

MEDI-CAL CERTIFICATION/RE-CERTIFICATION CHECKLIST FOR

CONTRACT PROVIDERS

TABLE OF CONTENTS FOR MHP MEDI-CAL CERTIFICATION/RE-CERTIFICATION DOCUMENTS

Page 1 TABLE OF CONTENTS FOR MEDI-CAL CERTIFICATION/RE-CERTIFICATION

Page 2 GUIDE FOR PERTINENT INFORMATION

*To be completed by Provider prior to the site visit and placed in the appropriate category (Category 1, see page 3).*

*Complete a separate GUIDE FOR PERTINENT INFORMATION form for the following:*

*Day Treatment Intensive, Day Rehabilitation Program, Satellite Site*

Page 3 DOCUMENTS FOR MEDI-CAL CERTIFICATION/RE-CERTIFICATION

*To assist with the certification process, it is recommended that the required documentation be organized in a manner that follows the structure and sequencing of the checklist on page 3 (i.e. be clearly labeled, highlighted, tabbed and/or color-coded).*

Page 4 & 5 LACDMH POLICIES AND PROCEDURES RELATED TO MEDI-CAL

 CERTIFICATION/RE-CERTIFICATION

*To assist with the certification process, it is recommended that LACDMH Policies and Procedures be placed in a separate binder. Please ensure that the latest version of*

 *LACDMH policies are included.*

Page 6 PHYSICAL PLANT INSPECTION

*The Certification Liaison will conduct a walkthrough of the site where Mental Health Services are rendered. Please utilize the checklist on page 6 for all required items and postings.*

Page 7 ADDITIONAL INFORMATION/ RESOURCES

Page 8 STAFF ROSTER FORM \*

*This form is optional. Providers may use their own Staff Roster Form that incorporates the same elements. Please ensure to read each section of Category 5 (page 3) carefully for the required credentials for each staff category (copies to be provided to Certification Liaison).*

 \* *Please ensure to include any staff member who provides direct services that are billed to Medi-Cal*

GUIDE FOR PERTINENT INFORMATION

|  |  |
| --- | --- |
| Provider#:  |  |
| Provider Name: |  |
| Address: |  |
|  |
| Direct Phone #: |  |
| Fax #: |  |
| Email: |  |

 Head of Service Name:

 Contact Number:

 Fire Clearance Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Catchment Areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Days & Hours of Operations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 After Hours Procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Source of Referrals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Please provide the following information:** |
| Estimate Number of Open Cases: |
| Estimate Age Range of Clients: |
| Estimate % of Medi-Cal Clients: |
| Estimate Client’s Length of Specialty MHS : |
| Monthly Estimate of Clients served face-to-face: |
| Indicate Languages Spoken by Bilingual Staff: |
|

|  |
| --- |
| **Ethnicity of Population Served** |
| CAUCASIAN % |
| HISPANIC % |
| AFRICAN AMERICAN % |
| ASIAN/PACIFIC ISLANDER % |
| NATIVE AMERICAN % |
| OTHER % |

|  |  |  |  |
| --- | --- | --- | --- |
| **STAFF PATTERNS DISCIPLINE** | **TOTAL # FOR EACH DISCIPLINE** | **TOTAL FTEs FOR EACH DISCIPLINE** | **% of Field Time FOR EACH DISCIPLINE** |
| Psychiatrist  |  |  | % |
| Licensed Psychologist  |  |  | % |
| Waivered Psychologist |  |  | % |
| Physician |  |  | % |
| RN |  |  | % |
| NP |  |  | % |
| LPT |  |  | % |
| LVN |  |  | % |
| LCSW |  |  | % |
| ASW |  |  | % |
| LMFT |  |  | % |
| AMFT |  |  | % |
| Certified Professionals**\*** |  |  | % |
| MH Rehabilitation Specialist |  |  | % |
| Others |  |  | % |
| **List the name(s), address(es), phone number(s) and hours of operation of School-Linked and School-Based Programs (use additional sheet if necessary): *Provide a copy of the MOU(s)***  |

 **\*** Occupational Therapist; Recreation Therapist; Music Therapist; Art Therapist; Dance Therapist; Movement Therapist.

**DOCUMENTS FOR MEDI-CAL CERTIFICATION/RE-CERTIFICATION**

|  |
| --- |
| **Category 1: GENERAL PROVIDER INFORMATION, BROCHURES & NOTICES** ***Please have an extra copy for DMH staff to take.*  1A)** Guide For Pertinent Information **1B)** Brochure of Services **1C)** Provider’s Mission Statement |
| **Category 2: FIRE CLEARANCE *Please have an extra copy for DMH staff to take.***Current Fire Clearance conducted by the Fire Inspector (dated **within a year** of our scheduled onsite visit) |
| **Category 3: PHYSICAL PLANT**: ***Please have an extra copy for DMH staff to take.*** Emergency Evacuation Policy (including site map and evacuation map). Wheelchair Accessibility Policy (If the site is **not** Wheelchair Accessible, please include policy indicating what accommodations are made for consumers/significant others). |
| **Category 4:**  **POLICIES AND PROCEDURES *Please provide an extra copy of each category for DMH staff to take.**** 4 A) Provider’s Policy on Protected Health Information and Chart Room Files & Key Control Policy Provider’s policy on PHI. Provide a policy and procedure delineating how and who has access to client charts. For field services, include procedure for transportation of PHI and a blank copy of a chart log sheet. For electronic health records, provide a description of how it operates and safeguards all PHI information.
* **4 B)** **Personnel Policies & Procedures**:Provider’s policy to support the agency’s compliance to DMH Policy 106.04 – specific to screening employees on a monthly basis and vendors on an annual basis (please see DMH Policy 106.04, Attachment III), ***and*** provide evidence/demonstrate that there is a system in place. Provider’s Employee Manual for Certification staff to review onsite (*Table of Contents for DMH staff to take*).
* **4 C)** **General Operating Procedures** (Program description, admission, discharge & referral procedures). Description should include how, when, what and by whom are services provided from the time of admission to discharge. For field services, include a detailed summary of how Patients’ Rights materials are offered/given to clients.
* **4 D)** **Janitorial/Building Maintenance**:Written procedure with contact information (person to be notified, phone number, e-mail, etc.) should any type of building maintenance be needed, i.e., plumbing, electrical, etc. Please include a blank work order if applicable.
* **4 E)** **Written *Site-Specific* Service Delivery Policies**: Provide a detailed description of how services (*those that are applicable to the Provider-* ***clinic, field based, and/or tele-mental health services***) are delivered. *This is the core of the certification/re-certification*. *Please be as detailed as possible* (Targeted Case Management; Mental Health Services: Therapy-Individual-Group, Rehabilitation, Collateral, Psychological Testing; Crisis Intervention; Medication Support Services; Therapeutic Behavioral Services). Please also indicate who provides each service to ensure staff are within their scope of practice. Please refer to DMH Policy 100.01 as a guide, but not to be used as Site-Specific Service Delivery Policy.
* **4 F)** Written statement delineating the process of **Reporting Unusual Occurrences** within 24-48hrs. to DMH relating to health & safety issues. Please refer to DMH Policy 303.05 & 303.06 as a guide, but not to be used as Reporting Unusual Occurrences Policy.
* **4 G)** **Physician Availability**:Written procedures for referring individuals to a **psychiatrist** when necessary, or to a **physician** if a psychiatrist is not available during and after business hours; include name and coverage hours of MD on and off site. Referral procedure for **emergency medical/physical** conditions *(include a medical referral list closest to provider’s service area*).
 |
| **Category 5: *Please provide an extra copy of each category for DMH staff to take (please read carefully).**** **5 A) Head of Service (HOS) License**
* **5 B) *Most Recent* Staff Roster** *(for each program if applicable).*
* **5 C) MD**: DCA License Verification, DEA registration, **AND** one of the following to demonstrate eligibility:
	+ Board Certification in Psychiatry ***or***
	+ ACGME (Accredited Council for Graduate Medical Education) Residency Program in Psychiatry ***or***
	+ ABPN (American Board of Psychiatry and Neurology) Residency Program in Psychiatry
* **5 D) NP:** DCA License Verification, DEA registration, **AND** one of the following to demonstrate eligibility:
	+ Certification for Psychiatric Mental Health practice from ANCC (American Nurses Credentialing Center) ***or***
	+ Certification of Psychiatric Mental Health program from an accredited university
* **5 E) Licensed and Registered Staff**: DCA License Verification, Waivers
* **5 F) Unlicensed staff (i.e. Case Worker, MHRS, etc.)**: updated resume, job description, and degree
 |
| **Category 7: MEDICATION SUPPORT SERVICES *Please provide DMH staff with an extra copy.**** **Full Scope MSS Policy:** Provide a detailed description of howmedications are stored, dispensed, and/or administered). Include information for handling samples, expired, or discarded medications & medication room key control. Include copy of med logs. Please refer to DMH Policy 306.03 as a guide, but not to be used as a MSS Policy.
* **Prescription Only MSS Policy:** Provide a detailed description of how MSS are prescription only, and that psychotropic medications are not stored, dispensed, and/or administered.
 |

**LIST OF LACDMH POLICIES**

Provide the below LACDMH Policies in a separate binder

**1.(100) Departmental Administration/Operations**

* 100.01 Service Delivery Definition (10/15/02)

**2.(106) Compliance and Ethics**

* 106.01 Compliance Program Communication (12/03/12)
* 106.04 Contractor’s Eligibility to Participate in and Secure Federally Funded Health Care Program Contract (5/02/19)
* 106.05 Fraud, Waste and Abuse Prevention (1/01/07)
* 106.06 The False Claims Act and Related Laws (11/10/11)
* 106.08 Graded Sanctions (12/31/12)
* 106.14 National Provider Identifier (NPI) Requirements (9/01/08)
* 106.15 Updating and Maintaining National Provider Identifier (NPI) Application Data (6/01/08)
* 106.17 Policy Development, Review, Approval, and Distribution (4/17/19)

**3.(200) Client Services/Patients’ Rights**

* 200.01 Advanced Health Care Directive (6/01/04)
* 200.02 Hearing Impaired Mental Health Access (7/10/19)
* 200.03 Language Translation and Interpretation Services (2/01/16)
* 200.04 Beneficiary Problem Resolution Process (8/01/16)
* 200.05 Request for Change of Provider (6/18/18)
* 200.08 Procedures for Screening, Treating and Referring Veterans to Ensure Appropriate Services (6/29/19)
* 201.01 Beneficiary Rights and Responsibilities (8/15/16)

**4.(300) Clinic Operations**

* 300.01 Client Identification and Address Verification (10/11/11)
* 300.02 Reporting Electroconvulsive Therapy to State Authorities (7/16/19)
* 300.06 Non-Open Protected Health Information (PHI) File (10/08/10)
* 301.01 Personal and Bodily Searches of Individuals Admitted to LPS Designated Facilities (7/23/19)
* 301.03 Management of Aggressive Client Behavior in Settings without LPS Designation (8/02/12)
* 302.03 Coordination of Care (10/15/18)
* 302.04 Triage (10/15/10)
* 302.05 Reporting Alleged Sexual Behavior with Clients (3/01/15)
* 302.07 Access to Care (7/15/19)
* 302.12 Provision of Services Without a Scheduled Appointment (2/27/17)
* 302.14 Responding to Initial Requests for Service (7/15/19)
* 303.01 Duty to Warn and Protect Third Parties in Response to a Threat (2/09/15)
* 303.03 Reporting Suspected Elder/Dependent Abuse and Neglect (10/01/03)
* 303.05 Reporting Clinical Events Involving Clients (4/16/19)
* 303.06 Reporting Unusual Occurrences to the State Department of Mental Health (5/01/01)
* 305.01 Assessment and Treatment of Co-occurring Substance Abuse (10/01/05)
* 305.02 Onsite Testing of Clients’ Bodily Substances for Evidence of Substance Use (2/28/17)
* 306.01 Prescription Medications and Laboratory Services in FCCS Programs (11/08/07)
* 306.02 Standards for Prescribing and Furnishing of Psychoactive Medications (2/28/11)
* 306.03 Storing, Administering, Disposing and Accountability of Medications (10/03/16)
* 306.05 Prescribed Drugs for Clients of Contractors (3/01/03)

 **List of LACDMH Policies (Continued)**

* 307.01 Persons Authorized to Initiate Involuntary LPS Detention (4/10/19)
* 307.02 LPS Detention-Contracted and Directly Operated LACDMH Programs (9/12/16)
* 307.03 LAC Conditional LPS Authorization (7/11/16)
* 307.04 Telemental Health Service Provided by LPS Authorized Clinicians (8/29/16)
* 308.01 Telemental Health Services (2/11/19)
* 309.01 Provision of Off-Site Mental Health Services (12/10/12)
* 310.01 HIV and AIDS Clinical Documentation and Confidentiality (8/01/00)
* 312.01 Mutual and Unilateral Termination of Mental Health Services (1/24/14)
* 312.02 Opening and Closing of Service Episodes (5/28/19)

**5.(400) Quality of Care/Quality Assurance/Clinical Documentation**

* 401.01 Clinical Records Maintenance (12/12/18)
* 401.02 Clinical Records Contents and Documentation Entry (1/31/19)
* 401.03 Clinical Documentation for All Payer Sources (11/27/17)

**6. (500) Safeguarding for Protected Health Information**

* 508.02 Confidentiality (09/17/15)
* 550.04 Access to Integrated Behavioral Health Information System (6/05/19)

**7. (600) Human Resources**

* 600.08 Professional Licenses (12/01/03)

**8. (1100) Program Support**

* 1100.01 Quality Improvement Program (3/16/15)

**PHYSICAL PLANT INSPECTION CHECKLIST**

All items must be *available* for Medi-Cal beneficiaries to view, review and procure in a designated location: *view* (Head of Service information, Patients’ Rights poster, etc.), *review* (Consumer Resource Directory, Medi-Cal MHS booklet, etc.), and *take* (pamphlets, Grievance forms, Change of Provider forms, Guide to Medi-Cal services booklets, etc.) without having to ask a provider staff member.

* Posted Head of Service sign with name, phone number and agency hours of operation
* The LACDMH LOCAL MENTAL HEALTH PLAN poster (new version with 12 languages)
* ADA [Americans with Disabilities Act] notice (Federal mandate compliance)
* Emergency Disaster Evacuation diagram indicating location of First Aid Kit(s) & fire extinguishers
* Suggestion box with paper and pencil available for consumers
* ★ DMH Provider Directory (must be available upon request)
* ★ Consumer Resource Directory (2016)
* ★ GUIDE TO Medi-Cal Mental Health Services booklets
* ★ GRIEVANCE & APPEAL PROCEDURES A CONSUMER’S GUIDE Pamphlet
* ★ BENEFICIARY/CLIENT GRIEVANCE OR APPEAL AND AUTHORIZATION FORM
* ★ Self-addressed envelopes to LACDMH Patients’ Rights Office
* ★ Copies of REQUEST FOR CHANGE OF PROVIDER (DMH Policy #200.05 – Attachment I)
	+ **Provide LACDMH Patients’ Rights informing materials in the agency’s threshold languages only.**
	+ **Field based providers must have a workable procedure to offer these items/information to
	Medi-Cal beneficiaries.**

 **General Safety & Security Procedures**

* Safety, security and confidentiality of Medical Records (electronic/hard copies)
* Method for disposal and transportation of confidential files (paper shredder/bin/locked box)
* Agency (facility) is clean, sanitary and in good repair (e.g., no frayed electrical cords, no dangling/missing ceiling tiles, no holes in carpet/walls, no uneven flooring, no leaks in bathroom plumbing/hot & cold water, etc.); in children areas, all electrical outlets are covered
* Agency’s parking lot, building entrance & bathroom is wheelchair accessible
* All offices/rooms are free from clutter
* Fire Extinguisher(s) tags are present and up to date.
* First Aid Kits (if available, ***not required***)
* **Consumers**’ storage area/refrigerator for food items must have a thermostat with temperature log **(if applicable)**

 **Medication Room (if applicable)**

* Medication key accessible only to authorized licensed medical personnel
* A copy of Provider’s Site-Specific and LACDMH medication policies & procedures must be kept in the medication room
* Internal/external use-only medications are stored separately
* All medications are clearly labeled and stored in a locked area accessible to ***authorized licensed medical personnel only***
* Opened IM multi-dose vials (must be clearly dated and initialed)
* Refrigerator temperature is between 36º- 46ºF with daily temperature documented on log
* Ambient temperature in Medication Room is between 59º-86ºF with weekly temperature documented on log
* Follow pharmaceutical samples procedures as per LACDMH Policy #306.03
* Logs documenting administered/dispensed/ medications to clients
* Logs documenting disposed/expired/unused medications and method of disposal

**MEDI-CAL CERTIFICATION/RE-CERTIFICATION RESOURCES**

|  |
| --- |
| Designate one specific location in clients’ waiting area to display informing materials listed below in English, including agency’s threshold languages for targeted population served:***Field based providers must have a workable procedure to offer the below items/information to clients.**** Posted Head of Service sign with name, phone number and agency hours of operation
* The LACDMH LOCAL MENTAL HEALTH PLAN poster (new version with 12 languages)
* ADA [Americans with Disabilities Act] notice (Federal mandate compliance)
* DMH Provider Directory (<https://dmh.lacounty.gov/pd/>)
* Consumer Resource Directory (2016)
* GUIDE TO Medi-Cal Mental Health Services booklets
* GRIEVANCE & APPEAL PROCEDURES A CONSUMER’S GUIDE Pamphlet
* BENEFICIARY/CLIENT GRIEVANCE OR APPEAL AND AUTHORIZATION FORM
* Self-addressed envelopes to LAC-DMH Patients’ Rights Office
* Copies of REQUEST FOR CHANGE OF PROVIDER (DMH Policy #200.05 – Attachment I)

**For the above materials go to:** <https://dmh.lacounty.gov/our-services/patients-rights/>**For further questions regarding Patients’ Rights materials, contact:** * Patients’ Rights Office – Beneficiary Program (213) 738-2524 or (213) 738-4949

***Please note*:**All items must be availablein a designated location for the Medi-Cal beneficiaries to *review* (Resource Directory, Directory of Providers, etc.), and *take* (pamphlets, Grievance forms, Change of Provider forms, Guide to Medi-Cal services booklets, etc.) without having to ask a provider staff member.**To access LACDMH Policies and Procedures online, go to:** * <http://lacdmh.lacounty.gov/ContractorsPolicies/index.htm>
 |
| **For any questions please contact the Certification Liaison or Supervisor assigned to your service area:** **SPA 1 & 6:** Iling Wang, MHC- RN (213**)** 251-6805 **Email:** Ilwang@dmh.lacounty.gov**SPA 2:** David Lee, MHC- RN (213) 251-6813 **Email:** dvlee@dmh.lacounty.gov**SPA 3:** Renee Lee, MHC II (213) 480-3469 **Email:** rmlee@dmh.lacounty.gov**SPA 4:** Stacy Ray, MHC- RN (213) 251-6820  **Email:** sray@dmh.lacounty.gov **SPA 5:** Renee Lee, MHC II (213) 251-6813 **Email:** rmlee@dmh.lacounty.gov**SPA 7 & 8:** Joel Solis, MHC- RN (213) 251-6883 **Email:** jsolis@dmh.lacounty.gov**Supervisors:****SPA 1,6,7 & 8:** Thang Nguyen, Sr. MHC-RN (213) 251-6846 **Email:** tdnguyen@dmh.lacounty.gov**SPA 2,3,4 & 5:** Elizabeth Pak, LCSW (213) 251-6813 **Email:** epak@dmh.lacounty.gov**Certification Program Head:**Norma Cano, Psy.D. (213) 251-6886 **Email:** ncano@dmh.lacounty.gov**PFAR Mailbox:** PSBMCCertification@dmh.lacounty.gov**Certification Questions:** QA@dmh.lacounty.gov  |

 **Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Staff Roster**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME** | **JOB TITLE** | **DISCIPLINE** | LICENSE/DEA # & EXP DATE | **DEGREE** | DAYS & HOURS WORK SCHEDULE | **NAME OF SUPERVISOR & DISCIPLINE** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |