

## Site Certification Procedure for Completing the Protocol Form

- Reasons for doing a site certification:
  - Re-certification (3 years unless a day treatment program, then 2 years)
  - Provider does a significant remodel
  - New site: Provider changes location
  - Change of address
- Letter should go out to provider six months prior to certification expiring, reminding them of upcoming certification and the need to have a current fire clearance completed before the certification visit.
- Copy of letter or notification should also be given to the Program Specialist (PS) so they can add it to their calendar. This gives the program six months to get a current fire clearance etc.
- 30 days prior to the expiration of the current certification, the PS should do the visit. This gives the program 30 days to make any corrections needed due to deficiencies found in the site visit.
- **Be sure that the fire clearance is completed and in hand prior to the visit.** If the fire clearance is not completed and in hand at the time of the scheduled visit, do not do the visit. Send a Plan of Correction (POC) with 30 days to complete it.
- According to the Department of Mental Health (DMH), it is acceptable to use only the portion of the protocol form that pertains to that site. If the site is not a Day Treatment site, that portion does not need to be printed. If it is a Day Treatment site, the *whole form* must be used.
- Do not leave any blanks. If a section does not apply, put N/A in the section heading area.

**Cover Sheet:** See instructions, below.

<b>PROVIDER SITE RE/CERTIFICATION PROTOCOL</b>									
<b>PROVIDER NAME:</b>			<b>PROVIDER NUMBER:</b>			<b>DATE OF SITE VISIT:</b>			
<b>ADDRESS:</b>				<b>CLINIC MANAGER:</b>					
<b>PHONE/FAX NUMBER:</b>				<b>EMAIL:</b>					
<b>PROGRAM NAME:</b>			<b>MAILING ADDRESS:</b>						
<b>TYPE OF REVIEW</b> (Please specify):		<input type="checkbox"/> CERTIFICATION		<input type="checkbox"/> RECERTIFICATION			<input type="checkbox"/> ADDRESS CHANGE		
<b>DAYS/HOURS OF OPERATION:</b>			<b>REVIEWER:</b>			<b>PROVIDER:</b>			
<b># OF CLIENTS SERVED:</b>		<b>AGES:</b>		<b>REFERRALS FROM:</b>			<b>BI-LINGUAL STAFF:</b>		
<b>ETHNICITY OF POPULATION:</b>									
<b>SERVICES PROVIDED</b>									
<i>(Compare services to provider contract and/or database)</i>									
<input type="checkbox"/> Mental Health Svcs	H2015	(15/30)	<input type="checkbox"/> TBS	H2019	(15/58)	<input type="checkbox"/> Day Tx Int (1/2 day)	H2012	(10/81)	
<input type="checkbox"/> Medication Support	H2010	(15/60)	<input type="checkbox"/> Crisis Stab. ERm	S9484	(10/20)	<input type="checkbox"/> Day Tx Int (full day)	H2012	(10/85)	
<input type="checkbox"/> Case Manage./Brokerage	T1017	(15/01)	<input type="checkbox"/> Crisis Stab. UCare	S9484	(10/25)	<input type="checkbox"/> Day Tx Rehab (1/2 day)	H2012	(10/91)	
<input type="checkbox"/> Crisis Intervention	H2011	(15/70)	<input type="checkbox"/> Crisis Residential	H0018	(05/40)	<input type="checkbox"/> Day Tx Rehab (full day)	H2012	(10/95)	
<i>(List the names, addresses, phone numbers, and hours of operation of school and satellite sites and indicate which sites store medications or provide day treatment.)</i>									
• See Attachment A for definitions of these services									

**Cover Sheet continued.**

- Always check off all four of the following services:
  - Mental Health Services
  - Medication Support (difference between Medication Support and Pharmaceutical Services)
  - Crisis Intervention
  - Case Management

If certifying for Day Treatment, you are also certifying for Outpatient Services (the four above)

Check the contract for any additional services, especially Pharmaceuticals. The letter that goes to the provider should (now) say they are certified for Outpatient Services and that the provider should look at their contract for the specific modes and services. Outpatient Services is the “bundled” name for these four services. The goal is to eliminate confusion and simplify the process. If there are other services that the site is certified for, add those to the letter. Do not put service functions on the letter.

- Provider: this is who you are talking to when doing the review
- Bilingual Staff: list the languages currently available
- # of Clients Served: indicate whether it is per day, week or month

**Category 1: Posted Brochures and Notices:**

The provider may make a binder for items A.1 and B. and label it, “Copies available upon request.” The binder would then be left in the lobby where consumers would have free access to it.

**Both of these documents are available on the website:****A) Beneficiary Brochures:**

- Guide to Mental Health Medi-Cal Services (State, 8.5” by 11”)
- Behavioral Health Plan Member Handbook (maroon pamphlet)

Available in eight languages:

English	Vietnamese
Spanish	Cambodian
Chinese	Laotian
Farsi	Korean

The Department of Mental Health requires all of our affiliate agencies to have our materials in all threshold languages (five), even though some agencies may not currently serve clients who speak those languages. Alameda County Behavioral Health Care Services (ACBHCS) requires the pamphlet to be available in all eight languages.

**B) List of Providers: This list is updated quarterly. Please check the date on the list.****Things that must be in the provider’s lobby/office:**

- C) Complaint Poster (must be posted)
- D) Consumer & Family Grievance/Appeal Form with self-addressed envelopes

Category 1: POSTED BROCHURES AND NOTICES		Criteria Met		COMMENTS
EVALUATION CRITERIA		YES	NO	
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><b>NOTE:</b> Prior to site visit, check threshold language(s) requirements for this provider.</p> <p><b>NOTE:</b> The informing materials (beneficiary brochure and provider list) must be available upon intake and upon request in English and in threshold languages onsite or in a manner approved by the MHP.</p> <p><b>NOTE:</b> There must be a posted notice explaining the grievance, appeal, and fair hearings processes in English and in the threshold language(s).</p> <p><b>NOTE:</b> There must be grievance forms and appeal forms in English and the threshold language(s) and self addressed envelopes available without the need to make a verbal or written request.</p>
A)	The beneficiary brochure per MHP procedures?			
B)	The provider list per MHP procedures?			
C)	The posted notice explaining grievance, appeal, and fair hearings processes?			
D)	The grievance forms, appeal forms, and self-addressed envelopes?			
<i>CCR, Title 9, Chapter 11, Section 1850.205 (c)(1) (B) (C); MHP Contract, Exhibit A, Attachment 1, Section V</i>				

**Category 2: Licenses/Certification** – See notes on the Protocol Form.

Category 2: LICENSES/CERTIFICATION—ADULT AND CRISIS RESIDENTIAL TREATMENT FACILITIES		
2) Is the provider currently licensed by the State Department of Social Services and currently certified by the State DMH?		<p><b>NOTE:</b> N/A if not an Adult or Crisis Residential Treatment facility.</p> <p><b>NOTE:</b> Adult and Crisis Residential Treatment facilities must be licensed as a Social Rehabilitation Facility or Community Care Facility by the State Department of Social Services and certified as a Social Rehabilitation Program by the State DMH.</p> <ul style="list-style-type: none"> <li>View current license and certification.</li> </ul>
MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 1		

**Category 3: Fire Safety Inspection**

**ALL SITES MUST HAVE A CURRENT FIRE CLEARANCE. Current means within the 12 months. If the program does not have a current Fire Clearance (FC), the certification cannot be completed until this has been corrected.**

*If the fire clearance expires within 3 months after the site certification visit, the provider must provide proof of a scheduled appointment to have the fire clearance renewed.*

- Fire clearance records will be kept by the county. The date of the current fire clearance will be entered in the database.
- Do not go out to do a site review until you have a copy of the current FC.
- The standard of the State of California for the FC is one year. Alameda County and all of the cities within it have adopted this standard.
- A Fire Clearance is issued by a local fire department. The only exception is if the provider has written proof that the *local fire department* approves the outside company used and specifies the type of inspection that meets their minimum standards. You must submit a copy of this approval with the site certification.
- Oakland Unified School District sites have an exemption letter that may be used in place of a fire clearance. Please put the date of the review, not the 2008 date on the last page of the certification.
- Be sure that the fire clearance is for the site you are looking at. If the site is in a suite, make sure that that suite is listed.
- We will no longer create any new satellite sites. Efforts are being made to remove the distinction.

Category 3: FIRE SAFETY INSPECTION		
3) Does the provider have a fire safety inspection that meets local fire codes?		<p><b>NOTE:</b> The facility cannot be certified without a fire safety inspection that meets local fire codes.</p> <p><b>NOTE:</b> A new fire safety inspection may be required if the facility undergoes major renovation or other structural changes.</p> <p><b>NOTE:</b> Efforts should be made to have the facility re-inspected prior to the tri-ennial recertification onsite visit. Review evidence of efforts.</p> <p><b>NOTE:</b> Review local fire code requirements to determine reinspection schedule.</p>
MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 2		

**Category 4: Physical Plant** – See notes on the Protocol Form.

Category 4: PHYSICAL PLANT	Criteria Met		
EVALUATION CRITERIA	YES	NO	COMMENTS
4) Is the facility and its property clean, sanitary, and in good repair?			<ul style="list-style-type: none"> <li>Make a tour of the facility.</li> <li>Observe the building and grounds for actual and potential hazards.</li> </ul>
MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 3			

### Category 5: Policies and Procedures.

A) – E). See notes on the Protocol Form.

F) Unusual occurrence reporting procedures. The county requires that all providers notify the county of any unusual occurrences, deaths etc.

G) Written procedures for referring individuals to a psychiatrist, if a psychiatrist is not available: *Many programs do not have this as a written policy.* The state does check this.

Category 5: POLICIES AND PROCEDURES	Criteria Met		
EVALUATION CRITERIA	YES	NO	COMMENTS
<p>5) Does the provider have the following policies and procedures:</p> <p>A) Protected Health Information?</p> <p><i>MHP Contract, Exhibit D, Section 6; W&amp;IC Section 5328</i></p>			<ul style="list-style-type: none"> <li>Verify that confidentiality of beneficiary information is maintained and is consistent with HIPAA requirements.</li> </ul>
<p>B) Personnel policies and procedures?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 5</i></p>			
<p>C) General operating procedures?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 5</i></p>			
<p>D) Maintenance policy to ensure the safety and well being of beneficiaries and staff?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Appendix D Item 4</i></p>			<ul style="list-style-type: none"> <li>Review the building maintenance policy or agreement.</li> </ul>
<p>E) Service delivery policies?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 5</i></p>			<p>NOTE: For Day Treatment, refer to Categories 9 and 10 of this protocol.</p> <p>NOTE: Written program description must describe the specific activities of the service.</p> <ul style="list-style-type: none"> <li>Review the written program description of services provided.</li> </ul>
<p>F) Unusual occurrence reporting procedures relating to health and safety issues?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 5</i></p>			
<p>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?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 8</i></p>			

### Category 6: Head of Service – See notes on the Protocol Form.

Category 6: HEAD OF SERVICE			
<p>6) Does the provider have a Head of Service that meets <u>CCR</u>, Title 9, Sections 622-630 requirements?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 9</i></p>			<p>NOTE: Request a copy of the Head of Service's current license or, if a Mental Health Rehabilitation Specialist (MHRS), a resume or certification by the MHP that the Head of Service meets Title 9 requirements to be a MHRS.</p> <p>NOTE: Review Sections 622-630 for specific requirements. (See Attachment A for specifics.)</p>

**Category 7: Crisis Stabilization** – See notes on the Protocol Form.

Category 7: CRISIS STABILIZATION	Criteria Met		
EVALUATION CRITERIA	YES	NO	COMMENTS
<p>7) Regarding Crisis Stabilization services:</p> <p>A) Does the provider have qualified staff available to meet the 4:1 (client: staff) ratio during times Crisis Stabilization services are provided?</p>			<ul style="list-style-type: none"> <li>Review policies and procedures that should make clear how A-G will be assured.</li> <li>Review staffing patterns for A-G.</li> </ul> <p><b>NOTE:</b> At a minimum there must be a ratio of at least one licensed/waivered/registered mental health professional on site for each four beneficiaries or other patients receiving Crisis Stabilization services.</p> <p>Review staff licenses/waivers/registrations and information on service activity to show compliance with 4:1 ratio.</p>
<p>B) 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>			<ul style="list-style-type: none"> <li>Review for staffing availability</li> </ul>
<p>C) Does the provider have medical backup services available either on site or by written contract or agreement with a hospital?</p>			<p><b>NOTE:</b> Medical backup means immediate access within reasonable proximity to health care for medical emergencies.</p> <p><b>NOTE:</b> Immediate access and reasonable proximity is to be defined by the Mental Health Plan.</p> <p><b>NOTE:</b> A physician must be on call at all times for the provision of those Crisis Stabilization Services which can only be provided by a Physician.</p>
<p>D) Does the provider have medications available on an as needed basis and the staffing available to prescribe or administer it?</p>			
<p>E) Do all beneficiaries receiving Crisis Stabilization services receive a physical and mental health assessment?</p>			
<p>F) 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?</p>			<p><b>NOTE:</b> To the extent resources are available, if outside services are needed; a referral corresponding with the beneficiary's needs must be made.</p>
<p>G) 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?</p> <p><i>CCR, Title 9, Sections 1840.338 and 1840.348; MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 7</i></p>			<p><b>NOTE:</b> Persons included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.</p>



### Category 8: Pharmaceutical Services

Pharmaceutical services are not the same as service code Medication Support. Medication Support services are counseling and information and can be provided without providing medications (pharmaceutical services). *If the program provides Medication Support and fails this part of the site certification, the certification cannot be completed until corrections have been made.*

If the Office of the Medical Director does a Pharmacy Review within nine (9) months of this site certification, that Pharmacy Review form may be attached to this site certification in lieu of completing this section. *Please note this in the comments part of this section.*

Category 8: PHARMACEUTICAL SERVICES	Criteria Met		
EVALUATION CRITERIA	YES	NO	COMMENTS
8) 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:  A) Are all medications obtained by prescription labeled in compliance with federal and state laws?			<ul style="list-style-type: none"><li>Review policies and procedures for A-F.</li></ul> <b>NOTE:</b> Prescription labels may be altered only by persons legally authorized to do so.
B) Are medications intended for external-use-only stored separately?			
C) Are all medications stored at proper temperatures: <ul style="list-style-type: none"><li>Room temperature medications at 59-86 Degrees F?</li><li>Refrigerated medications at 36-46 degrees F?</li></ul>			
D) Are medications stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication?			
E) Are medications disposed of after the expiration date?			<b>NOTE:</b> IM multi-dose vials must be dated and initialed when opened.
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?			
<i>MHP Contract, Exhibit A, &amp; Attachment 1, Appendix D, Item 10A-F</i>			

### Category 9: Intensive Day Treatment Program Components

All programs, including all Day Treatment programs are to be certified for Outpatient Services. That means doing the whole certification protocol and checking the four Outpatient Services as well as Day Treatment on the Protocol Form.

Letters for Day Treatment protocols need to include certification for Outpatient Services. Most Day Treatment programs can provide Outpatient Services though the exact amount is designated in their contract. These services are provided outside of the usual hours of the Day Treatment program. They do not have to do them but they can, so we certify them for it.

**Category 9 continued.**

Evidence presented and/or does the *written description* of the Intensive Day Treatment Program include the following components:

Items A and B should be in their schedule and written description.

- A) Community meetings: See details on the Protocol Form.
- B) Therapeutic milieu: See notes on the Protocol Form.
- C) Response protocol for clients in a mental health crisis. This must be written out. See notes on the Protocol Form.
- D) A detailed written weekly schedule: See notes on the Protocol Form.

Category 9: INTENSIVE DAY TREATMENT PROGRAM COMPONENTS		Criteria Met		COMMENTS
EVALUATION CRITERIA	YES	NO		
9) Is evidence presented and/or does the written description of the Intensive Day Treatment program include the following components:				
A) Community meetings that:				
1) Occur at least once a day?				
2) Includes a staff whose scope of practice includes psychotherapy?				
3) Address relevant items including, but not limited to, what the schedule for the day will be, any current event, individual issues clients or staff wish to discuss to elicit support of the group, conflict resolution within the milieu, planning for the day, the week, or for special events, old business from previous meetings or from previous day treatment experiences, and debriefing or wrap-up.				
B) Therapeutic milieu that:				
1) Meets minimum program hours per day requirement?				<u>NOTE:</u> Full-Day minimum is four plus hours per day and Half Day minimum are three hours per day.
2) Is continuous?				<u>NOTE:</u> Program must be continuous except for lunch and short breaks; but lunch and break time do not count in the program time.
3) Includes skill building groups, adjunctive therapies, and psychotherapy for average daily/weekly hour requirements for two hours/half-day and three hours/full-day program?				<u>NOTE:</u> Skill building groups help beneficiaries identify psychiatric and psychological barriers to attaining their objectives and, through the course of group interaction, become better able to identify skills that address symptoms and behaviors and to increase adaptive behaviors. <u>NOTE:</u> Adjunctive therapies utilize self-expression (art, recreation, dance, music, etc.) as the therapeutic intervention.
C) Protocol for responding to clients experiencing a mental health crisis?				<u>NOTE:</u> 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.
D) A detailed written weekly schedule?				<u>NOTE:</u> The schedule must identify when and where the service components will be provided and by whom. <u>NOTE:</u> The schedule must specify the program staff, their qualifications, and the scope of their responsibilities.

**Category 9 continued.**

- E) Staffing ratios: See notes on the Protocol Form.
- F) Staff availability: See notes on the Protocol Form.
- G) Staff with two roles: See notes on the Protocol Form.
- H) Client must be present for at least half of any claimed day. (Check attendance logs. If there is a pattern of partial day attendance, check against claims.)

**The next two sections require that you look at a few charts.**

- I) Description of how documentation standards will be met: See notes on the Protocol Form. This is a procedure document describing the standards. Check one or two charts to see if the standards are met for frequency and signature.
- J) Collateral contact: if client is an adult and waives this service, it should be documented. See Protocol notes for further guidelines.

<p>E) How required staffing ratios of qualified staff are maintained?</p>			<p><b>NOTE:</b> Staffing ratio is eight clients (M/C and non M/C) to one staff during the period the program is open.</p> <p><b>NOTE:</b> List of qualified staff are as follows: Physician, licensed/ waived psychologist, licensed/ waived/registered social worker, licensed/ waived/registered Marriage and Family Therapist, Registered Nurse, Licensed Vocational Nurse, Psychiatric Technician, Occupational Therapist, and Mental Health Rehabilitation Specialist.</p> <p><b>NOTE:</b> If over 12 clients, must have at least one person from each of two of the above groups of qualified staff.</p> <ul style="list-style-type: none"> <li>• Check staffing pattern.</li> <li>• Check the daily client census log.</li> </ul>
<p>F) Description of how at least one staff person will be present and available to the group in the therapeutic milieu for all scheduled hours of operation?</p>			
<p>G) If staff have other responsibilities (group home, school), documentation of the scope of responsibilities and the specific times in which day treatment activities are being performed exclusive of other activities?</p>			<p><b>NOTE:</b> 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"> <li>• Check the provider's staffing pattern, duties and responsibilities of these staff, as well as hours of operation of the program.</li> </ul>
<p>H) An expectation that the beneficiary will be present for all scheduled hours of operation for each day and that beneficiaries are present at least 50% of the scheduled hours of operation/day before Federal Financial Participation (FFP) will be claimed for that day?</p>			
<p>I) Description of how documentation standards will be met?</p>			<p><b>NOTE:</b> Documentation standards are: Daily progress notes on activities and a weekly clinical summary reviewed and signed by a physician, licensed/ waived/registered psychologist, licensed/ waived/registered social worker, licensed/ waived/registered Marriage and Family Therapist, Registered Nurse, who is either staff to the day treatment program or the person directing the service.</p> <ul style="list-style-type: none"> <li>• Check beneficiary records as needed.</li> </ul>
<p>J) Description of at least one contact per month with a family member, caregiver, significant support person, or legally responsible adult?</p> <p><i>CCR, Title 9, Section 1810.213, Section 1840.318 (a)(b)(1)(2), and Section 1840.350(a)&amp;(c); DMH Contract, Exhibit A, Attachment 1, Section X, 1a-h, Attachment 1, Appendix C, and Appendix D, No. 11; DMH Letter No. 03-03.</i></p>			<p><b>NOTE:</b> Adult beneficiaries may choose to not have this service done for them.</p> <p><b>NOTE:</b> There is an expectation that this contact will occur outside the hours of operation and therapeutic milieu.</p> <p><b>NOTE:</b> The contacts and involvement should focus on the role of the significant support person in supporting the client's community reintegration.</p>



**Category 10: Day Rehabilitation Program Components** (Note that there are two Category 10 sections; this is the first of the two.)

All programs, including all day treatment programs are to be certified for Outpatient Services. That means doing the whole certification protocol and checking the four outpatient services as well as day treatment on the protocol form.

Letters for Day Treatment protocols need to include certification for Outpatient Services. Most Day Treatment programs can do up to 16 hours of outpatient services as part of their contract. These services are provided outside of the usual hours of the Day Treatment program. They do not have to do them but they can, so we certify them for it.

Category 10. Evidence presented and/or does the *written description* of the Day Rehabilitation Program include the following components:

A) Community meetings: these can be in a variety of forms (see A-3)

- Frequency: once per day
- Qualified staff: See notes on the Protocol Form.
- Types of groups and frequency: See notes on the Protocol Form.
- Should also address items included in list: See Protocol.

B) Therapeutic milieu: See notes on the Protocol Form.

Category 10: DAY REHABILITATION PROGRAM COMPONENTS		Criteria Met		COMMENTS
EVALUATION CRITERIA		YES	NO	
10) Is evidence presented and/or does the written description of the Day Rehabilitation Treatment program include the following components:				
A) Community meetings that:				NOTE: Qualified staff means a physician, licensed/waivered/registered psychologist, LCSW, MFT, RN, PT, LVN, or Mental Health Rehabilitation Specialist.
1) Occur at least once a day?				
2) Includes a qualified staff?				
3) Includes skill building groups, adjunctive therapies, and psychotherapy for average daily/weekly hour requirements for two hours/half-day and three hours/full-day program?				NOTE: Skill building groups help beneficiaries identify psychiatric and psychological barriers to attaining their objectives and, through the course of group interaction, become better able to identify skills that address symptoms and behaviors and to increase adaptive behaviors. NOTE: Adjunctive therapies utilize self-expression (art, recreation, dance, music, etc.) as the therapeutic intervention.
4) Address relevant items including, but not limited to, what the schedule for the day will be, any current event, individual issues clients or staff wish to discuss to elicit support of the group, conflict resolution within the milieu, planning for the day, the week, or for special events, old business from previous meetings or from previous day treatment experiences, and debriefing or wrap-up.				
B) Therapeutic milieu that:				NOTE: Full-Day minimum is four plus hours/day and Half Day minimum is three hours/day.
1) Meets minimum program hours/day requirement?				NOTE: Program must be continuous except for lunch and short breaks; but lunch and break time do not count in the program time.
2) Is continuous?				
3) Includes skill building groups, adjunctive therapies, and process groups (or psychotherapy) for two hours/half-day and three hours/full-day program?				NOTE: Skill building groups help beneficiaries identify psychiatric and psychological barriers to attaining their objectives and, through the course of group interaction, become better able to identify skills that address symptoms and behaviors and to increase adaptive behaviors. NOTE: Adjunctive therapies utilize self-expression (art, recreation, dance, music, etc.) as the therapeutic intervention. NOTE: Process groups help beneficiaries develop skills to deal with problems and issues by using the group process to provide peer interaction and feedback in resolving problems.

**Category 10: Day Rehabilitation Program Components** (Note that there are two Category 10 sections; this is the second of the two.)

- A) Written Protocol: See notes on the Protocol Form
- B) See notes on the Protocol Form
- C) Check staffing patterns and the daily client census (attendance log)
- D) Written Description
- E) Staff with two roles: See notes on the Protocol Form
- F) Client must be present for at least half of any claimed day. (Check attendance logs. If there is a pattern of partial day attendance, check against claims.)

Category 10: DAY REHABILITATION PROGRAM COMPONENTS	Criteria Met		
EVALUATION CRITERIA	YES	NO	COMMENTS
A) Protocol for responding to clients experiencing a mental health crisis?			<u>NOTE:</u> 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.
B) A detailed written weekly schedule?			<u>NOTE:</u> The schedule must identify when and where the service components will be provided and by whom. <u>NOTE:</u> The schedule must specify the program staff, their qualifications, and the scope of their responsibilities.
C) How required staffing ratios of qualified staff are maintained?			<u>NOTE:</u> Staffing ratio is ten clients (M/C and non M/C) to one staff during the period the program is open. <u>NOTE:</u> List of qualified staff are as follows: Physician, licensed/ waived psychologist, licensed/ waived/registered social worker, licensed/ waived/registered Marriage and Family Therapist, Registered Nurse, Licensed Vocational Nurse, Psychiatric Technician, Occupational Therapist, and Mental Health Rehabilitation Therapist. <u>NOTE:</u> If over 12 clients, must have at least one person from each of two of the above groups of qualified staff  <ul style="list-style-type: none"> <li>• Check staffing pattern.</li> <li>• Check the daily client census log.</li> </ul>
D) Description of how at least one staff person will be present and available to the group in the therapeutic milieu for all scheduled hours of operation?			
E) If staff have other responsibilities (group home, school), documentation of the scope of responsibilities and the specific times in which day treatment activities are being performed exclusive of other activities?			<u>NOTE:</u> Persons who are not solely used to provide day treatment services may be utilized according to program need, but must not be included as part of the ratio formula. <ul style="list-style-type: none"> <li>• Check the provider's staffing pattern, duties and responsibilities of these staff, as well as hours of operation of the program.</li> </ul>
F) An expectation that the beneficiary will be present for all scheduled hours of operation for each day and that beneficiaries are present at least 50% of the scheduled hours of operation/day before claiming FFP for that day?			

**The next two sections require that you look at a few charts.**

- G) Description of how documentation standards will be met: See notes on the Protocol Form. This is a procedure document describing the standards. Check one or two charts to see if the standards are met for frequency and signature.
- H) Collateral contact: if client is an adult and waives this service, it should be documented. See notes on the Protocol Form for further guidelines.

Category 10: DAY REHABILITATION PROGRAM COMPONENTS	Criteria Met		
EVALUATION CRITERIA	YES	NO	COMMENTS
G) Description of how documentation standards will be met?			<ul style="list-style-type: none"> <li>Check beneficiary records as needed.</li> </ul>
H) Description of at least one contact per month with a family member, caregiver, significant support person, or legally responsible adult?			<p><u>NOTE:</u> Adult beneficiaries may choose to not have this service done for them.</p> <p><u>NOTE:</u> There is an expectation that this contact will occur outside the hours of operation and therapeutic milieu.</p> <p><u>NOTE:</u> The contacts and involvement should focus on the role of the significant support person in supporting the client's community reintegration.</p>
<i>CCR, Title 9, Section 1810.213, Section 1840.318 (a)(b)(1)(2), and Section 1840.352(a)&amp;(c); DMH Contract, Exhibit A, Attachment 1, Section X, 1a-h, Attachment 1, Appendix C, and Appendix D, No. 11; DMH Letter No. 03-03.</i>			

(See next page for **Dates and Signatures Page – Plan of Correction.**)

### Dates and Signatures Page – Plan of Correction:

- The Plan of Correction (POC) is managed by the Program Specialist. The PS needs to notify their supervisor if a program is under a plan of correction.
- **Date Plan of Correction Required and Details:** If a POC is necessary, please put the date the program is sent the letter notifying them they are on a POC and the details. Plan of Correction approval date is the date that the POC is completed and approved by the PS.
- **Date Plan of Correction Approved:**  
The certification cannot be approved until the POC is completed if the POC involves these issues:
  - Fire clearance
  - Pharmaceutical ServicesIf the POC issue is other than the two issues above:
  - The certification may be approved but *must* be monitored for completion by the PS.
  - The standard length of time for a POC to be completed is 30 days. If the above time line is followed, (i.e. site certification visit is 30 days prior to expiration) then hold the certification for the 30 days or until completed (less than 30 days).
  - If the program takes longer than 30 days to complete the POC, the site certification can be completed but:
    - Must be monitored by the PS
    - An explanation must be written on the Protocol Form
- These dates are sent to the state; do not change the heading/context.
  - **Date of fire clearance:** the date it was completed successfully.
  - **Date provider was operational:** can be approximate if the exact date is not known.
  - **Date reviewer was requested to go on Site Certification:** the date the PS is notified that the certification is due.
  - **Re/Certification Effective Date:** the last date chronologically after everything is completed. This is also the effective date on the letter to the provider.
  - **Report Completed By/Date:** the Program Specialist's sign off that the site certification is completed and the date that is done.
  - **Report Reviewed By/Date**

<b>IF APPLICABLE, DATE PLAN OF CORRECTION REQUIRED and DETAILS:</b> <i>(Plan of Correction required for each item where criteria not met. See Plan of Correction for details.)</i>		
<b>IF APPLICABLE, DATE PLAN OF CORRECTION APPROVED:</b>		
a) Date of fire clearance:		
b) Date provider was operational:		
c) Date reviewer was requested to go out on Site Certification:		
d) RE/CERTIFICATION EFFECTIVE DATE: <i>Certification effective date is the latest date of the identified dates above (a through c), Medi-Cal billable services cannot begin prior to the effective date.</i>		
e) Report Completed By:		DATE:
f) Report Reviewed By:		DATE:
<b>COMMENTS:</b>		

QA Office: 5.19.2010

Kyree Klimist, QA Associate Administrator