

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
QUALITY, OUTCOMES & TRAINING DIVISION | QUALITY ASSURANCE UNIT
MEDI-CAL CERTIFICATION & CREDENTIALING TEAM



**MEDI-CAL CERTIFICATION/RE-CERTIFICATION CHECKLIST FOR
CONTRACT PROVIDERS**

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| Page 1 | TABLE OF CONTENTS FOR MEDI-CAL CERTIFICATION/RE-CERTIFICATION |
| Page 2 | GUIDE FOR PERTINENT INFORMATION * <i>To be completed by Provider and placed in Category 1 (see page 3).</i> <i>Complete a <u>separate</u> GUIDE FOR PERTINENT INFORMATION form for the following:</i> <i>Day Treatment Intensive, Day Rehabilitation Program, Satellite Site</i> |
| Page 3 | DOCUMENTS FOR MEDI-CAL CERTIFICATION/RE-CERTIFICATION <i>Policy and Procedures (P&Ps) will be reviewed remotely (see page 4-5 for instructions).</i> |
| Page 4-6 | MEDI-CAL CERTIFICATION DOCUMENTS SUBMISSION GUIDELINE <i>Provides guidance on how to save and email Certification documents utilizing the standardized naming convention.</i> |
| Page 7 | LACDMH POLICIES AND PROCEDURES RELATED TO MEDI-CAL CERTIFICATION <i>Please ensure that staff are familiar with navigating the DMH website to locate LACDMH Policies.</i> |
| Page 8 | PHYSICAL PLANT INSPECTION <i>The Certification Liaison will conduct a walkthrough of the site where Mental Health Services are rendered. Please utilize the checklist on page 8 for all required items and postings.</i> |
| Page 9 | ADDITIONAL INFORMATION/ RESOURCES |
| Page 10 | STAFF ROSTER FORM * <i>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.</i> |

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

**MEDI-CAL CERTIFICATION/RE-CERTIFICATION
GUIDE FOR PERTINENT INFORMATION**

| | | |
|------------------------------------|------------------------------|-----------------------------|
| CURRENT DATE: | | |
| Provider Number: | | |
| Provider Name: | | |
| Primary Practice Location Address: | | |
| Provider Phone Number: | | |
| Provider Fax Number: | | |
| Wheelchair Accessible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | | |
|----------------------------|--|---|--------------------------------------|------------------------------|
| Head of Service (HOS): | | | | |
| HOS Contact Number: | | | | |
| HOS Email Address: | | | | |
| Fire Clearance Granted On: | | | | |
| Population Served: | <input type="checkbox"/> Walk-Ins | <input type="checkbox"/> Group Home | <input type="checkbox"/> Residential | <input type="checkbox"/> SNF |
| Source of Referrals: | <input type="checkbox"/> Walk-Ins Only | <input type="checkbox"/> Referrals Only | <input type="checkbox"/> Both | |

Days & Hours of Operations: _____

After Hour Procedures & Phone Number: _____

| Site Specific Threshold Language Materials in Front Lobby | |
|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese (Simplified) |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Chinese (Traditional) |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Khmer |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Tagalog |
| | <input type="checkbox"/> Vietnamese |

| Please provide the following information (current estimate): | |
|---|---|
| Number of Open Cases: | |
| Age Range of Clients: | |
| Percentage of Medi-Cal Clients: | % |
| Length of Treatment of Medi-Cal SMHS: | |
| Monthly Census of Clients Served Face-to-Face/Telehealth: | |
| Languages Spoken by Bilingual Staff: | |

| PROVIDER'S STAFF DISCIPLINES | TOTAL # FOR EACH DISCIPLINE | % of FIELD TIME FOR EACH DISCIPLINE |
|-------------------------------------|------------------------------------|--|
| Psychiatrist | | % |
| Licensed Psychologist | | % |
| Waivered Psychologist | | % |
| Physician | | % |
| RN | | % |
| NP | | % |
| LPT | | % |
| LVN | | % |
| LCSW | | % |
| ACSW | | % |
| LMFT | | % |
| AMFT | | % |
| LPCC | | % |
| APCC | | % |
| Certified Professionals* | | % |
| MH Rehabilitation Specialist | | % |
| Case Managers | | % |
| Peer Support Specialist | | % |
| Others | | % |

School-Linked Services: *Please include a copy of the MOU(s) and ensure the school's name(s), address(es), phone number(s) and hours of operation are listed*

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

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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:** prepare updated resume/job description/degree but only submit for MHRS staff

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 352.10 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).

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MEDI-CAL CERTIFICATION DOCUMENTS SUBMISSION GUIDELINE

The Medi-Cal Certification & Credentialing Team are maintaining electronic Medi-Cal Certification Provider Files for all MHPs and require a standardized way of submitting and saving these files to our system.

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.

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 #
- For example:
 - **1234 Provider Name CAT 1A (Current Year)**

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.

- Please also include only the policies/documents requested from pg3 of the checklist
 - Please do not add a title page to each Category/Sub-Category

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 the following page (*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.

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MEDI-CAL CERTIFICATION DOCUMENTS SUBMISSION CHECKLIST

| | | |
|---|--------------------------------|----|
| 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 (Current Year) | | |

| 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 | HIPAA/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 | | | |

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MEDI-CAL CERTIFICATION DOCUMENTS SUBMISSION CHECKLIST (continued)

| 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 | <i>If MSS – Prescription Only:</i> MSS – Prescription Only Policy | | | |
| | <i>If MSS – Full Scope:</i> 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

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LACDMH POLICIES

LACDMH Policies do not need to be submitted for review. However, please ensure that a staff member from your agency attends the monthly QA/QI meeting, as well as your SA QIC meeting to be well informed of any LACDMH Policy updates. In addition, please ensure all staff are familiar with navigating the DMH website to locate the [LACDMH Policies, Procedures, and Parameters.](#)

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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, Behavioral Health Services Member Handbook, etc.), and take (pamphlets, Grievance forms, Change of Provider forms, Behavioral Health Services Member Handbook, 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 notice (Americans with Disabilities Act; 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 (print cover page and indicate it is available upon request)
- ★ Consumer Resource Directory (2019)
- ★ Behavioral Health Services Member Handbook (2025)
 - ★ Page 5 of the Handbook covers "Other Languages and Formats." Please have this available to present to your Certification Liaison, either electronically or in printed form.
- ★ Grievance and 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 (LACDMH Policy #200.05 – Attachment I)
 - ★ **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, and bathroom are 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 and procedures must be kept in the medication room
- Internal/external use-only medications are stored separately
- Controlled Substances are logged and kept separate from non-controlled substances (*if applicable*)
- 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 36°- 46°F with daily temperature documented on log
- Ambient temperature in Medication Room is between 59°-86°F with weekly temperature documented on log
- Follow pharmaceutical samples procedures as per LACDMH Policy #352.19
- Logs documenting administered/dispensed/ medications to clients
- Logs documenting disposed/expired/unused medications and method of disposal

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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.

- Contact information for the Head of Service (name, phone number and agency hours of operation)
- DMH Provider Directory (print cover page and indicate it is available upon request)
- Consumer Resource Directory (2019)
- Behavioral Health Services Member Handbook
- Grievance and 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 (LACDMH Policy #200.05 – Attachment I)

Please note:

All items must be available in a designated location for the Medi-Cal beneficiaries to view (Head of Service information, Patients' Rights poster, etc.), review (Resource Directory, Directory of Providers, etc.), and take (pamphlets, Grievance forms, Change of Provider forms, Behavioral Health Services Member Handbook, etc.) without having to ask a provider staff member.

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 (800) 700-9996 or (213) 738-4888

To access LACDMH Policies and Procedures online, go to:

- <https://secure2.compliancebridge.com/lacdmc/public/index.php?fuseaction=app.main>

To help prepare and organize the requested documents to be emailed to Certification Liaisons, please utilize the **Medi-Cal Certification/Re-Certification Document Submission Guideline and Checklist**.

CONTRACT PROVIDER

Certification Liaison or Supervisor Contact:

| SPA | Name | Title | Phone Number | Email |
|-------|------------------|---------|----------------|--|
| 1 & 6 | Iling Wang | MHC- RN | (213) 943-8311 | ilwang@dmh.lacounty.gov |
| 2 | Silva Hakopyan | MHC- RN | (213) 948-2226 | shakopyan@dmh.lacounty.gov |
| 3 | David Lee | MHC- RN | (213) 943-8297 | dvlee@dmh.lacounty.gov |
| 4 | Vanessa T. Ortiz | LCSW | (213) 943-9586 | vtudela@dmh.lacounty.gov |
| 5 | Allex Pak | LCSW | 213-760-4834 | alpak@dmh.lacounty.gov |
| 7 | Joel Solis | MHC- RN | (213) 943-8309 | jsolis@dmh.lacounty.gov |
| 8 | Amberlee Ayala | MHC- RN | (213) 948-2252 | amayala@dmh.lacounty.gov |

Supervisors:

| SPA | Name | Title | Phone Number | Email |
|------------|--------------------|------------|----------------|--|
| 1, 6, 7, 8 | Thang Nguyen | Sr. MHC-RN | (213) 943-8303 | tdnguyen@dmh.lacounty.gov |
| 2, 3, 4, 5 | Jeanette D. Valdez | LCSW | (213) 943-9614 | jdicksonvaldez@dmh.lacounty.gov |

Certification Program Manager:

- **Name:** Norma Cano, Psy.D.
- **Phone:** (213) 943-8274
- **Email:** ncano@dmh.lacounty.gov

Certification Team Contacts:

- **General Inquiries & Submissions:** PSBMCertification@dmh.lacounty.gov
- **For Certification-Related Questions:** QA@dmh.lacounty.gov
- **More Information Online:** DMH Certification Website

Provider Name: _____

Provider Number: _____

Medi-Cal Certification Year: _____

Medi-Cal Certification Staff Roster