MEDI-CAL CERTIFICATION/RE-CERTIFICATION DOCUMENTS SUBMISSION GUIDELINE FOR

CONTRACT PROVIDERS

The Medi-Cal Certification & Credentialing Team are maintaining electronic Certification Provider Files for all MHPs and require a standardized way of submitting and saving these files to our system. Please review this document for details on the Medi-Cal Certification process and submission guidelines.

Certification Liaisons will be conducting desk reviews of policy and procedures (P&Ps) remotely, requesting for a current and valid fire clearance (see Bulletin 19-02 Fire Clearance Requirement for additional information), and coordinating an onsite physical plant inspection.

A Certification Liaison will reach out to a Provider to request P&Ps electronically, three to six months prior to the due date (*please refer to the Medi-Cal Certification Checklist on pg 3 for required documents, which is also on pg 2 of this document*).

Please utilize the standardized naming convention for your Certification documents:

- Provider Number - Provider Name - Category # (which coincides with the Categories on pg 3 of the checklist) – Current Year
    - *Please do not include the name of the policy, just the Category #.* It has been difficult to save files with too long of a file name.
- For example:
    - **1234 Provider Name CAT 1A (2023)**

In order to help make this process efficient, please **create separate files for each Category/Sub-Category**, as reviewing one large PDF with all files can be challenging. We would greatly appreciate it!

To help you prepare and organize the requested documents to be emailed to Certification Liaisons, you can utilize the Medi-Cal Certification/Re-Certification Document Submission Checklist on pg 3 of this document (*highly recommended but not required*).

Some recommended methods to submit the requested documents by email to your Certification Liaison:

- As attached files *(most recommended method)*
    - Please ensure to attach as many files as possible in one email to help minimize the number of emails being sent/received
- Zip Folder*

* Please note that we have encountered some challenges in opening/saving files when they are sent as a Zip Folder and we may have to ask for files to be resent as attached files.

DOCUMENTS FOR MEDI-CAL CERTIFICATION/RE-CERTIFICATION

In order to help make this process efficient, please create separate files for each Category/Sub-Category.

Category 1: GENERAL PROVIDER INFORMATION, BROCHURES & NOTICES

1A) Guide for Pertinent Information **1B)** Brochure of Services **1C)** Provider's Mission Statement

Category 2: FIRE CLEARANCE: Current Fire Clearance conducted by the Fire Inspector (dated **within a year** of our scheduled onsite visit).

Category 3: PHYSICAL PLANT: 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

- **4 A) Provider's Policy on Protected Health Information and Chart Room Files & Key Control Policy** Provide a policy and procedure delineating PHI, how and who has access to client charts. For field services, include procedure for transportation of PHI and timeframe of returning to the office. For electronic health records, provide a description of how it operates and safeguards all PHI.
- **4 B) Personnel Policies & Procedures**: Provider's policy to support the agency's compliance to DMH Policy 106.04, specific to screening individuals and entities (please see DMH Policy 106.04, VI – Attachments: Federal, State, and County Sanction Lists), ***and*** provide evidence/demonstrate that there is a system in place. Please also include the Table of Contents of the Employee Manual.
- **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 telemental health services***) are delivered. *This is the core of certification/re-certification*. *Please be as detailed as possible* (Targeted Case Management; Mental Health Services: Therapy, 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. For telemental health services, provide a policy outlining procedures, safeguards for confidentiality, technical/environmental considerations, and operational requirements. Please refer to DMH Organizational Providers Manual and A Guide to Procedure Codes as a guide, but not to be used as Site-Specific Service Delivery Policy.
- **4 F)** Written statement delineating the process of **Reporting Clinical Events** to DMH relating to health & safety issues. Please refer to DMH Policy 303.05 as a guide, but not to be used as Reporting Clinical Events 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 Please include a referral list to the closest emergency psychiatric ***and*** medical facilities.

Category 5: STAFFING

- **5 A) Head of Service (HOS) Professional License and Updated Resume**
- **5 B)** ***Most Recent*** **Staff Roster** *(for each program if applicable; the form on page 8 can be utilized).*
- **5 C) MD**: DCA License Verification, DEA registration, **AND** one of the following to demonstrate eligibility:
  - Board Certification in Psychiatry i.e. from ABPN (American Board of Psychiatry and Neurology) ***or***
  - ACGME (Accredited Council for Graduate Medical Education)-sponsored 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 i.e. 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

- **Full Scope MSS Policy:** Provide a detailed description of how medications are stored, dispensed, and/or administered. Include policy for Medication Room Key Control. Include information for handling samples, expired, or discarded medications. Include copy of med logs. Please refer to DMH Policy 306.16 as a guide, but not to be used as a MSS Policy.
- **Prescription Only MSS Policy:** Provide a detailed description of MSS from start to finish for a consumer and indicate MSS is prescription only (that psychotropic medications are not stored, dispensed, and/or administered on site).

MEDI-CAL CERTIFICATION/RE-CERTIFICATION DOCUMENTS SUBMISSION CHECKLIST

CONTRACT PROVIDERS

Ensure ***each file*** is saved per the standardized naming convention: Provider Number - Provider Name - Category # - Current Year	**File has been saved correctly?**	
	Yes	**No**
1234 Provider Name CAT 1A (2023)		

Ensure each Category and Sub-Category are ***saved as separate files***. Please refer to the checklist on the previous page for additional details for each document/policy.		**Have policies been attached?**		
Category # (separate file)	**Required Document/Policy (to be included in Category file)**	**Yes**	**No**	**N/A**
1A	Guide for Pertinent Information			
1B	Brochure of Services			
1C	Provider's Mission Statement			
2	Current and Valid Fire Clearance			
3	Emergency Evacuation Policy (ensure the refuge area(s) are indicated)			
	Site Map(s)			
	Evacuation Map(s)			
	Wheelchair Accessibility Policy (if the site is **not** wheelchair accessible)			
4A	HIPPA/PHI Policies			
	Chart Room and Key Control Policy			
	For field services, include protocol and timeframe of how and when PHI is transported from the field back to the office			
	For electronic health records (eHRS), provide name of platform used, a description of how it operates and safeguards all PHI			
	Include a blank copy of a chart log sheet, if applicable			
4B	Sanction Screening Policy			
	Please include most current screening conducted			
	Table of Contents of the Employee Manual			
4C	Program description (who the agency is, population served, how, when, what, and by whom are services provided from the time of admission to discharge)			
	Admission, Discharge, and Referral Procedures			
	For field services, include a detailed summary of how Patients' Rights materials are offered/given to clients			

Ensure each Category and Sub-Category are ***saved as separate files***. Please refer to the checklist on the previous page for additional details for each document/policy.		**Have policies been attached?**		
Category # (separate file)	**Required Document/Policy (to be included in Category file)**	**Yes**	**No**	**N/A**
4D	Janitorial/Building Maintenance Policy (please include a blank work order if applicable)			
4E	Site-Specific Service Delivery Policy (please ensure that each Medi-Cal service offered is included in this section)			
	Telemental Health Services Policy			
4F	Reporting Clinical Events Policy			
4G	Physician Availability Policy			
	Referral procedure for emergency medical/physical conditions			
	Referral list to the closest emergency psychiatric and medical facilities			
5A	HOS License			
	HOS Resume			
5B	Current Staff Roster			
5C	MD Credentials			
5D	NP Credentials			
5E	Licensed and Registered Staff			
5F	Unlicensed Staff documents will only be collected for MHRS staff*			
7	***If MSS – Prescription Only:*** MSS – Prescription Only Policy			
	If MSS – Full Scope: MSS Full Scope Policy			

* Unlicensed staff documents ***will not*** be required at this time, unless they hold the job title of Mental Health Rehabilitation Specialist (MHRS) within your agency and meet the State's definition of MHRS:

- CCR, Title 9, 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 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*
- If you have MHRS staff, please send required documents per Category 5F