: If a mode is not listed on ITWS that MHP wants to activate, a PFU form must be sent to Provider File mailbox ProviderFile@dhcs.ca.gov. If a mode was closed, you may reactivate that mode, providing there is not an end date in the left-column of the ITWS print. If an end date does appear, you will need to reopen this mode with a PFU form to the Provider File mailbox ProviderFile@dhcs.ca.gov. If there is no end date in the left-column, and an end date in the right-column (M/C) you may reactivate with a M/C certification and transmittal form.

14. Signatures, Email, Phone, and Date: Anyone may complete the form, but the person who conducted the site visit or their representative must sign the transmittals. All Director Designees who sign the transmittals must have an email stating this from the Director on file with DHCS.

15. DHCS Compliance Section Approval to Transmit to DHCS: Compliance staff will sign and date the transmittal. An email is sent to MedCCC and MHP simultaneously. It is the MHP's responsibility to print the approved transmittal, retain it, and monitor the providers via the ITWS provider file website.

Check appropriate boxes 1-14	1.	2.	3.	4.	5.	6.	7.	8.	9(1)	9(2)	9(3)	10.	11.	12.	13.	14.
Activate	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Residential	X	X	X	X	X	X	X	X	X	X	X	X (onsite date)	X	X	X (if applicable)	X
Outpatient	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X
Terminate	X	X	X	X	X	X	X	X					X (if applicable)	X	X (if applicable)	X
Recertify	X	X	X	X	X	X	X	X			X		X (if applicable)	X	X (if applicable)	X
Name Change	X	X	X	X	X	X	X	X								

MHPs who piggy-back on an out-of-county provider must obtain the provider's certification/recertification information from the host county. The host county may provide the county requesting to piggy-back a copy of the M/C Certification and Transmittal form for that provider's certification/recertification. If the host provides a certification/recertification letter, the letter should reflect the same recertification, onsite, and fire clearance dates as submitted to DHCS on the recertification transmittal, and should list all approved/certified M/C services.

All M/C Certification and Transmittals should be submitted to the DMHCertification@dhcs.ca.gov or you may FAX the forms to (916) 440-5497. If you have questions, you may email the DMHCertification@dhcs.ca.gov.

COUNTY-OWNED AND OPERATED PROVIDER CERTIFICATION APPLICATION**PART I: PROVIDER INFORMATION**

Instructions: The Local Mental Health Director or designee must submit a separate application for each provider.

IDENTIFYING INFORMATION	Name of Provider:	Provider No.:
		NPI No.:
	Street Address, City, State, and Zip	
Telephone No.	County	
NAME AND ADDRESS OF LEGAL ENTITY		
TYPE OF ORGANIZATION	Check One <input type="checkbox"/> County Government <input type="checkbox"/> City Government	
HEAD OF SERVICE NAME:	Head of Service is: <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychiatric Technician <input type="checkbox"/> Licensed Clinical Social Worker <input type="checkbox"/> Licensed Vocational Nurse <input type="checkbox"/> Marriage Family Therapist <input type="checkbox"/> MH Rehab Specialist (include resume)	
SHORT DOYLE/MEDI-CAL SERVICE MODES TO BE PROVIDED	<input type="checkbox"/> SD/MC Mode 18 <input type="checkbox"/> Crisis Stabilization ER S9484 (10/20) <input type="checkbox"/> Crisis Stabilization UC S9484 (10/25) <input type="checkbox"/> Day TX Intensive Half Day H2012 (10/81) <input type="checkbox"/> Day TX Intensive Full Day H2012 (10/85) <input type="checkbox"/> Day Rehab. Half Day H2012 (10/91) <input type="checkbox"/> Day Rehab. Full Day H2012 (10/95) <input type="checkbox"/> Case Manage./Brokerage T1017 (15/01) <input type="checkbox"/> Therapeutic Behavioral Svcs H2019 (15/58) <input type="checkbox"/> Intensive Care Coordination (ICC) T1017 (15/07) <input type="checkbox"/> Medication Support H2010 (15/60) <input type="checkbox"/> Mental Health Services H2015 (15/30) <input type="checkbox"/> Crisis Intervention H2011 (15/70) <input type="checkbox"/> Intensive Home Based Services (IHBS) H2015 (15/57)	
IS THE PROVIDER CURRENTLY LICENSED BY A STATE AGENCY?	<input type="checkbox"/> Yes If yes, which agency? <input type="checkbox"/> DHCS <input type="checkbox"/> DSS <input type="checkbox"/> No <input type="checkbox"/> Drug & Alcohol <input type="checkbox"/> Other	
FIRE SAFETY	<input type="checkbox"/> Attached is documentation of the most recent fire safety inspection. (Date of Fire Clearance must be within 1 year of site visit) <input type="checkbox"/> All services are provided at a public school site and meet school fire safety rules and regulations.	
<i>I certify that this application is true, correct, and complete. I agree that if approval is granted that all services rendered by the Rehabilitative Mental Health Program shall be in conformity with federal, state, and local laws. I further understand that a violation of such laws will constitute grounds for withdrawal of certification. This information may be released to any persons or organizations outside the official administrative channels.</i>		
Local Entity Authorized Signature		Date:
Local Mental Health Director or Designee Signature		Date:

**PART II: SHORT-DOYLE/MEDI-CAL PROGRAM PROVIDER AGREEMENT
CLAIM CERTIFICATION**

CERTIFICATION STATEMENT

The Provider agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the Provider. The services were, to the best of the Provider’s knowledge, provided in accordance with the client’s written treatment plan. The Provider shall also certify that all information submitted to the Department of Health Care Services is accurate and complete. The provider understands that payment of these claims will be from federal and/or state funds, and any falsification or concealment of a material fact may be prosecuted under federal and/or state laws. The Provider agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the content of services furnished to the client. The Provider agrees to furnish these records and the information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services; the Medi-Cal Fraud Unit; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, or their duly authorized representatives. The Provider also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.

THE PROVIDER AGREES TO INCLUDE WITH EACH CLAIM SUBMITTED TO THE DEPARTMENT OF HEALTH CARE SERVICES A CERTIFICATION STATEMENT TO THE ABOVE TERMS AND CONDITIONS WHICH SHALL BE PRINTED ON THE REVERSE SIDE OF EACH PROVIDER CLAIM FORM.

I certify that the undersigned will be a licensed or certified provider of Short-Doyle/Medi-Cal services upon submission of this agreement to the Department of Health Care Services and satisfaction of the requirements pursuant to Title 9, California Code of Regulations, and compliance with the requirements for providers of service set out in Welfare and Institutions Code, Division 9, Part 3, and California Code of Regulations, Title 22.

(original signed by)
Program Oversight and
Compliance Branch
Mental Health Services Division
Department of Health Care Services

Signature of Provider

Date:

DHCS 1736 (06/2013)

PART III: MEDI-CAL PROVIDER DATA FORM

1. Pay to Address (If different than page 1)		Number	Street	Telephone Number
City	County	State	Zip Code	
2. List previous Medi-Cal provider numbers that the owner(s) have been issued.				
3. Is this a teaching facility for residents and/or interns who are salaried by a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>I certify that the above information is true, accurate, and complete to the best of my knowledge.</i>				
4. Applicant’s Typed or Printed Name			5. Applicant’s Typed or Printed Title	
6. Applicant’s Signature			7. Date	

RETURN TO:

**Chief, Compliance Section
Mental Health Services Division
Department of Health Care Services
1500 Capitol Ave., MS 2704
Sacramento, CA 95899**

OR: DMHCertification@dhcs.ca.gov

County-owned and Operated Provider Certification Application Form (DHCS 1736) Instructions

The County-Owned or Operated Provider Certification Application form (DHCS 1736) is required to Medi-Cal activate and request provider certification to a County-owned and Operated provider in the Department of Health Care Services (DHCS) Online Provider System (OPS). Any County Mental Health Plan (MHP) provider providing mental health services to a Medi-Cal beneficiary must be certified by the DHCS in order to claim and be reimbursed for services.

Both pages of the DHCS 1736 must be completed, signed, dated, and submitted, along with (1) a valid current fire clearance, (2) a current Head of Service license (or a resume or certification by the MHP that the Head of Service meets Title 9 Requirements to be a Mental Health Rehabilitation Specialist), and (3) a program description that includes hours of operation to the certification mailbox, DMHCertification@dhcs.ca.gov, or the documents may be faxed to the Certification Unit fax (916) 440-5497.

Once the form, valid fire clearance, Head of Service license, and program description is received, DHCS' Program Oversight and Compliance Branch certification analyst will review the documents for content, accuracy, and confirm the information matches the provider's information on the National Plan and Provider Enumerator System (NPPES) and OPS. If the documents are accurate, the DHCS has six (6) months from the date of receipt of the final and complete packet to perform the on-site provider certification and Medi-Cal activate the provider.

Required Fields:

PART I: PROVIDER INFORMATION

1. Provider Name: Name of provider must match NPI/NPPES registry and the OPS.
2. Provider number: The four (4) digit number designated by DHCS MedCCC.
3. Street address, City, State, and Zip: Location where provider provides services to Medi-Cal Beneficiaries. Must match NPI/NPPES registry and OPS.
4. NPI #: Provider's 10-digit National Provider Identifier. Must match NPI/NPPES registry and the OPS.
5. Telephone No: Provider's phone number.
6. County: The name of the county where services will be provided.
7. Name and Address of Legal Entity: Enter the name and address of legal entity over the provider identified in items 1, 2, and 3.
8. Type of Organization: Indicate County or City Government.
9. Head of Service Name/Licensure: Indicate name of Head of Service, and identify their licensure.

10. Short Doyle/Medi-Cal Service Modes To Be Provided: Identify the mode of services that will be provided and need to be certified at this site. Those modes must all have been included when initiating the Provider in the OPS (ProviderFile@dhcs.ca.gov).
11. Is The Provider Currently Licensed by A State Agency? If Yes, which agency?: Indicate response.
12. Fire Safety: Attach the most current fire safety inspection clearance.
13. Local Entity Authorized Signature and Date:
14. Local Mental Health Director or Designee Signature and Date:

Anyone may complete the form, but the person who signs the application must be the Director or their Designee on file with DHCS.

PART II: SHORT-DOYLE/MEDI-CAL PROGRAM PROVIDER AGREEMENT CLAIM CERTIFICATION

Read the Certification Statement.

1. The Provider Signature (Local Mental Health Director or Designee) and the day's Date are required.

PART III: MEDI-CAL PROVIDER DATA FORM

1. Pay to Address (If different than page 1): The address where provider wishes to receive payment.
2. List previous Medi-Cal provider numbers that the owner(s) have been issued: If this provider has had prior Medi-Cal provider numbers indicate those numbers here.
3. Is this a teaching facility for residents and/or interns who are salaried by a hospital?: Respond 'yes' or 'no'.
4. Applicant's Typed or Printed name and title:
5. Applicant Signature: The Local Mental Health Director or Designee's signature is required.

THE APPLICATION PACKET IS CONSIDERED A LEGAL DOCUMENT AND ALL REQUIRED INFORMATION MUST BE ACCURATE, COMPLETE AND LEGIBLE.

If you have any questions contact the certification mailbox, DMHCertification@dhcs.ca.gov

MHP RE-CERTIFICATION of COUNTY-OWNED and OPERATED PROVIDERS SELF SURVEY FORM

Please provide the following information:

COUNTY SUBMITTING FORM: _____ COUNTY CODE: _____ NPI # _____

PROVIDER NUMBER: _____ PROVIDER NAME: _____ Name Change

PROVIDER ADDRESS: _____

PROVIDER CITY: _____ PROVIDER ZIP CODE: _____

SERVICES PROVIDED: (Please check all that apply): _____ Activating Mode

<input type="checkbox"/> 15/01 T1017 Case Management/Brokerage • Intensive Care Coordination (ICC) T1017 (15/07)	<input type="checkbox"/> 15/30 H2015 Mental Health Services • Intensive Home Based Services (IHBS) H2015 (15/57)	<input type="checkbox"/> 15/58 H2019 Therapeutic Behavioral Services	<input type="checkbox"/> 15/60 H2010 Medication Support	<input type="checkbox"/> 15/70 H2011 Crisis Intervention
--	--	---	--	---

EVALUATION CRITERIA

		Yes	No	N/A
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:			
	A) The beneficiary brochure per MHP procedures? <i>MHP Contract, Exhibit A, Attachment I, § 7A; CCR, Title 9, § 1810.360 (b)(3),(d) and (e) CCR, Title 9, § 1810.410 (e)(4)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B) The provider list per MHP procedures? <i>MHP Contract, Exhibit A, Attachment I, § 7A; CCR, Title 9, § 1810.360 (b)(3),(d)and (e) CCR, Title 9, § 1810.410 (e)(4)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C) The posted notice explaining grievance, appeal, and fair hearings processes? <i>MHP Contract, Exhibit A, Attachment I, § 15A(3)(a)(ii), CCR, Title 9, § 1850.205 (c)(1)(B) CCR, Title 9, § 1810.410 (e)(4)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D) The grievance forms, appeal forms, and self-addressed envelopes? <i>MHP Contract, Exhibit A, Attachment I, § 15A(3)(a)(iii), CCR, Title 9, § 1850.205 (c)(1)(C);CCR, Title 9, § 1810.410 (e)(4)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the space owned, leased or operated by the provider and used for services or staff meet local fire codes? (A copy of the most recent fire safety inspection notice from the local fire authority must be submitted with this form) <i>MHP Contract, Exhibit A, Attachment I, §4L(2); CCR, Title 9, § 1810.435 (b)(2)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the facility and its property clean, sanitary, and in good repair? <i>MHP Contract, Exhibit A, Attachment I, §4L(3); CCR, Title 9, § 1810.435 (b) (2)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the provider have the following policies and procedures:			
	A) Protected Health Information? <i>MHP Contract, Exhibit F, CCR, Title 9, §1810.310 (a)(10) CCR, Title 9, § 1810.435 (b)(4)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B) Personnel policies and procedures? <i>MHP Contract, Exhibit A, Attachment I, §4L(5), CCR, Title 9, §1840.314</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C) General operating procedures? <i>MHP Contract, Exhibit A, Attachment I, §4L(5), CCR, Title 9, § 533</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D) Maintenance policy to ensure the safety and well being of beneficiaries and staff? <i>MHP Contract, Exhibit A, Attachment I, §4L(4), CCR, Title 9, § 1810.435(b)(2)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E) Service Delivery Policies? MHP Contract, Exhibit A, Attachment I, §4L(5), CCR, Title 9, § 1810.209-210 § 1810.212 213 § 1810.225, 1810.227 and 1810.249	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F) Unusual occurrence reporting (UOR) procedures relating to health and safety issues? <i>MHP Contract, Exhibit A, Attachment I, §4L(5)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G) Written procedures for referring individuals to a psychiatrist when necessary, or to a physician who is not a psychiatrist, if a psychiatrist is not available? MHP Contract, Exhibit A, Attachment I, § 4L(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MHP RE-CERTIFICATION of COUNTY-OWNED and OPERATED PROVIDERS SELF SURVEY FORM

5.	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? <i>CCR, Title 9, § 680 (a); CCR, Title 9, § 1810.435 (c)(3); CCR, Title 9, §§ 622 through 630; MHP Contract, Exhibit A, Attachment I, § 4L(9) (A copy of HOS license must be submitted with this form.)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
6.	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: (For providers of "Prescription Only" Med Support (15/60), please check N/A for questions 6A-G)			
A)	All drugs obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so. <i>MHP Contract, Exhibit A, Attachment I, § 4L(10)(a)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B)	Drugs intended for external use only and food stuffs are stored separately from drugs intended for internal use. <i>MHP Contract, Exhibit A, Attachment I, § 4L(10)(b)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C)	All drugs are stored at proper temperatures: room temperature drugs at 59-86 degrees Fahrenheit and refrigerated drugs at 36-46 degrees Fahrenheit. <i>MHP Contract, Exhibit A, Attachment I, § 4L(10)(c); CCR, Title 9, § 1810.435(b) (3)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D)	Drugs are 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 I, § 4L(10)(d); CCR, Title 9, § 1810.435 (b) (3)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E)	Drugs are not retained after the expiration date. Intramuscular multi-dose vials are dated and initialed when opened. <i>MHP Contract, Exhibit A, Attachment I, § 4L(10)(e); CCR, Title 22, § 73369</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F)	Is a medication log maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned medications in a manner consistent with state and federal laws? Is there a dispensing log used to record the date, name of the beneficiary, name of drug, amount of drug, lot number, route of administration, and identifying information regarding the bottle, vial, etc from which the medication was obtained <u>for all medications which are dispensed from house supply</u> ? <i>MHP Contract, Exhibit A, Attachment I, § 4L(10)(f)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G)	Policies and procedures are in place for dispensing, administering and storing medications. <i>MHP Contract, Exhibit A, Attachment I, § 4L(10)(g)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A) Date of Fire Clearance: _____

B) Recertification Date: _____

Print Name & Title of Person Completing Form

Signature of Person Completing Form

Date

I hereby certify under penalty of perjury that to the best of my knowledge, information and belief, the above list of items are in compliance with Federal and State requirements and are available and accessible to the Department of Health Care Services upon request. I am aware that the above items may be requested at any time, including during an onsite review. I am also aware that a new DHCS Recertification form shall be completed and submitted to the DHCS on a triennial basis.

Print Name of MH Director/Designee

Signature of MH Director/Designee

Date

FAX, PDF, or MAIL completed form and required documentation (Items 2 & 5) prior to triennial provider recertification date to:

FAX: (916) 440-5497
EMAIL: DMHCertification@dhcs.ca.gov

MAIL:

State of California
Department of Health Care Services
Mental Health Services Division
Program Oversight and Compliance Branch
P.O. Box 997413, MS 2703
Sacramento, CA 95899-7413

For DHCS Use Only:	
Rec'd By: _____	
Date: _____	
Approved By: _____	
Date: _____	

If you need additional information, please call (916) 319-0985 and ask for Certifications or email DMHCertification@dhcs.ca.gov
DHCS MHSD Certifications Internet Address (<http://www.dhcs.ca.gov/services/MH/Pages/Certifications.aspx>)

**MHP Recertification of
County-owned and Operated Provider
Self-Survey Form (DHCS 1737) Instructions**

The MHP Recertification of County-owned and Operated Provider Self-Survey form (DHCS 1737) is used for all County-owned and Operated providers in which the MHP is responsible to conduct an onsite review and recertify per DMH Letter 10-04. MHPs are responsible to recertify all county-owned and operated providers on a triennial basis, excluding Day Treatment Full or Half Day, Day Rehab Full or Half Day, Crisis Stabilization, and/or services provided at a Juvenile Detention Center (DHCS will recertify those services). All required information on the form must be accurate, complete, and legible.

Both pages of the form must be completed, signed, dated, and submitted, along with a valid current fire clearance, and a Head of Service license (or a resume or certification by the MHP that the Head of Service meets Title 9 Requirements to be a Mental Health Rehabilitation Specialist) to the certification mailbox, DMHCertification@dhcs.ca.gov, or the documents may be faxed to the Certification Unit fax (916) 440-5497.

Once the Self-Survey Form, valid fire clearance, and Head of Service license is received, Program Oversight and Compliance Branch certification analyst will review the documents for content, accuracy, and confirm the information matches the provider's information on the National Plan and Provider Enumerator System (NPPES) and ITWS. If the documents are accurate, the MHP Director will be sent a DHCS approval letter, along with a copy of the approved self-survey form. The form is PDF'd and submitted to MedCCC and the MHP contact person simultaneously, and the information is updated on ITWS.

Per the Contract between DHCS and the MHP additional certification reviews of organizational providers may be conducted by the Contractor or Department, as applicable, at its discretion,

if: 1) The provider makes major staffing changes; 2) The provider makes organizational and/or corporate structure changes (example: conversion to non-profit status); 3) The provider adds day treatment or medication support services when medications are administered or dispensed from the provider site; 4) There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance); 5) There is a change of ownership or location; and/or 6) There are complaints regarding the provider. These changes require that notification be sent to the certification mailbox, DMHCertification@dhcs.ca.gov.

Required Fields:

1. County submitting form: Name of MHP requesting recertification.
2. County code: 2-digit county code, i.e., 01 (Alameda).
3. NPI #: 9-digit National Provider Identifier number obtained on NPPES website.
4. Provider number: 4-digit provider number obtained from MedCCC via a Provider File Update (PFU) form.
5. Provider name: Name of provider. Must match ITWS name and Doing Business As (DBA) or Other name on NPI website.

6. Name change: Check the name change box if the MHP is changing the name. Enter the new provider name in the Name field on the form.
7. Provider address, city, and zip: Address of provider where services are being provided, include Suite(s) if applicable. Provider's address must match the fire clearance address, NPI Provider Business Practice Location Address, and ITWS current address.
8. Activating a mode: Check this box if MHP is activating Case Management Brokerage (15/01), Mental Health Services (15/30), Therapeutic Behavioral Services (15/58), Crisis Intervention (15/70), and/or Medication Support (15/60) – for consult purposes only. A DHCS onsite is required to add a medication storage room. MHP must send notification to the certification mailbox, DMHCertification@dhcs.ca.gov . Submit "Activation" on a new self-survey form, follow bullets for Required Fields. Strike thru "Recertification Date" on 2nd page and enter "Activate Date." Activate date cannot be more than six (6) months prior to submission of DHCS 1737 form.
9. Check all modes of services the provider is currently Medi-Cal certified for (view the ITWS online provider system). If the MHP is terminating any of the M/C certified services, MHP must submit notification of that termination to the certification mailbox, and would not check/recertify the service, unless it was M/C certified on the onsite/recert date.
10. Evaluation Criteria: MHP will conduct an onsite visit and verify the provider meets all requirements 1-6 by checking yes, no, or N/A. The provider must meet all the requirements prior to recertifying and submitting the DHCS 1737 to DHCS.
11. A) Date of Fire Clearance: Date of *final* clearance, with any deficiency corrected. Address listed on fire clearance must match address listed on the DHCS 1737. Fire clearance must be obtained within one (1) year of the onsite recertification visit.
12. B) Recertification Date: Date of onsite visit is used as Recertification Date.
13. Print Name & Title of Person Completing Form: This may not be the person that conducted the onsite recertification.
14. Signature of Person Completing Form: Signature of person that completed form.
15. Date: Date of signature.
16. Print Name of MH Director/Designee: Name of MHP Director or Designee. DHCS must have a letter or email on file from MHP Director designating the person signing/attesting to the recertification information provided.
17. Date: Date of signature.

THE APPLICATION PACKET IS CONSIDERED A LEGAL DOCUMENT AND ALL REQUIRED INFORMATION MUST BE ACCURATE, COMPLETE AND LEGIBLE.

If you have any questions contact the certification mailbox,
DMHCertification@dhcs.ca.gov.

Instructions for a County Owned and Operated Mode 18 ITWS Report

ITWS

MHPs must enroll in ITWS to view the MHPs provider information. Refer the MHP to ITWS provider file and provide the link <https://itws.dhcs.ca.gov/> to enroll.

How to view provider's information on ITWS

See ITWS screen prints Example below on how to view individual provider numbers.

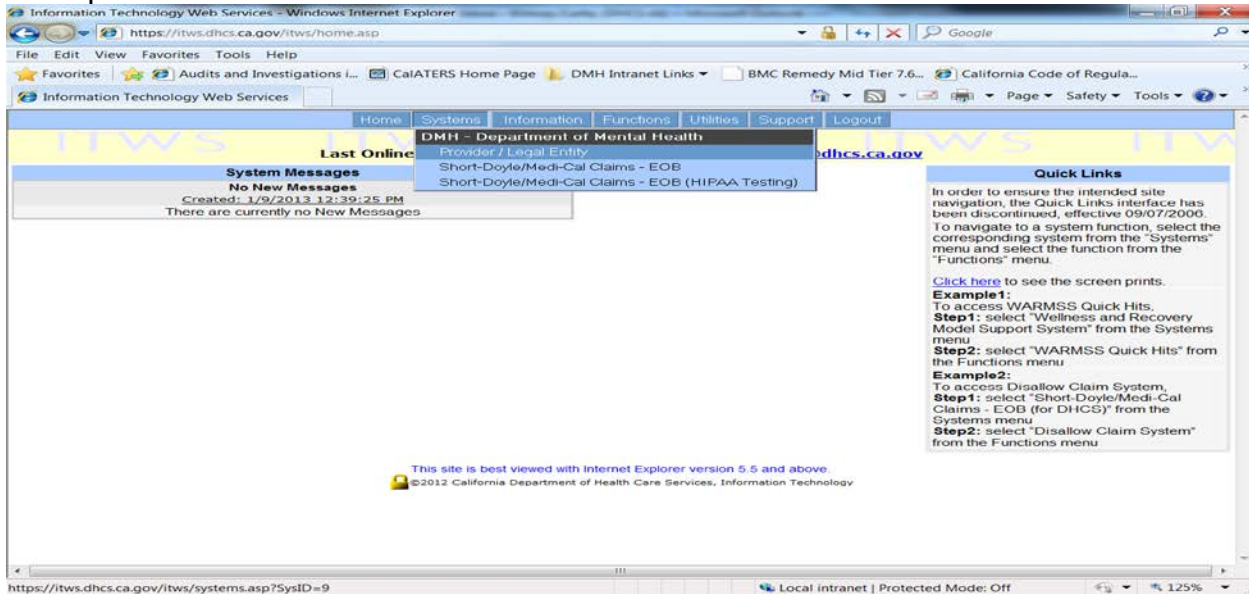
After log-on, choose "Systems/DMH-Department of Mental Health (Example 1)

Choose "Functions/Online Provider Systems (Example 2)

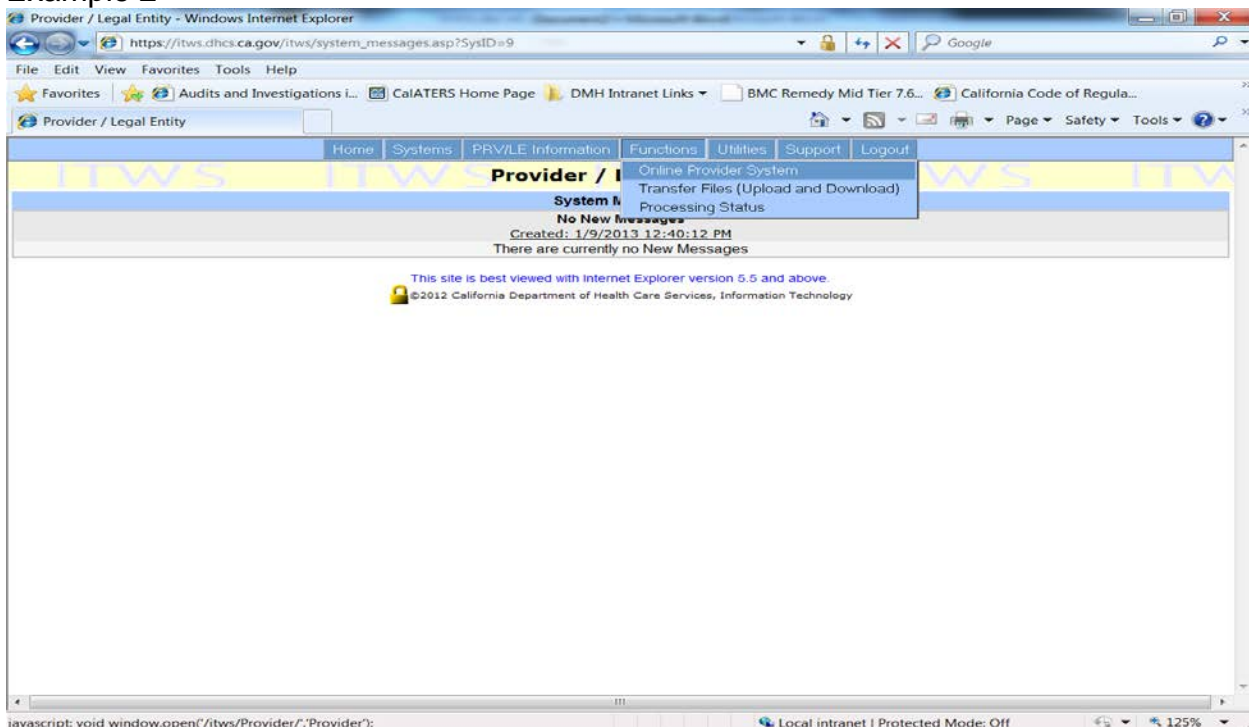
Enter the Provider's 4-digit provider number , under "Quick Entry" Provider line

The ITWS screen provides the details of the provider, i.e., NPI number, provider number, address, Provider/Facility Type, Contract Type, Last Cert Date, and modes of services the provider is MC certified to provide.

Example 1



Example 2



Instructions for a County Owned and Operated Mode 18 ITWS Report

ITWS Provider Screen Print Example:

- Provider 4213 is MC certified to provide the following services effective 01/01/1982
- Case Management/Brokerage (15/01), MHP, (15/30), TBS (15/58), Med support (15/60), Crisis Intervention (15/70).
- Day Rehab, Half Day (10/91) is terminated effective 06/01/1992.
- Mode 60/70 is not M/C eligible.

Legal Entity: 00042
County: Santa Barbara
DMH Provider Number: 4213
Parent/Satellite Number: 0
Previous Number: No Previous Number
Satellites: 0
NPI: 1972643542

Mode Of Service-Service Function				Medi-Cal Mode Of Service		
MS	SF	Begin Date	End Date	MC MS	Begin Date	End Date
10	91	01/01/1982	Present	18	01/01/1982	06/01/1992
15	01	01/01/1982	Present	18	01/01/1982	Present
15	10	01/01/1982	Present	18	01/01/1982	Present
15	30	01/01/1982	Present	18	01/01/1982	Present
15	58	01/01/1982	Present	18	01/01/1982	Present
15	60	01/01/1982	Present	18	01/01/1982	Present
15	70	01/01/1982	Present	18	01/01/1982	Present
60	70	01/01/1982	Present			

Name: Santa Maria Mental Health Services
Address: 500 West Foster Road
 Santa Maria, CA 93455

Provider/Facility Type: 07-Outpatient Clinic
Contract Type: 1-County Mental Health Staffed
Last MC Cert Dt: 09/04/2013

How to determine the services that are Medi-Cal certified on ITWS:

The two columns in the above example are identified as Non-MC (1st column) and MC (2nd column). The provider may have dates listed in column 1 only or may have dates in both column 1 and column 2. The dates that show on Non-MC (1st column) are the modes requested at the time a new provider number is requested. After MHP submits a DHCS 1735 and the provider is MC certified, a date will be placed under the MC (2nd column). The MC (2nd column) dates are the modes that are MC certified. Only the MC certified modes would be recertified or terminated. An MHP may terminate the Non-MC (1st column) by submitting a PFU to ProviderFile@dhcs.ca.gov.

National Plan & Provider Enumeration System (NPPES) website <https://npiregistry.cms.hhs.gov/>.

NPI # 1972643542 (NPI number for the above provider):

Doing Business As (DBA): SANTA MARIA MENTAL HEALTH SERVICES

Provider Business Practice Location Address: 500 WEST FOSTER RD
 SANTA MARIA, CA 93455-3620

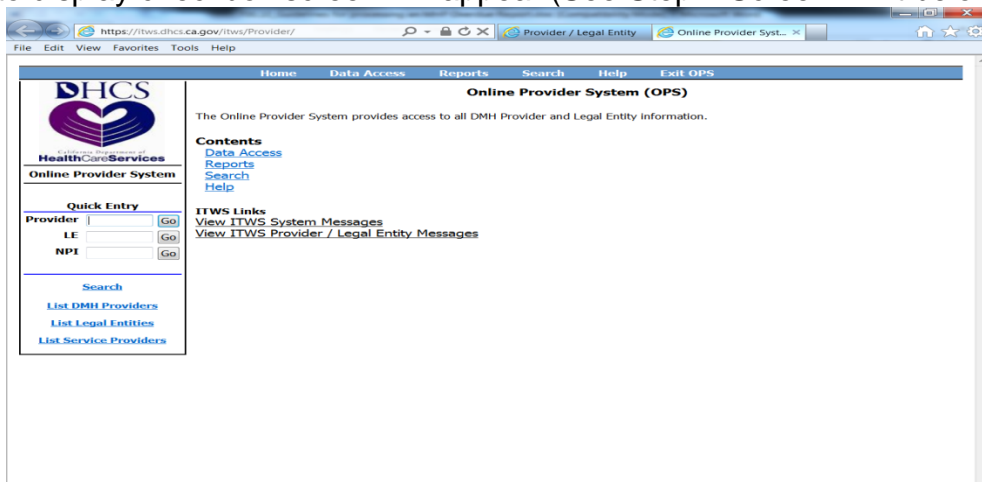
Instructions for a County Owned and Operated Mode 18 ITWS Report

Provider's Name: The NPPES may show an **Organizational Name, Doing Business As (DBA) Name,** and/or **Other Name**. The DBA Name or Other Name must match the name listed on ITWS. If only the Provider's Organizational Name is listed, you would use this name to match with ITWS name.

Provider's Address: The NPPES **Provider Business Practice Location Address** must match the address the MHP submitted on the DHCS 1735 form.

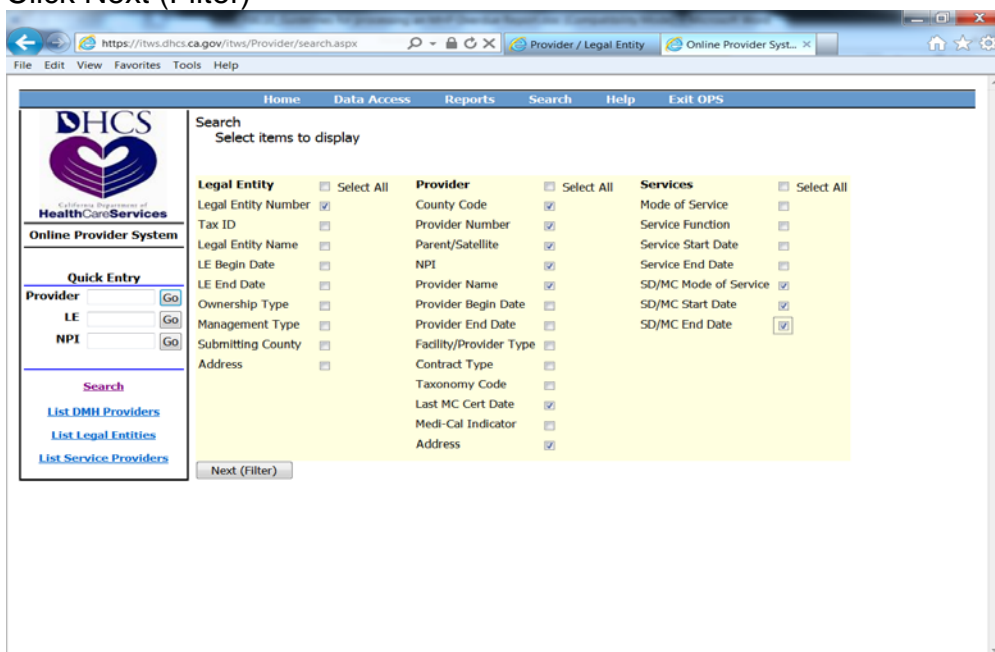
How to create an ITWS report for MHP county owned and operated and contracted providers:

Step 1-Search: Once logged on to ITWS, Click "Search." in the lower left side of the screen. The Select items to display checkbox screen will appear (See Step 2 Screen Print below.)



Step 2: Select Items to display: Checkbox Instructions to retrieve Mode 18 only for both county owned and operated and contracted providers. Check all the following boxes:

- 1st Column: **Legal Entity:** Legal Entity Number
- 2nd Column: **Provider:** County Code, Provider Number, Parent/Satellite, NPI Provider Name, Last MC Cert Date, and Address
- 3rd Column: Services, SD/MC Mode of Service, SD/MC Start Date, SD/MC End Date.
- Click Next (Filter)



Instructions for a County Owned and Operated Mode 18 ITWS Report

Step 3-Select filters and sort columns for County and Owned and Operated providers:

- Click the “Add Filter” six times to provide a filter for each of the following:
- Provider County: Enter MHP 2-digit County Number on the Provider County filter under the “Enter Search Value” area (Sample has Plumas 32)
- Legal Entity Number: Enter MHP 5-digit Legal Entity Number in the Legal Entity filter under the “Enter Search Value” area (Sample has Plumas 00032)
- SD/MC Mode of Service: Enter Mode 18 (to retrieve residential provider information, enter Mode 05)
- SD/MC Start Date
- SD/MC End Date: Place a checkmark in “Not” box
- Last MC Cert Date:
- Click “View Results” tab. The county owned and operated providers will appear.

The screenshot shows a web browser window with the URL <https://itws.dhcs.ca.gov/itws/Provider/search.aspx>. The page title is "Online Provider System". The main content area is titled "Search" and "Select filters and sort columns". It lists selected items: Provider County, Provider Number, Parent Satellite Code, NPI, Provider Name, Legal Entity Number, Provider Street Address, Provider City, Provider State, Provider Zip Code, SD/MC Mode of Service, SD/MC Start Date, SD/MC End Date, Last MC Cert Date. Below this is a table with columns for "Select Item", "Select Operator", and "Enter Search Value". The table has four rows corresponding to the filters mentioned in Step 3. The "Not" operator is selected for all filters. The search values are 32, 00032, 18, and empty. There are "Add Filter" and "Remove Filter" buttons, and "View Results" and "Back (to Select)" buttons at the bottom.

Step 4-Select filters and sort columns for Contracted Providers:

- Follow Step 3 and remove the checkbox from Legal Entity Number “Not” box
- Click “View Results” tab. The contracted providers will appear.

Once all the providers appear on the ITWS page, you will copy the providers and paste to the Blank Spreadsheet for county owned and operated providers (Attachment 1) or the Blank Spreadsheet for contracted providers (Attachment 2):

- highlight all the columns A thru N and rows 2 thru end row, be sure to include the very first column (that contains the word ‘Search’)
- Do not include the ITWS title/heading row 1.
- Paste the highlighted portion into Cell A2 on the blank spreadsheet .
- Cut Columns B2 thru the last row and paste it in Cell A2, overriding the Column A. (this will eliminate the word/column Search in column A.)

The information should now appear under the correct headings of each column.

Finishing

1. Insert a Header MHP County Contracted or County Owned and Operated Providers
2. Insert a Footer Page (page # of total # of pages).
3. Format cells to allow 5-digits to appear in Legal Entity and/or 4-digit Provider # columns.

Instructions for a County Owned and Operated Mode 18 ITWS Report

In order for the information to show on one page of the spreadsheet:

1. Adjust the Page Orientation to landscape and narrow margins.
2. Hide Column A (Provider County) and Column I (Provider State)
3. For headings to appear on all pages of the spreadsheet, go to Page Layout, Page Set Up, Print Titles. Click the Sheet tab and enter in the Rows to Repeat at top: \$1:\$1

Provider Number	NPI	Provider Name	Legal Entity Number	Provider Street Address	Provider City	Provider Zip Code	SD/MC Service Function	SD/MC Start Date	SD/MC End Date	Last MC Cert Date
3219		Paradise Treatment Center	00484	805 Cedar Street	Paradise	95969	18	//1/1996	6/30/2003	
3233	1821175258	Charis Youth Center	00541	714 W Main Street	Grass Valley	95945	18	8/1/2003		
Back (to Filter)										

Once the spreadsheet is complete, you can see the SD/MC Start Date, SD/MC End Date, and Last MC Cert Date for each provider's mode of services. If there is a SD/MC Start Date, no SD/MC End Date, and no date or expired date in the "Last MC Cert Date" column (See Provider 3233 in above screen print example), the provider is overdue for recertification and would remain on the overdue list.

1. Remove providers with no NPI number (highlight the entire row by placing the cursor over the far left column (row numbers are listed in grey) clicking/highlighting each row to delete, click delete.
2. Providers will have one line for each mode of service; retain only one line for each provider number, retain the mode line of the oldest/first SD/MC Start Date.
3. Remove providers with a date in the SD/MC End Date column. (the mode of service is terminated)
4. Retain providers that have a SD/MC Start Date, SD/MC End Date, and either no date or an expired date in the Last MC Cert Date column.

Fee-For-Service LCSWs, RNs, Psychologists, MDs, MFTs, and Psychiatrists are not required to be recertified, nor are ASO Foster Care providers. These numbers were provided to the MHPs to use to bill for FFS providers and Foster Care Services.

COUNTY: _____ DATE: _____

PROVIDER NUMBER: PROVIDER NAME: ADDRESS: CITY:		NPI #:	DAYS/HOURS OF OPERATION:
ZIP:			
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

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.

“Satellite” is defined as a site that is owned, leased or operated by an MHP or an organizational provider at which specialty mental health services are delivered to beneficiaries fewer than 20 hours per week, or, if located at a multiagency site, at which specialty mental health services are delivered by no more than two MHP employees or contractors of the provider." Note: A satellite must have an NPI #.

Source: Please refer to MHP Contract Exhibit A, Attachment 1, Section 4.c.

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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.

LOCKOUTS

CCR, Title 9, Section 1840.360. Lockouts for Day Rehabilitation and Day Treatment Intensive

Day Rehabilitation and Day Treatment Intensive are not reimbursable under the following circumstances:

- (a) 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.*
- (b) 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.*
- (c) 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.*

CCR, Title 9, Section 1840.362. Lockouts for Adult Residential Treatment Services.

Adult Residential Treatment Services are not reimbursable under the following circumstances:

- (a) 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.*
- (b) 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.*

CCR, Title 9, Section 1840.364. Lockouts for Residential Treatment Services

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:

- (a) Mental Health Services*
- (b) Day Treatment Intensive*
- (c) Day Rehabilitation*
- (d) Psychiatric Inpatient Hospital Services*
- (e) Psychiatric Health Facility Services*
- (f) Psychiatric Nursing Facility Services*
- (g) Adult Residential Treatment Services*
- (i) Crisis Stabilization*

CCR, Title 9, Section 1840.366. Lockouts for Crisis Intervention

- (a) 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.*
- (b) The maximum amount claimable for Crisis Intervention in a 24-hour period is **8 hours**.*

CCR, Title 9, Section 1840.368. Lockouts for Crisis Stabilization

- (a) 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.*
- (b) 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.*
- (c) The maximum number of hours claimable for Crisis Stabilization in a 24-hour period is **20 hours**.*

LOCKOUTS

CCR, Title 9, Section 1840.370. Lockouts for Psychiatric Health Facility Services

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:

- (a) Adult Residential Treatment Services*
- (b) Crisis Residential Treatment Services*
- (c) Crisis Intervention*
- (d) Day Treatment Intensive*
- (e) Day Rehabilitation*
- (f) Psychiatric Inpatient Hospital Services*
- (g) Medication Support Services*
- (h) Mental Health Services*
- (i) Crisis Stabilization*
- (j) Psychiatric Nursing Facility Services.*

CCR, Title 9, Section 1840.374. Lockouts for Targeted Case Management Services

- (a) Targeted Case Management Services are not reimbursable on days when the following services are reimbursed, except for day of admission or for placement services as provided in Subsection (b): (1) Psychiatric Inpatient Hospital Services; (2) Psychiatric Health Facility Services; (3) Psychiatric Nursing Facility Services.*
- (b) Targeted Case Management Services, solely for the purpose of coordinating placement of the beneficiary on discharge from the hospital, psychiatric health facility or psychiatric nursing facility, may be provided during the 30 calendar days immediately prior to the day of discharge, for a maximum of three nonconsecutive periods of 30 calendar days or less per continuous stay in the facility.*

CCR, Title 9, Section 1840.372. Lockouts for Medication Support Services - *The maximum amount claimable for Medication Support Services in a 24-hour period is 4 hours.*

CCR, Title 9, Section 1840.215 Lockouts for Psychiatric Inpatient Hospital Services

- (a) The following services are not reimbursable on days when psychiatric inpatient hospital services are reimbursed, except for the day of admission to psychiatric inpatient hospital services:*
 - (1) Adult Residential Treatment Services,*
 - (2) Crisis Residential Treatment Services,*
 - (3) Crisis Intervention,*
 - (4) Day Treatment Intensive,*
 - (5) Day Rehabilitation,*
 - (6) Psychiatric Nursing Facility Services, except as provided in Subsection (b),*
 - (7) Crisis Stabilization, and*
 - (8) Psychiatric Health Facility Services.*
- (b) Psychiatric Nursing Facility Services may be claimed for the same day as a psychiatric inpatient hospital services, if the beneficiary has exercised the bed hold option provided by Title 22, Sections 72520, 73504, 76506, and 76709.1, subject to the limitations of Title 22, Section 51535.1.*
- (c) When psychiatric inpatient hospital services are provided in a Short-Doyle/Medi-Cal hospital, in addition to the services listed in (a), psychiatrist services, psychologist services, mental health services, and medication support services are included in the per diem rate and not separately reimbursable, except for the day of admission.*

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>E) 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>

CATEGORY 1: POSTED BROCHURES AND NOTICES <i>(Continued)</i>	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>F) The provider list 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><i>Please refer to the Title 9 regulations referenced in Category 1: Posted Brochures and Notices, #1 (A) above.</i></p> <p>The provider list must be available onsite upon intake and upon request in English and in threshold languages (if applicable).</p>
<p>G) The posted notice explaining grievance, appeal, expedited appeal, and fair hearings processes?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 15. CCR, Title 9, § 1850.205 (c)(1)(B) CCR, Title 9, § 1810.410 (e)(4)</i></p>			<p><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>

CATEGORY 1: POSTED BROCHURES AND NOTICES <i>(Continued)</i>	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>H) The grievance forms, appeal forms, expedited appeal forms, and self-addressed envelopes?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 15.</i> <i>CCR, Title 9, § 1850.205 (c)(1)(C)</i> <i>CCR, Title 9, § 1810.410 (e)(4)</i></p>			<p><i>CCR Title 9, Section 1850.205 (c)(1)(C)</i></p> <p><i>Making forms that may be used to file grievances, appeals, and expedited appeals, and self-addressed envelopes available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request to anyone.</i></p> <p><i>CCR, Title 9, Section 1810.410 (e) (4)</i></p> <p><i>General Program literature used by the MHP to assist beneficiaries in accessing services including, but not limited to, the beneficiary brochure required by Section 1810.360(c), materials explaining the beneficiary problem resolution and fair hearing processes required by Section 1850.205 (c) (1), and mental health education materials used by the MHP, in threshold languages, based on the threshold languages in the county as a whole.</i></p> <p>Note: Check for grievance appeal forms in English and the threshold languages (if applicable). Also, check for envelopes addressed to the MHP. These documents should be available to beneficiaries without the need to make a verbal or written request.</p>

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.

CATEGORY 4: POLICIES AND PROCEDURES	Criteria Met		
EVALUATION CRITERIA	YES	NO	COMMENTS
<p>Does the provider have the following policies and procedures and are they being implemented:</p> <p>A) Confidentiality and Protected Health Information.</p>			<ul style="list-style-type: none"> Ensure the MHP's policies and procedures match the actual process. <p>CCR, Title 9, Section 1810.310 (a) (10)</p>
<p>B) Emergency evacuation.</p> <p><i>MHP Contract, Exhibit F</i> <i>CCR, Title 9, § 1810.310 (a) (10)</i> <i>CCR, Title 9, § 1810.435 (b) (4)</i></p>			<p><i>(10) A description of policies and procedures that assure beneficiary confidentiality in compliance with state and federal laws and regulations governing the confidentiality of personal or medical information, including mental health information, relating to beneficiaries.</i></p> <p>CCR, Title 9, Section 1810.435 (b) (4)</p> <p><i>(b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider:</i></p> <p><i>(4) Maintain client records in a manner that meets state and federal standards.</i></p>

CATEGORY 4: POLICIES AND PROCEDURES (Continued)	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"> • Social Security Act, Sections 1128 and 1128A • CFR, Title 42, Sections 438.214 and 438.610 • DMH Letter No. 10-05

CATEGORY 4: POLICIES AND PROCEDURES (Continued)		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. CCR, Title 9, Section 1810.435 (b) (2) <i>(b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider:</i> <i>(2) Maintain a safe facility.</i>
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.

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> <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>

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>

CATEGORY 5: HEAD OF SERVICE & LICENSED STAFF (Continued)	Criteria Met		
EVALUATION CRITERIA	YES	NO	COMMENTS
<p>CCR, Title 9, Section 627 Nurse <i>A nurse shall be licensed to practice as a registered nurse by the Board of Nursing Education and Nurse Registration in this State and possess a master's degree in psychiatric or public health nursing, and two years of nursing experience in a mental health setting. Additional post-baccalaureate nursing experience in a mental health setting may be substituted on a year-for-year basis for the educational requirement.</i></p> <p>CCR, Title 9, Section 628 Licensed Vocational Nurse <i>A licensed vocational nurse shall have a license to practice vocational nursing by the Board of Vocational Nurse and Psychiatric Technician Examiners and possess six years of post-license experience in a mental health setting. Up to four years of college or university education may be substituted for the required vocational nursing experience on a year-for-year basis.</i></p> <p>CCR, Title 9, Section 629 Psychiatric Technician <i>A psychiatric technician shall have a current license to practice as a psychiatric technician by the Board of Vocational Nurse and Psychiatric Technician Examiners and six years of post-license experience in a mental health setting. Up to four years of college or university education may be substituted for the required psychiatric technician experience on a year-for-year basis.</i></p>			<p>CCR, Title 9, Section 630 Mental Health Rehabilitation Specialist <i>A mental health rehabilitation specialist shall be an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two years of post-associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years experience in a mental health setting.</i></p> <p>BUSINESS AND PROFESSIONS CODE SECTION 4999.20 <i>(a)(1) "Professional clinical counseling" means the application of counseling interventions and psychotherapeutic techniques to identify and remediate cognitive, mental, and emotional issues, including personal growth, adjustment to disability, crisis intervention, and psychosocial and environmental problems, and the use, application, and integration of the coursework and training required by Sections 4999.32 and 4999.33. "Professional clinical counseling" includes conducting assessments for the purpose of establishing counseling goals and objectives to empower individuals to deal adequately with life situations, reduce stress, experience growth, change behavior, and make well-informed, rational decisions. (2) "Professional clinical counseling" is focused exclusively on the application of counseling interventions and psychotherapeutic techniques for the purposes of improving mental health, and is not intended to capture other, nonclinical forms of counseling for the purposes of licensure. For purposes of this paragraph, "nonclinical" means non-mental health. (3) "Professional clinical counseling" does not include the assessment or treatment of couples or families unless the professional clinical counselor has completed all of the (required) training and education: (4) "Professional clinical counseling" does not include the provision of clinical social work services.</i></p>

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>(c) 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>

CATEGORY 6: CRISIS STABILIZATION SERVICES (Continued)	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>

CATEGORY 6: CRISIS STABILIZATION SERVICES <i>(Continued)</i>		Criteria Met		
FEDERAL AND STATE CRITERIA		YES	NO	GUIDELINE FOR REVIEWS
E.	Does the provider have medications available on an as needed basis and the staffing available to prescribe and/or administer it?			<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?
F.	Which categories of staff are assessing and determining the beneficiary diagnosis? CCR, Title 9, § 522 CCR, Title 9, 1840.346			<p>CCR, Title 9, Section 1840.346</p> <p><u>Medication Support Services</u> shall be provided within the scope of practice by any of the following:</p> <p>(a) Physician (b) Registered Nurse (c) Licensed Vocational Nurse (d) Psychiatric Technician (e) Pharmacist (f) Physician Assistant.</p> <p><u>NOTE:</u> A Nurse Practitioner may also prescribe and administer medications.</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>CCR, Title 9, Section 522 Medical Responsibility</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>

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 a course in pharmacology covering the drugs or devices to be furnished or ordered under this section.</p>
CATEGORY 6: CRISIS STABILIZATION SERVICES <i>(continued)</i>	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS

			<p>(2) A physician and surgeon may determine the extent of supervision necessary pursuant to this section in the furnishing or ordering of drugs and devices.</p> <p>(3) 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>
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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>

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>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>

CATEGORY 6: CRISIS STABILIZATION SERVICES <i>(Continued)</i>	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
A) Do all beneficiaries receiving Crisis Stabilization services receive a physical and mental health assessment? <i>CCR, Title 9, § 1840.338(c)</i>			Review the MHP's P & P for this area. Review a sample of current client records 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. CCR, Title 9, Section 1840.338 (c) <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>
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>			Review the MHP's P & P for this area. Review a sample of client records to ensure this requirement is met. CCR, Title 9, Section 1840.348 (d) <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>
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>			Review MHP's P & P for staffing patterns and staffing schedule. When the CSU is co-located with other Specialty Mental Health Services, obtain a copy of the staffing for the day of the onsite visit. Verify that staff listed are present. Verify that CSU staff are not responsible for providing non-CSU services. CCR, Title 9, Section 1840.348 (f) <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>

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>

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?			

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?			

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?			

CATEGORY 7: MEDICATION SUPPORT SERVICES	Criteria Met		
EVALUATION CRITERIA	YES	NO	COMMENTS
<p>Does the provider store or maintain medications on site?</p>			<p>If the response is 'NO', indicate that in the 'Criteria Met' column and skip the remaining category.</p>
<p>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>			
<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 medication <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>

CATEGORY 7: MEDICATION SUPPORT SERVICES (Continued)	Criteria Met		
EVALUATION CRITERIA	YES	NO	COMMENTS
<p>A) 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.</p> <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>
<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>

CATEGORY 7: MEDICATION SUPPORT SERVICES (Continued)	Criteria Met		
EVALUATION CRITERIA	YES	NO	COMMENTS
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>			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.
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>			Check the medication storage area and how the area is secured/locked. Identify who has access to the medication room or ask to see a list of staff who have access.
4. MEDICATION DISPENSING LOG A) All medications dispensed or administered must be logged, regardless of their source. The log should indicate: <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 <i>CCR, Title 22, § 73313(f)</i> <i>CCR, Title 22, § 73351</i> <i>CCR, Title 22, § 73353</i>			Review the medication log for the required documentation. <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> <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> <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>

CATEGORY 7: MEDICATION SUPPORT SERVICES (Continued)	Criteria Met		
EVALUATION CRITERIA	YES	NO	COMMENTS
<p>5. AUDITING SUPPLIES OF CONTROLLED SUBSTANCES</p> <p>A) Is a separate log maintained for Scheduled II, III and IV controlled drugs?</p> <p><i>CCR, Title 22, § 73367(b)</i></p>			<p>Verify which staff the facility has designated access to the Schedule II, III and IV controlled drugs.</p>
<p>B) Are records reconciled at least daily and retained at least one year?</p> <p><i>CCR, Title 22, § 73367(b)</i></p>			<p>Review the current controlled substances medication log to determine if appropriate licensed staff is reconciling the log at least daily or every shift.</p>
<p>C) Does the controlled substance record include:</p> <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.</p> <p><i>CCR, Title 22, § 73367(b)</i></p>			<p>Review the controlled substances medication record and verify the required information is documented.</p> <p><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></p>
<p>D) Are controlled drugs kept separate from non-controlled drugs?</p> <p><i>CCR, Title 22, § 73367(a)</i></p>			<p>Verify that controlled drugs are stored separately from non-controlled drugs.</p>

CATEGORY 7: MEDICATION SUPPORT SERVICES (Continued)	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>

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>

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</p> <p><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</p> <p><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>

CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION <i>(Continued)</i>	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, or professional clinical counselor</p> <p>NOTE: LPCCs are <u>not</u> permitted to assess or treat couples or families unless the LPCC has completed ALL the required experience and course work on this subject as specified in CA Business and Professions Code Section 4999.20</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 / waived / registered psychologist, clinical social worker, marriage and family therapist, or professional clinical counselor?</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>

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>1) Process Groups*?</p> <p><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><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><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. Adjunctive therapies <u>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>

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>			

CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION <i>(Continued)</i>	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.

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>

CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION <i>(Continued)</i>	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>			<p>Review the progress notes in the medical records for documentation of the beneficiary's attendance in minutes and hours.</p>
<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>			<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>
<p>b) Is the total time of attendance documented in minutes/hours?</p>			<p>Review a sample of client records for the presence of unavoidable absences.</p> <p>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>
<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>			<p>When the beneficiary is unavoidably absent, verify the hours and minutes of attendance are more than 50% of the scheduled hours of operation.</p>

CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION (Continued)	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p><u>DOCUMENTATION STANDARDS:</u> Are the documentation standards being met? A) Do all entries in the medical record include:</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) Dates of 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>			
B) For <u>Day Treatment Intensive</u> , are there: 1) <u>Daily progress notes</u> on activities? <u>AND</u>			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, marriage family therapist, or professional clinical counselor, or a registered nurse who is either staff to the day treatment intensive program or the person directing the services? <i>MHP Contract, Exhibit A, Attachment 1, Section 8.H, 11.C</i>			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.

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 8.1</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>

CATEGORY 8 : DAY TREATMENT INTENSIVE / DAY REHABILITATION <i>(Continued)</i>	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><i>CCR, Title 9, §1840.350(a)</i> <i>MHP Contract, Exhibit A, Attachment 1, Section 8.F</i></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><i>CCR, Title 9, Chapter 11, Section 1840.350 Day Treatment Intensive Staffing Requirements</i></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 Treatment Intensive services to <u>eight beneficiaries</u> or other clients in attendance during the period the program is open:</i></p> <p><i>(1) Physicians</i> <i>(2) Psychologists or related waived/registered professionals</i> <i>(3) Licensed Clinical Social Workers or related waived/registered professionals</i> <i>(4) Marriage and Family Therapists or related waived/registered professionals</i> <i>(5) Registered Nurses</i> <i>(6) Licensed Vocational Nurses</i> <i>(7) Psychiatric Technicians</i> <i>(8) Occupational Therapists</i> <i>(9) Mental Health Rehabilitation Specialists as defined in Section 630.</i></p> <p><i>(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:</i></p> <p><i>(1) Physicians</i> <i>(2) Psychologists or related waived/registered professionals</i> <i>(3) Licensed Clinical Social Workers or related waived/registered professionals</i> <i>(4) Marriage and Family Therapists or related waived/registered professionals</i> <i>(5) Registered Nurses</i> <i>(6) Licensed Vocational Nurses</i> <i>(7) Psychiatric Technicians</i> <i>(8) Occupational Therapists</i> <i>(9) Mental Health Rehabilitation Specialists as defined in Section 630.</i></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><i>CCR, Title 9, §1840.352(a)</i></p>			

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>CCR, Title 9, §1840.352(a)</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>(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> <u>beneficiaries</u> or other clients in attendance during the period the program is open:</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>CCR, Title 9, §630, §1810.254, §1840.352(c) MHP Contract, Exhibit A, Attachment 1, Section 8.F</p> <p>NOTE: CCR, Title 9, Chapter 3, Section 630. Mental Health Rehabilitation Specialist. 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.</p> <p>NOTE: CCR, Title 9, Chapter 11, Section 1810.254. Waivered/Registered Professional: "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.</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 Rehabilitation programs serving more than <u>12 clients</u> shall include <u>at least two</u> of the following:</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>

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, other 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>

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

IS A PLAN OF CORRECTION (POC) REQUIRED? YES NO
(The POC is a separate form)

DATE POC ISSUED: _____

POC DUE DATE: _____
(POC due 30 days from date issued)

DATE POC RECEIVED: _____

DATE POC APPROVED: _____

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

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

New Certification Activation/approval date: _____

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

Fire Clearance Date: _____

Date of On-Site: _____

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

Resources Page

- ProviderFile email for LEFU/PFU forms - ProviderFile@dhcs.ca.gov
 - MedCCC - <http://www.dhcs.ca.gov/services/MH/Pages/MedCCC.aspx>
Phone: (916) 650-6525
 - ITWS - <https://itws.dhcs.ca.gov>
 - NPI - <https://nppes.cms.hhs.gov>
-

- DHCS Certification email for MC forms - DMHCertification@dhcs.ca.gov
- Certification Unit - <http://www.dhcs.ca.gov/services/MH/Pages/Certifications.aspx>
- Phone: (916) 319-0985