

<b>DRUG MEDI-CAL (DMC) Regulations, Standards and Other Requirements</b>	<p><i>The Department of Health Care Services reserves authority to change requirements and references in this document at any time. Check this site often for updates.</i></p> <p><b><u>INITIAL DMC PARENT APPLICATION PACKAGE GUIDELINES</u></b></p>
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<b>Standards for Drug Treatment Programs</b> <b>1981</b> <a href="http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf">http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf</a>	<b>Drug Medi-Cal Certification Standards July 1, 2004</b> <a href="http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf">http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf</a>	<b>Title 22 Section 51341.1</b> <a href="http://government.westlaw.com/linkedslice/search/default.asp?tempinfo=find&amp;RS=GVT1.0&amp;VR=2.0&amp;SP=CCR-1000">http://government.westlaw.com/linkedslice/search/default.asp?tempinfo=find&amp;RS=GVT1.0&amp;VR=2.0&amp;SP=CCR-1000</a>	<p>Listed below are specific guidelines for completing an initial Parent Application package for Drug Medi-Cal (DMC) certification. All portions of the application must be fully and accurately completed with current information. Supportive documents must be submitted with the application. Retain a copy for your records. The certification requirements for substance abuse clinics are contained in the Drug Medi-Cal Certification Standards for Substance Abuse Clinics; the Standards for Drug Treatment Programs; and Title 22, California Code of Regulations Sections 51341.1, 51490.1, and 51516.1 (as referenced in the columns to the left side of these instructions). Reading each of these documents before completing and submitting an application is extremely important to assist you in successfully preparing your Initial DMC Parent Application Package for submission. Applications deemed incomplete upon initial screening will be returned to the applicant by the Department of Health Care Services, Drug Medi-Cal Certification Unit. An applicant may then prepare a corrected application and resubmit to the Department. Click the following link for an overview and the forms required to apply for DMC certification:  <a href="http://www.dhcs.ca.gov/services/adp/Pages/Drug_MediCal.aspx">http://www.dhcs.ca.gov/services/adp/Pages/Drug_MediCal.aspx</a>. For a general overview of Drug Medi-Cal click this link: <a href="http://www.dhcs.ca.gov/provgovpart/Pages/DMCD-TreatmentProgram-Prov.aspx">http://www.dhcs.ca.gov/provgovpart/Pages/DMCD-TreatmentProgram-Prov.aspx</a></p>
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<b>1. Application Requirements</b>
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Application DHCS 6001 <a href="http://www.dhcs.ca.gov/formsandpubs/forms/Documents/Drug%20Medi-Cal%20Application.pdf">http://www.dhcs.ca.gov/formsandpubs/forms/Documents/Drug%20Medi-Cal%20Application.pdf</a>			<b>Signing the Application (DHCS 6001):</b> If the applicant is a sole proprietorship, the application shall be signed by the sole proprietor; if a partnership, by each partner; or if a firm, association, corporation, or governmental entity, by the chief executive officer or individual legally responsible for representing the entity. <b>1) Attach a copy of the resolution or Board minutes authorizing the individual to sign; 2) Attach a copy of the individual's social security card, if the applicant is a sole proprietor.</b>
Application DHCS 6001			<b>Submit: Fictitious Business Name Statement</b> when operating with a business name other than the name of the legal entity. (applies to for-profit applicants only)
Application DHCS 6001 & DHCS 6207 <a href="http://www.dhcs.ca.gov/services/adp/Documents/03enrollment_DHCS6207.pdf">http://www.dhcs.ca.gov/services/adp/Documents/03enrollment_DHCS6207.pdf</a>			<b>Submit: Medi-Cal Disclosure Statement (DHCS 6207).</b> Attach: a copy of the Social Security card for the person receiving the IRS Form 1099. <b>(Declaration and signature page must be notarized.)</b> In Section IV include all board officers and members, managing employees and any individual that has 5% or greater ownership or control in the provider. Attach a separate, completed Section IV, Part B and C for each individual listed in Part A. Provide a current and legible copy of each individual's driver's license or State-issued ID.
Application DHCS 6001 & DHCS 6207			<b>Submit: 10-digit National Provider Identifier (NPI)</b> must match the legal entity name and the address where services will be provided

Application DHCS 6001			<b>Submit: Local Zoning Approval document.</b> If the site is not required to obtain zoning approval, provide a letter from the local agency responsible for issuing zoning approval stating that approval is not required.
			<b>2. Building Requirements</b>
Application DHCS 6001	III.A.		<b>Submit: Copy of a valid fire clearance</b> from the State Fire Marshal or local fire authority that was issued no more than 12 months prior to the date of the application for certification. Clearance must list complete address where services will be provided including room number(s).
Application DHCS 6001			<b>Submit: A copy of the Memorandum of Understanding (MOU)</b> between the school and the program when the clinic is located on public school grounds that verifies the school has a valid fire clearance. <b>(if applicable)</b>
Application DHCS 6001 & DHCS 6207			<b>Submit: A copy of the rental agreement</b> or verification from space holder if area is to be donated
II.D.7.	III.D		<b>Submit: Written policy/procedures ensuring the program is maintained in a clean, safe,</b> sanitary and alcohol and drug-free environment. Maintenance shall include provisions and surveillance of maintenance services and procedures for the safety and well-being of patients, personnel, and visitors. (Health and Safety Code Sections 208(a) and 1275)
			<b>3. Organizational Requirements</b>
Application DHCS 6001			<b>Submit: A copy of the Partnerships Agreement.</b> (if applicable)
Application DHCS 6001			<b>Submit: A copy of the Articles of Incorporation</b> signed by the Secretary of State <b>(for corporations).</b> <b>Submit: A copy of the Articles of Organization (for Limited Liability Companies).</b>
I..A.			<b>Submit:</b> An organization chart which reflects the program's placement within a government agency <b>(for public organizations).</b>
			<b>4. Administrative Requirements</b>
I.D.1.			<b>Submit: A copy of your annual budget,</b> which includes expected income and expenditures.
I.D. 2-6.			<b>Submit: Written policy/procedures for fiscal management</b> which includes; fee schedule, reporting mechanism indicating the relation of the budget to actual income and expenses; written policies and procedures that govern fiscal management, e.g. purchasing authority, accounts receivable, cash, billings and cost allocation.; personnel responsible for signing checks and performing accounting activities bonded; provision of an audit of the financial operations at least every two years.

II.D.1 & 2			<b>Submit: Written Quality Assurance policy/procedures</b> which include a staff person responsible for the client's continuity of care that ensures a timely review of the treatment plan, a treatment plan is developed at earliest time, not to exceed 30 days; the services required are provided and documented in the client record; failure of the client to keep scheduled appointments is discussed with the client and other action taken as appropriate; progress in achieving treatment plan goals and objectives is documented on a continuous basis; the treatment plan is periodically reviewed and updated; the client's record contains the required documents; program evaluation; and follow-up procedures. Include who does QA, how frequently, and what happens when deficiencies are identified.
II.D.7.			<b>Submit: Written policy/procedure indicating the program shall comply</b> with all applicable local, state, and federal laws and regulations.
II.D.5.			<b>Submit: Written copy of your plan for training needs.</b> Include a copy of the current year training schedule.
II.B.2.			<b>Submit: A copy of the hours of operation,</b> each program has sufficient scheduled hours of service to meet the needs of the clients. When not open, the program provides information for availability of short-term emergency counseling or referral, and emergency telephone service.
II.C.2.g.			<b>Submit: Written policy/procedures indicating how all records are stored</b> in a confidential manner for not less than four (4) years from closures.
II.C.1.b			<b>Submit: Written policy/procedures indicating all client records are maintained</b> and information released only in accordance with 42 CFR, Part 2. Confidentiality
			<b>5. Intake Procedures</b>
II.A.1.		(h)(1) (A)(i)	<b>Submit: Written protocols for the criteria used to determine participant's eligibility</b> and suitability for services which is available to applicant and general public.
II.A.1a-c.			<b>Submit: Written protocols for Admission and Readmission Criteria</b> which includes identification of drugs of abuse; documentation of social psychological, physical and/or behavioral problems related to drug abuse; and a statement of nondiscrimination.
II.A.2.			<b>Submit: Written protocols for the initial interview</b> to determine if applicant meets admission criteria. If the client does not meet the criteria, he/she will be referred elsewhere.
II.A.2.e.			<b>Submit: A written copy of the policy/procedures that upon completion of intake</b> and the signing of the consent form, the client will be admitted for treatment.
			<b>6. Admission and Treatment Policies/Procedures</b>
II.A.2.d			<b>Submit: A sample copy of document used to gather information</b> that includes, social, economic, and family background; education; vocational achievements; criminal history; legal status; medical history; drug history; previous treatment.
II.C.2			<b>Submit: A sample copy of the document used to gather demographic and identifying data</b> which includes: client identifier, i.e. name, number; date of birth; consent to treatment; sex; race/ethnic background; address; telephone number; next of kin or emergency contact; referral source and reason for referral; date of admission; and type of admission.

II.E.2.			<b>Submit: Written policy/procedures for compliance with confidentiality</b> per 42 CFR, Part 2 and Article 7.
II.A.3.			<b>Submit: Written policy/procedures to ensure a complete medical and drug history is taken.</b> Program takes reasonable steps to protect clients from the spread of infectious diseases.
II.A.3. a.& b.		(h)(1) (iii)(a) & (b)	<b>Submit: Written policy/procedures for assessment of the physical condition</b> of the client within 30 days of admission and documented by either: a physical exam by a physician, registered nurse practitioner, or physician's assistant, OR after review of the medical and substance abuse history, and/or most recent physical exam. If the assessment is made without a physical exam, the physician completes a <b>waiver</b> which specifies the basis for not requiring a physical.
		(h)(1) (D)	<b>Submit: Written policy/procedures to establish medical necessity</b> by the physician, which include admission of each client to the program, review and signature of the treatment plans, and determination to continue services, and identification of the Diagnostic and Statistical Manual of Mental Disorders diagnostic code.
		(h)(5) (A)	<b>Submit: Written policy/procedures to ensure continuing services</b> are based by the physician's determination of medical necessity, no sooner than five (5) months and no later than six (6) months from the clients' admission or the date of completion of the most recent justification for continuing services.
II.E.3			<b>Submit: A copy of the Admission Agreement</b> which advise clients of his/her obligations as well as those of the program.
		(h)(7)	<b>Submit: Written policy/procedures that Drug Medi-Cal is payment in full</b> for treatment services, except where share of cost is applicable.
		(g)(2)	<b>Submit: A copy of the Group Sign-in Sheet</b> with date and duration of session.
II.E.1.			<b>Submit: A copy of the Client's Rights document</b> which includes statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability to pay; grievance procedures; appeal process for discharge; program rules and regulations; client fees; and access to treatment files. (Medi-Cal payment in full, except share of cost)
II.F.			<b>Submit: Written policy/procedures for discharge</b> which includes written criteria defining successful completion, unsuccessful discharge, involuntary discharge and transfers and referrals. The discharge summary includes: description of treatment episode, current drug use, vocational/educational achievements, criminal activity, reason for discharge, clients' discharge plan, and referrals.
II.E.4			<b>Submit: A copy of the Consent to Follow-up document-</b> the follow-up after discharge can not occur without a written consent from the client.
II.C.2.c.		(h)(2)(i) (a)	<b>Submit: Written policy/procedures for Treatment Plans</b> which contains at a minimum: statement of problems to be addressed in treatment; statement of goals to be reached which address the problem; action steps which will be taken by program and/or client to accomplish goals; target dates for completion of action steps, goals, and when possible resolution dates; description of the services, including the type of counseling and frequency and assignment of primary counselor.

II.C.2.c.	(h)(2) (A)(III) (a)	<b>Submit: Written policy/procedures that the Treatment plan shall be developed within 30</b> days from the client's admission. There shall be periodic review and update of the treatment plan at least every 90 days.
	(h)(2) (A)(III) (b)	<b>Submit: Written Treatment Plan policy/procedures which includes the physician review,</b> approval, and signature within 15 days of the counselor signature. If the physician has not prescribed medication, a psychologist may sign an updated treatment plan.
	(p)	<b>Submit: Written policy/procedures for sending a Fair Hearing notice</b> advising beneficiaries 10 days prior to effective date of termination or reduction in services which includes: statement of action; reason for the action; citation of the regulations supporting the action; information on how to request a fair hearing; and that the provider will continue services pending a fair hearing.
<b>7. Services</b>		
II.B.3.b.		<b>Submit: Written policy/procedures for assessment of client's need for the following minimum services,</b> and identify which are provided and which are referred out: education opportunity, vocational counseling and training, job referral and placement, legal services, medical and dental services; social/recreational services, and individual and group counseling .
II.B.4.		<b>Submit: Written Policy/procedures that identify the conditions under which referrals are made,</b> the policy/procedure for making and following-up on the referrals, and where the client is referred.
II.B.5.a.		<b>Submit: Written policy/procedures for Medical Services,</b> each program shall have provisions for emergency medical services; consulting and medical detoxification.
II.B.3.a.	(h)(4) (A)	<b>Submit: Written policy/procedure that ensures outpatient clients are seen weekly</b> or more often, depending on treatment plan. At a minimum, clients received two (2) counseling sessions per 30 day period or subject to discharge.
	(d)(2)	<b>Submit: Written protocols for Outpatient Drug Free (ODF) services,</b> which include admission physical exam, intake, medical direction, medication services, body specimen screens, treatment, discharge planning, crisis intervention, collateral services, group an individual counseling.
	(b)(6) and (d)(3)	<b>Submit: Written protocols for Day Care Habilitative (DCH) services,</b> DCH is provided to pregnant and postpartum women and/or EPSDT eligible beneficiaries. The service consist of regularly assigned, structured and supervised treatment. Day care Habilitative services are provided at least three(3) hours per day, three(3) days per week. Description of Day care Habilitative (DCH) services including intake, admission physical examinations, medical direction, treatment planning, individual and group counseling, body specimen screens, medication services, collateral services, and crisis intervention, provided by staff that are lawfully authorized to provide, prescribe, and/or order these services within the scope of their practice or licensure.
	(h)(3)B)	<b>Submit: Written protocols for DCH and perinatal residential treatment services</b> that the counselor shall record a progress note, at a minimum once a week; the progress notes are individual narrative summaries which include: time period covered (no more than 7 days), description of the client's progress on the treatment plan, and a record of the clients attendance at each counseling session, including the date and duration of the session.

		(c)(4)	<b>Submit: Written protocol for description of perinatal rehabilitative services which</b> include development of parenting skills, training in child development, which may include the provision of day care; service access, provision of or arrangement for transportation to and from medically necessary treatment; education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and coordination of ancillary services.
	II.K.1 & II.K.1.c.		<b>Submit: Written protocols for perinatal habilitative services</b> provided through the program's on-site cooperative child care has the following elements: interactive parenting skills building and child development training. Staff provide mothers with positive role modeling, education, instruction and structured activities. (At no time shall staff provide child care). The number of children is limited to 12 or less at any one time.
		(c)(3)	<b>Submit: Written protocols for description of perinatal services</b> that address treatment and recovery issues specific to pregnant and postpartum women such as relationships, sexual and physical abuse, and development of parenting skills. If children will be at the program, a description of the sanitation procedures for the child care area .
II.C.2.d.			<b>Submit: Written protocols for drug screening</b> identifying when , why, and how is it performed. Drug Screening is deemed appropriate and necessary by the program director, or supervising physician. Procedures which protect against falsification and contamination of any urine sample.
<b>8. Personnel Policies and Procedures</b>			
I.C.	III.G.2.		<b>Submit: Written policy/procedures for Administration and Personnel</b> which include recruitment, hiring process's evaluation, promotion, disciplinary action and termination; equal employment opportunity, nondiscrimination, affirmative action; employee benefits (vacation, sick leave), training, and development, grievance procedures; salary schedule, merit adjustment, severance pay, employee rules of conduct; employee safety and injuries; and physical health status .
	II.I & IV.A.		<b>Submit: Written policy/procedures ensuring</b> each substance abuse clinic has a licensed physician designated as the medical director. All medical services are under the direction of a physician who is available on a regularly scheduled basis and otherwise on call. <b>(attach a copy of the medical director's schedule)</b>
Application DHCS 6001 Section X			<b>Submit: Current and legible copy of the medical director's license .</b>
	IV.A..		<b>Submit: Copy of the document listing medical director's hours and days of availability and responsibilities</b> in his/her contract; include: Establishing, reviewing and maintaining medical policies and standards; Assuring the quality of medical services given to all patients; assuring that at least one physician practicing at the clinic shall have admitting privileges to a general acute care hospital or a plan for ensuring needed hospital service, specify admitting privileges to which hospital(s), or identify the plan. <b>(attach a copy of Contract/MOU)</b>
<b>9. Staff File Contents</b>			
I.C.2.	III.G.2.		<b>Submit: Sample copies,</b> of application for employment and/or resume; employment confirmation statement; salary schedule and adjustment information; evaluation of employee; health record.

I.C.4.	III.G.4.		<b>Submit: Sample copies, of job descriptions</b> which include: position title and classification; duties and responsibilities; lines of supervision; education, training, work experience and other qualifications for the position. The Job Descriptions must include the counselor certification requirements - certified or registration within 6 months of employment.
	III.,H.		<b>Submit: Written policy/procedures, for health records</b> all staff shall have a health screening within six (6) months prior to employment or within 15 days after employment. All persons who have symptoms of infectious disease are removed from contact with clients.
		Title 9, California Code of Regulations, Chapter 8, Sections 13060 Counselor Certification <a href="http://government.westlaw.com/linkedslice/s_earch/default.asp?tempinfo=find&amp;RS=GVT1.0&amp;VR=2.0&amp;SP=CCR-1000">http://government.westlaw.com/linkedslice/s_earch/default.asp?tempinfo=find&amp;RS=GVT1.0&amp;VR=2.0&amp;SP=CCR-1000</a>	<b>Submit: Written Code of Conduct for Counselors</b> Code of Conduct to include all elements of Title 9, California Code of Regulations (CCR), Chapter 8, Subchapter 3, Section 13060.
I.C.5.			<b>Submit: A written Code of Conduct for employees and volunteers</b> which includes at least the following: use of drugs and/or alcohol; relationship between staff-client; prohibition of sexual contact with clients; and conflict of interest. This must also be posted on a wall with easy visibility for all participants.

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