

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

PROVIDER NAME:		PROVIDER NO:									
		NPI NO:									
		REPORTING UNIT:									
PROGRAM NAME:		DAYS OF OPERATION:		M	T	W	Th	F	S	Su	
		HOURS OF OPERATION:	Open								
			Close								
SERVICE DELIVERY ADDRESS:		MAILING ADDRESS (if different than delivery address)									
		Attn:									
TYPE OF REVIEW (specify):		<input type="checkbox"/> CERTIFICATION <input type="checkbox"/> RE-CERTIFICATION		DATE OF REVIEW:							
ACBHCS REPRESENTATIVE:				PROVIDER REPRESENTATIVE(S):							
SERVICES PROVIDED											
<input type="checkbox"/> 05/20 Non-Hospital PHF ¹ H2013			<input type="checkbox"/> 10/81 Day Tx Int: 1/2 Day H2012			<input type="checkbox"/> 15/01 Case Mgmt/Brokerage T1017					
<input type="checkbox"/> 05/40 Crisis Residential ¹ H0018			<input type="checkbox"/> 10/85 Day Tx Int: Full Day H2012			<input type="checkbox"/> 15/30 Mental Health Svcs H2015					
<input type="checkbox"/> 05/65 Adult Residential ¹ H0019			<input type="checkbox"/> 10/91 Day Tx Rehab: 1/2 Day H2012			<input type="checkbox"/> 15/58 Therapeutic Behavioral Svcs H2019					
<input type="checkbox"/> 10/20 Crisis Stabilization Unit (CSU): Emergency Room ¹ S9484			<input type="checkbox"/> 10/95 Day Tx Rehab: Full Day H2012			<input type="checkbox"/> 15/60 Medication Support H2010					
<input type="checkbox"/> 10/25 CSU: Urgent Care S9484						<input type="checkbox"/> 15/70 Crisis Intervention H2011					

¹ Certified by State Department of Health Care Services

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

LOCKOUTS (NOTES)	Criteria Met		
<p>CCR, Title 9, Section 1840.360. Lockouts for Day Rehabilitation and Day Treatment Intensive</p> <p><i>Day Rehabilitation and Day Treatment Intensive are not reimbursable under the following circumstances:</i></p> <p>(a) <i>When Crisis Residential Treatment Services, Psychiatric Inpatient Hospital Services, Psychiatric Health Facility Services or Psychiatric Nursing Facility Services are reimbursed, except for the day of admission to those services.</i></p> <p>(b) <i>Mental Health Services are not reimbursable when provided by Day Rehabilitation or Day Treatment Intensive staff during the same time period that Day Rehabilitation or Day Treatment Intensive is provided.</i></p> <p>(c) <i>Two full-day or one full-day and one half-day or two half-day programs may not be provided to the same beneficiary on the same day.</i></p> <p>CCR, Title 9, Section 1840.366. Lockouts for Crisis Intervention</p> <p>(a) <i>Crisis Intervention is not reimbursable on days when Crisis Residential Treatment Services, Psychiatric Health Facility Services, Psychiatric Nursing Facility Services, or Psychiatric Inpatient Hospital Services are reimbursed, except for the day of admission to those services.</i></p> <p>(b) <i>The maximum amount claimable for Crisis Intervention in a 24-hour period is 8 hours.</i></p>			<p>CCR, Title 9, Section 1840.368. Lockouts for Crisis Stabilization</p> <p>(a) <i>Crisis Stabilization is not reimbursable on days when Psychiatric Inpatient Hospital Services, Psychiatric Health Facility Services, or Psychiatric Nursing Facility Services are reimbursed, except on the day of admission to those services.</i></p> <p>(b) <i>Crisis Stabilization is a package program and NO OTHER specialty mental health services are reimbursable during the same time period this service is reimbursed, except for Targeted Case Management.</i></p> <p>(c) <i>The maximum number of hours claimable for Crisis Stabilization in a 24-hour period is 20 hours.</i></p> <p>CCR, Title 9, Section 1840.372 Lockouts for Medication Support Services - <i>The maximum amount claimable for Medication Support Services in a 24-hour period is 4 hours.</i></p> <p>CCR, Title 9, Section 1840.374. Lockouts for Targeted Case Management Services</p> <p>(a) <i>Targeted Case Management Services are not reimbursable on days when the following services are reimbursed, except for day of admission or for placement services as provided in Subsection (b): (1) Psychiatric Inpatient Hospital Services; (2) Psychiatric Health Facility Services; (3) Psychiatric Nursing Facility Services.</i></p> <p>(b) <i>Targeted Case Management Services, solely for the purpose of coordinating placement of the beneficiary on discharge from the hospital, psychiatric health facility or psychiatric nursing facility, may be provided during the 30 calendar days immediately prior to the day of discharge, for a maximum of three nonconsecutive periods of 30 calendar days or less per continuous stay in the facility.</i></p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 1: POSTED BROCHURES AND NOTICES	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
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:	<input type="checkbox"/>	<input type="checkbox"/>	Prior to provider onsite review, check threshold language(s) requirements for the provider.
<p>A) The beneficiary brochure per MHP procedures? MHP (for contractors see your <u>contract</u> with ACHBCS) Contract, Exhibit A, Attachment 1, § V <u>CCR, Title 9, § 1810.360 (b)(3),(d) and (e)</u> <u>CCR, Title 9, § 1810.410 (e)(4)</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>CCR, Title 9, Section 1810.360 (b) (3), (d) and (e)</u> <i>(b) Prior to the date the MHP begins operation, the Department shall mail a notice to all beneficiaries in a county containing the following information:</i></p> <p><i>(3) The availability of a booklet and provider list that contain the information required by Title 42, Code of Federal Regulations, Section 438.10(f)(6) and (g).</i></p> <p><i>(d) The Department shall provide an annual written notice to all Medi-Cal beneficiaries informing them of their right to request and obtain a booklet and provider list from the MHP that contains the information required by Title 42, Code of Federal Regulations, Section 438.10 (f) (6) and (g).</i></p> <p><i>(e) The MHP of the beneficiary shall provide its beneficiaries with a booklet and provider list upon request and when a beneficiary first receives a specialty mental health service from the MHP or its contract providers. This responsibility applies to the beneficiary's receipt of any specialty mental health services, including but not limited to an assessment to determine whether medical necessity criteria pursuant to Section 1830.205 are met.</i></p> <p><u>CCR, Title 9, Section 1810.410 (e) (4)</u> <i>General Program literature used by the MHP to assist beneficiaries in accessing services including, but not limited to, the beneficiary brochure required by Section 1810.360(c) materials explaining the beneficiary problem resolution and fair hearing processes required by Section 1850.205(c)(1), and mental health education materials used by the MHP, in threshold languages, based on the threshold languages in the county as a whole.</i></p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 1: POSTED BROCHURES AND NOTICES	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>B) The provider list per MHP procedures? <i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § V CCR, Title 9, § 1810.360 (b)(3),(d)and (e) CCR, Title 9, § 1810.410 (e) (4)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p><i>Please refer to the Title 9 regulations referenced in Category 1: Posted Brochures and Notices, #1 (A) above</i></p> <p>The provider list must be available onsite upon intake and upon request in English and in threshold languages (if applicable).</p>
<p>C) The posted notice explaining grievance, appeal, and fair hearings processes? <i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § V CCR, Title 9, § 1850.205 (c)(1)(B) CCR, Title 9, § 1810.410 (e)(4)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p><u><i>CCR, Title 9, Section 1850.205 (c) (1) (B)</i></u></p> <p><i>Posting notices explaining grievance, appeal, and expedited appeal process procedures in locations at all MHP provider sites sufficient to ensure that the information is readily available to both beneficiaries and provider staff. The posted notice shall also explain the availability of fair hearings after the exhaustion of an appeal or expedited appeal process, including information that a fair hearing may be requested whether or not the beneficiary has received a notice of action pursuant to Section 1850.210. For the purposes of this Section, an MHP provider site means any office or facility owned or operated by the MHP or a provider contracting with the MHP at which beneficiaries may obtain specialty mental health services.</i></p> <p><u><i>CCR, Title 9, Section 1810.410 (e) (4)</i></u></p> <p><i>General Program literature used by the MHP to assist beneficiaries in accessing services including, but not limited to, the beneficiary brochure required by Section 1810.360(c) materials explaining the beneficiary problem resolution and fair hearing processes required by Section 1850.205(c)(1), and mental health education materials used by the MHP, in threshold languages, based on the threshold languages in the county as a whole.</i></p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 1: POSTED BROCHURES AND NOTICES	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>D) The grievance forms, appeal forms, and self-addressed envelopes?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § V</i></p> <p><u>CCR, Title 9, § 1850.205 (c)(1)(C)</u></p> <p> </p> <p><i>CCR, Title 9, § 1810.410 (e)(4)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>CCR Title 9, Section 1850.205 (c)(1)(C)</u></p> <p><i>Making forms that may be used to file grievances, appeals, and expedited appeals, and self addressed envelopes available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request to anyone.</i></p> <p><u>CCR, Title 9, Section 1810.410 (e) (4)</u></p> <p><i>General Program literature used by the MHP to assist beneficiaries in accessing services including, but not limited to, the beneficiary brochure required by Section 1810.360(c), materials explaining the beneficiary problem resolution and fair hearing processes required by Section 1850.205 (c) (1), and mental health education materials used by the MHP, in threshold languages, based on the threshold languages in the county as a whole.</i></p> <p><u>Note:</u> Check for grievance appeal forms in English and the threshold languages (if applicable). Also, check for envelopes addressed to the MHP office which receives grievances. These documents should be available to beneficiaries without the need to make a verbal or written request.</p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 2: FIRE SAFETY INSPECTION			
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>1) Does the space owned, leased or operated by the provider and used for services or staff meet local fire codes?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 2</i> <i>CCR, Title 9, § 1810.435 (b)(2)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Does the provider have a valid fire clearance?</p> <ul style="list-style-type: none"> The facility cannot be certified without a fire safety inspection that meets local fire codes. A new fire safety inspection may be required if the facility undergoes major renovation or other structural changes. <p><u>CCR, Title 9, Section 1810.435 (b) (2)</u></p> <p><i>(b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider:</i></p> <p><i>(2) Maintain a safe facility.</i></p>
CATEGORY 3: PHYSICAL PLANT		Criteria Met	
EVALUATION CRITERIA	YES	NO	COMMENTS
<p>1) Is the facility and its property clean, sanitary, and in good repair?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 3</i> <i>CCR, Title 9, § 1810.435 (b) (2)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p><i>Please refer to the Title 9 regulation referenced in Category 2: Fire Safety Inspection, #1 above</i></p> <p>Tour the facility:</p> <ul style="list-style-type: none"> Observe the building and grounds for actual and potential hazards (e.g. as loose carpeting, electrical cords that might pose a hazard, remove cleaning supplies left out in the open, etc).

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

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SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 4: POLICIES AND PROCEDURES (con't)			
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>B) Personnel policies and procedures?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit D, § K, Items 5 and 6 CCR, Title 9, § 1840.314</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Look to see that MHPs hire people who are eligible to bill Federal Financial Participation (FFP), and that people providing specialty mental health services hold valid licenses, if applicable and are not on any excluded provider lists.</p> <p>NOTE: The MHP does not employ or contract with providers excluded from participation in Federal health care programs under either CCR, title 42, section 1128 or section 1128A of the Social Security Act and CFR, title 42, section 438.214</p> <p>NOTE: Verify the List of Excluded Individuals/Entities:</p> <p>http://exclusions.oig.hhs.gov/search.aspx</p> <p>www.medi-cal.ca.gov</p> <ul style="list-style-type: none"> • <i>Social Security Act, Sections 1128 and 1128A</i> • <i>CFR, Title 42, Sections 438.214 and 438.610</i> • <i>DMH Letter No. 10-05</i>
<p>C) General operating procedures?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, Appendix D, Item 5 CCR, Title 9, § 533</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The provider has a current administrative manual, which includes: general operating procedures (e.g., hours of operation, disaster procedures, emergency evacuation procedures, etc).</p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 4: POLICIES AND PROCEDURES (con't)			
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>D) Maintenance policy to ensure the safety and well being of beneficiaries and staff?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 4 CCR, Title 9, § 1810.435(b)(2)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Is the building county-owned or leased?</p> <ul style="list-style-type: none"> Review the building maintenance policy or the maintenance agreement between the MHP and owner of the building. <p>CCR, Title 9, Section 1810.435 (b) (2) <i>(b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider:</i> (2) Maintain a safe facility.</p>
<p>E) Service delivery policies?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 5 CCR, Title 9, §§ 1810.209-210 §§ 1810.212-213 §§ 1810.225, 1810.227 and 1810.249</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Review the written policies and procedures of services provided at the site. Check for policies and procedures regarding hours of operation, assessments, length of services, discharge, discontinuation of services, and on referring beneficiaries to a psychiatrist when necessary or a physician.</p>
<p>F) Unusual occurrence reporting (UOR) procedures relating to health and safety issues?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 5 CCR, Title 9, § 1810.435 (b)(2)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>CCR, Title 9, Section 1810.435 (b) (2) <i>(b) In selecting individual or group provider with which to contract, the MHP shall require that each individual or group provider:</i> (2) Maintain a safe facility.</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 (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 8 CCR, Title 9, § – No citation</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The provider has written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.</p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 5: HEAD OF SERVICE				
EVALUATION CRITERIA	YES	NO	COMMENTS	
<p>1) Does the provider have as head of service a licensed mental health professional or other appropriate individual as described in <u>CCR</u>, Title 9, § 622 through 630?</p> <p><u>CCR</u>, Title 9, § 680 (a) <u>CCR</u>, Title 9, § 1810.435 (c)(3) <u>CCR</u>, Title 9, §§ 622 through 630 MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, Appendix D, §A, Item 9</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>MHP Contract, Exh. A, Attachment 1, Appendix D, § A, Item 9</u> <i>The organizational provider has as head of service a licensed mental health professional or other appropriate individual as described in Title 9, CCR, Sections 622 through 630.</i></p> <p><u>CCR, Title 9, Section 1810.435 (c) (3)</u> (c) In selecting organizational providers with which to contract, the MHP shall require that each provider: (3) Have as head of service a licensed mental health professional or mental health rehabilitation specialist as described in Section 622 through 630.</p> <p><u>CCR, Title 9, Section 680 (a)</u> Outpatient services in Local Mental Health Services shall include:</p> <p>(a) Minimum Professional Staff. Outpatient services shall be under the direction of a person who qualifies under Section 623, 624, 625, 626, 627, 628, 629 or 630. In addition to the director, the minimum professional staff shall include a psychiatrist, psychologist, and social worker, except that under special circumstances the Department may authorize the operation of an outpatient service with less personnel.</p> <p><i>In addition, the staff may include qualified registered nurses and other professional disciplines.</i></p> <p><i>A psychiatrist must assume medical responsibility as defined in Section 522, and be present at least half-time during which the services are provided except that under special circumstance the Department may modify this requirement.</i></p>	

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 5: HEAD OF SERVICE				
EVALUATION CRITERIA	YES	NO	COMMENTS	
<p><u>CCR, Title 9, Section 622 Requirements for Professional Personnel</u> <i>Wherever in these regulations the employment of a particular professional person is required, the minimum qualifications for that person shall be as hereinafter specified in this Article. Required experience shall mean full time equivalent experience. It is intended that these minimum qualifications shall apply to the head or chief of a particular service or professional discipline but not necessarily to subordinate employees of the same profession.</i></p> <p><u>CCR, Title 9, Section 623 Psychiatrist</u> <i>A psychiatrist who directs a service shall have a license as a physician and surgeon in this state and show evidence of having completed the required course of graduate psychiatric education as specified by the American Board of Psychiatry and Neurology in a program of training accredited by the Accreditation Council for Graduate Medical Education, the American Medical Association or the American Osteopathic Association.</i></p> <p><u>CCR, Title 9, Section 624 Psychologist</u> <i>A psychologist who directs a service shall have obtained a California license as a psychologist granted by the State Board of Medical Quality Assurance or obtain such licensure within two years following commencement of employment, unless continuously employed in the same class in the same program or facility as of January 1, 1979; and shall have two years of post doctoral experience in a mental health setting.</i></p>			<p><u>CCR, Title 9, Section 625 Social Worker</u> <i>A social worker who directs a service shall have a California license as a clinical social worker granted by the State Board of Behavioral Science Examiners or obtain such licensure within three years following the commencement of employment, unless continuously employed in the same class in the same program or facility as of January 1, 1979, or enrolled in an accredited doctoral program in social work, social welfare, or social science; and shall have two years of post master's experience in a mental health setting.</i></p> <p><u>CCR, Title 9, Section 626 Marriage, Family and Child Counselor</u> <i>A marriage, family and child counselor who directs a service shall have obtained a California license as a marriage, family, and child counselor granted by the State Board of Behavioral Science Examiners and have received specific instructions, or its equivalent, as required for licensure on January 1, 1981, and shall have two years of post master's experience in a mental health setting. The term, specific instruction, contained in Sections 5751 and 5751.3 of the Welfare and Institutions Code, shall not be limited to school, college, or university classroom instruction, but may include equivalent demonstrated experience in assessment, diagnosis, prognosis, and counseling, and psychotherapeutic treatment of premarital, marriage, family, and child relationship dysfunctions.</i></p>	

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 5: HEAD OF SERVICE				
EVALUATION CRITERIA	YES	NO	COMMENTS	
<p><u>CCR, Title 9, Section 627 Nurse</u> <i>A nurse shall be licensed to practice as a registered nurse by the Board of Nursing Education and Nurse Registration in this State and possess a master's degree in psychiatric or public health nursing, and two years of nursing experience in a mental health setting. Additional post baccalaureate nursing experience in a mental health setting may be substituted on a year-for-year basis for the educational requirement.</i></p> <p><u>CCR, Title 9, Section 628 Licensed Vocational Nurse</u> <i>A licensed vocational nurse shall have a license to practice vocational nursing by the Board of Vocational Nurse and Psychiatric Technician Examiners and possess six years of post license experience in a mental health setting. Up to four years of college or university education may be substituted for the required vocational nursing experience on a year-for-year basis.</i></p> <p><u>CCR, Title 9, Section 629 Psychiatric Technician</u> <i>A psychiatric technician shall have a current license to practice as a psychiatric technician by the Board of Vocational Nurse and Psychiatric Technician Examiners and six years of post license experience in a mental health setting. Up to four years of college or university education may be substituted for the required psychiatric technician experience on a year-for-year basis.</i></p>			<p><u>CCR, Title 9, Section 630 Mental Health Rehabilitation Specialist</u> <i>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.</i></p>	

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 6: CRISIS STABILIZATION SERVICES	Criteria Met		<input type="checkbox"/> Not applicable
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>A. Is a physician on call at all times for the provision of those Crisis Stabilization Services that may only be provided by a licensed physician?</p> <p><u>CCR, Title 9, § 1840.348(a)</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Ask to see the coverage or “On Call” schedule</p> <p><u>CCR, Title 9, Section 1840.348(a)</u></p> <p><i>A physician shall be on call at all times for the provision of those Crisis Stabilization Services that may only be provided by a physician.</i></p> <ul style="list-style-type: none"> • <i>Identify the physician</i> • <i>Review the physician’s work schedule to determine coverage</i>
<p>B. Does the provider have qualified staff available to meet the 4:1 (client: staff) ratio during times Crisis Stabilization services are provided?</p> <p><u>CCR, Title 9, § 1840.348(c)</u> <u>CCR, Title 9, § 1840.348(g)</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>CCR, Title 9, Section 1840.348 (c)</u></p> <p><i>(c) At a minimum there shall be a ratio of at least one licensed mental health or waived/registered professional on site for each four beneficiaries or other patients receiving Crisis Stabilization at any give time.</i></p> <p><u>CCR, Title 9, Section 1840.348 (g)</u></p> <p><i>Persons included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.</i></p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 6: CRISIS STABILIZATION SERVICES	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>C. 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> <p><i>CCR, Title 9, § 1840.348(b)</i></p> <p><i>CCR, Title 9, § 1840.348(g)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The Registered Nurse, Psychiatric Technician or Licensed Vocational Nurse who must be on site at all times beneficiaries are receiving Crisis Stabilization services <i>may be counted</i> as part of the 4:1 client/staff ratio in Item 6B above.</p> <p><u>CCR, Title 9, Section 1840.348 (b)</u></p> <p><i>There shall be a minimum of one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are present</i></p> <p><u>CCR, Title 9, Section 1840.348 (g)</u></p> <p><i>Persons included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.</i></p>
<p>D. Does the provider have medical backup services available either on site or by written contract or agreement with a hospital?</p> <p><i>CCR, Title 9, § 1840.338(b)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>CCR, Title 9, Section 1840.338 (b)</u></p> <p><i>Medical backup services must be available either on site or by written contract or agreement with a general acute care hospital. Medical back up means immediate access within reasonable proximity to health care for medical emergencies. Immediate access and reasonable proximity shall be defined by the Mental Health Plan. Medications must be available on an as needed basis and the staffing pattern must reflect this availability.</i></p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 6: CRISIS STABILIZATION SERVICES CONTINUED	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>E. Does the provider have medications available on an as needed basis and the staffing available to prescribe or administer it?</p> <p><u>CCR, Title 9, § 522</u></p> <p><u>CCR, Title 9, 1840.346</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Who can prescribe medications? Who can administer medications? Medication Support Services Staffing Requirements <p><u>CCR, Title 9, Section 522 Medical Responsibility</u></p> <p><i>A physician meeting the qualifications of Section 620 (a) shall assume responsibility for all those acts of diagnosis, treatment, or prescribing or ordering of drugs which may only be performed by a licensed physician.</i></p> <p><u>CCR, Title 9, Section 1840.346</u></p> <p><i>Medication Support Services shall be provided within the scope of practice by any of the following:</i></p> <p>(a) Physician (b) Registered Nurse (c) Licensed Vocational Nurse (d) Psychiatric Technician (e) Pharmacist (f) Physician Assistant.</p> <p>NOTE: A Nurse Practitioner may also prescribe and administer medications.</p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 6: CRISIS STABILIZATION SERVICES CONTINUED	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>BUSINESS & PROFESSIONS CODE (Read left side to right side)</p> <p>Section 2836.1. Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing or ordering drugs or devices when all of the following apply:</p> <p>(a) The drugs or devices are furnished or ordered by a nurse practitioner in accordance with standardized procedures or protocols developed by the nurse practitioner and the supervising physician and surgeon when the drugs or devices furnished or ordered are consistent with the practitioner's educational preparation or for which clinical competency has been established and maintained.</p> <p>(b) The nurse practitioner is functioning pursuant to standardized procedure, as defined by Section 2725, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner, and the facility administrator or the designee.</p> <p>(c) (1) The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner's competence, including peer review, and review of the provisions of the standardized procedure.</p> <p>(2) In addition to the requirements in paragraph (1), for Schedule II controlled substance protocols, the provision for furnishing Schedule II controlled substances shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.</p>			<p>(d) The furnishing or ordering of drugs or devices by a nurse practitioner occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include (1) collaboration on the development of the standardized procedure, (2) approval of the standardized procedure, and (3) availability by telephonic contact at the time of patient examination by the nurse practitioner.</p> <p>(e) For purposes of this section, no physician and surgeon shall supervise more than four nurse practitioners at one time.</p> <p>(f) (1) Drugs or devices furnished or ordered by a nurse practitioner may include Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and shall be further limited to those drugs agreed upon by the nurse practitioner and physician and surgeon and specified in the standardized procedure.</p> <p>(2) When Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, are furnished or ordered by a nurse practitioner, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the nurse practitioner's standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the nurse practitioner furnishing the order.</p> <p>(g) (1) The board has certified in accordance with Section 2836.3 that the nurse practitioner has satisfactorily completed (1) at least six month's physician and surgeon-supervised experience in the furnishing or ordering of drugs or devices and (2) a course in pharmacology covering the drugs or devices to be furnished or ordered under this section.</p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL
Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 6: CRISIS STABILIZATION SERVICES CONTINUED	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
			<p>(2) Nurse practitioners who are certified by the board and hold an active furnishing number, who are authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration, shall complete, as part of their continuing education requirements, a course including Schedule II controlled substances based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision.</p> <p>(h) Use of the term "furnishing" in this section, in health facilities defined in Section 1250 of the Health and Safety Code, shall include (1) the ordering of a drug or device in accordance with the standardized procedure and (2) transmitting an order of a supervising physician and surgeon.</p> <p>(i) "Drug order" or "order" for purposes of this section means an order for medication which is dispensed to or for an ultimate user, issued by a nurse practitioner as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by nurse practitioners; and (3) the signature of a nurse practitioner on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.</p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 6: CRISIS STABILIZATION SERVICES CONTINUED	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUILINE FOR REVIEWS
<p>BUSINESS & PROFESSIONS CODE (Read left side to right side) Section 3502.1. (a) In addition to the services authorized in the regulations adopted by the board, and except as prohibited by Section 3502, while under the supervision of a licensed physician and surgeon or physicians and surgeons authorized by law to supervise a physician assistant, a physician assistant may administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device pursuant to subdivisions (c) and (d).</p> <p>(1) A supervising physician and surgeon who delegates authority to issue a drug order to a physician assistant may limit this authority by specifying the manner in which the physician assistant may issue delegated prescriptions.</p> <p>(2) Each supervising physician and surgeon who delegates the authority to issue a drug order to a physician assistant shall first prepare and adopt, or adopt, a written, practice specific, formulary and protocols that specify all criteria for the use of a particular drug or device, and any contraindications for the selection. Protocols for Schedule II controlled substances shall address the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is being administered, provided, or issued. The drugs listed in the protocols shall constitute the formulary and shall include only drugs that are appropriate for use in the type of practice engaged in by the supervising physician and surgeon. When issuing a drug order, the physician assistant is acting on behalf of and as an agent for a supervising physician and surgeon.</p> <p>(b) "Drug order" for purposes of this section means an order for medication that is dispensed to or for a patient, issued and signed by a physician assistant acting as an individual practitioner within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription or order of the supervising physician,</p>			<p>(2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by physician assistants pursuant to authority granted by their supervising physicians and surgeons, and (3) the signature of a physician assistant on a drug order shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.</p> <p>(c) A drug order for any patient cared for by the physician assistant that is issued by the physician assistant shall either be based on the protocols described in subdivision (a) or shall be approved by the supervising physician and surgeon before it is filled or carried out. (1) A physician assistant shall not administer or provide a drug or issue a drug order for a drug other than for a drug listed in the formulary without advance approval from a supervising physician and surgeon for the particular patient. At the direction and under the supervision of a physician and surgeon, a physician assistant may hand to a patient of the supervising physician and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon, manufacturer as defined in the Pharmacy Law, or a pharmacist.</p> <p>(2) A physician assistant may not administer, provide, or issue a drug order to a patient for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and surgeon for that particular patient unless the physician assistant has completed an education course that covers controlled substances and that meets standards, including pharmacological content, approved by the committee. The education course shall be provided either by an accredited continuing education provider or by an approved physician assistant training program. If the physician assistant will administer, provide, or issue a drug order for Schedule II controlled substances, the course shall contain a minimum of three hours exclusively on Schedule II controlled substances.</p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 6: CRISIS STABILIZATION SERVICES CONTINUED	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>(Read left side to right side)</p> <p>Completion of the requirements set forth in this paragraph shall be verified and documented in the manner established by the committee prior to the physician assistant's use of a registration number issued by the United States Drug Enforcement Administration to the physician assistant to administer, provide, or issue a drug order to a patient for a controlled substance without advance approval by a supervising physician and surgeon for that particular patient.</p> <p>(3) Any drug order issued by a physician assistant shall be subject to a reasonable quantitative limitation consistent with customary medical practice in the supervising physician and surgeon's practice.</p> <p>(d) A written drug order issued pursuant to subdivision (a), except a written drug order in a patient's medical record in a health facility or medical practice, shall contain the printed name, address, and phone number of the supervising physician and surgeon, the printed or stamped name and license number of the physician assistant, and the signature of the physician assistant. Further, a written drug order for a controlled substance, except a written drug order in a patient's medical record in a health facility or a medical practice, shall include the federal controlled substances registration number of the physician assistant and shall otherwise comply with the provisions of Section 11162.1 of the Health and Safety Code. Except as otherwise required for written drug orders for controlled substances under Section 11162.1 of the Health and Safety Code, the requirements of this subdivision may be met through stamping or otherwise imprinting on the supervising physician and surgeon's prescription blank to show the name, license number, and if applicable, the federal controlled substances number of the physician assistant, and shall be signed by the physician assistant. When using a drug order, the physician assistant is acting on behalf of and as the agent of a supervising physician and surgeon.</p>			<p>(e) The medical record of any patient cared for by a physician assistant for whom the physician assistant's Schedule II drug order has been issued or carried out shall be reviewed and countersigned and dated by a supervising physician and surgeon within seven days.</p> <p>(f) All physician assistants who are authorized by their supervising physicians to issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration (DEA).</p> <p>(g) The committee shall consult with the Medical Board of California and report during its sunset review required by Division 1.2 (commencing with Section 473) the impacts of exempting Schedule III and Schedule IV drug orders from the requirement for a physician and surgeon to review and countersign the affected medical record of a patient.</p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 6: CRISIS STABILIZATION SERVICES CONTINUED	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>F. Do all beneficiaries receiving Crisis Stabilization services receive a physical and mental health assessment?</p> <p><i>CCR, Title 9, § 1840.338 (c)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Review the MHP's P & P for this area. ✓ You may ask to review 1-2 charts to ensure that beneficiaries are receiving both a physical and a mental health assessment (NOTE: Have the provider tell you where these can be found in the chart) <p><u>CCR, Title 9, Section 1840.338 (c)</u> <i>All beneficiaries receiving Crisis Stabilization shall receive an assessment of their physical and mental health. This may be accomplished using protocol approved by a physician. If outside services are needed, a referral that corresponds with the beneficiary's need shall be made to the extent resources are available.</i></p>
<p>G. 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><i>CCR, Title 9, § 1840.348(d)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Review the MHP's P & P for this area. To the extent resources are available, when outside services are needed; a referral corresponding with the beneficiary's needs must be made.</p> <p><u>CCR, Title 9, Section 1840.348 (d)</u> <i>If the beneficiary is evaluated as needing service activities that can only be provided by a specific type of licensed professional, such persons shall be available.</i></p>
<p>H. 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, § 1840.348(f)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Ask provider if the CSU is co-located with other Specialty Mental Health Services.</p> <p>Review MHP's P & P for staffing patterns and/or staffing schedule.</p> <p><u>CCR, Title 9, Section 1840.348 (f)</u> <i>If Crisis Stabilization services are co-located with other specialty mental health services, persons providing Crisis Stabilization must be separate and distinct from persons providing other services.</i></p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 6: CRISIS STABILIZATION SERVICES CONTINUED	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>I. Are beneficiaries kept in the Crisis Stabilization Unit (CSU) longer than 23hours and 59 minutes?</p> <p><i>CCR, Title 9, § 1810.210</i> <i>CCR, Title 9, § 1840.368(c)</i> <i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, Appendix D, Item 7</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Generally there will be a board showing current clients and admission dates so you can tell if anyone has been there over 24 hours; or there may be an admission/discharge log that you can ask to see to get this information. ✓ You may also review charts of beneficiaries receiving CSU services at the time of your visit. Determine from the face sheet, or similar document, the time at which the beneficiary began receiving services. ✓ If any of the beneficiaries present has been receiving services for longer than 23 hours and 59 minutes, make a note of this fact together with the actual length of time that beneficiary has been on the CSU. <p><u>CCR, Title 9, Section 1810.210 Crisis Stabilization</u></p> <p><i>“Crisis Stabilization” means a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit.</i></p> <p><u>CCR, Title 9, Section 1840.368 (c) Lockouts for Crisis Stabilization</u></p> <p><i>(c) The maximum number of hours claimable for Crisis Stabilization in a 24-hour period is 20 hours.</i></p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

The following are questions to ask for clarification and may also point to potential quality of care and patient safety issues for consideration in conducting the review.

SURVEY THE ENVIRONMENT AS YOU TAKE A TOUR FOR THE FOLLOWING

☐ Not applicable

1. Is the CSU a 5150-designated facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does it accept both adults and children/adolescents?		
3. If the answer to #2 above is "Yes", are the adults physically segregated from the children and adolescents? If "no" what arrangements are put in place to guarantee the safety of all concerned?		
4. Do the police transport patients to the CSU?		
5. Are there any types of patients which the CSU will not accept from the police?		
6. Is there suitable furniture in the CSU on which the beneficiaries can sit or recline?		
7. Does the CSU have seclusion and restraint (S&R) capability? (Look at P&Ps regarding use of S&R)		
8. Are there S&R rooms clean and free from features which might pose a danger to a beneficiary confined in them (e.g., sharp edges, breakable glass, pointed corners)		
9. Are the beds in the S&R rooms securely bolted to the floor?		
10. Are there sheets or similar materials (e.g., blankets, bedspreads) present in the seclusion rooms? (The presence of sheets or blankets in a seclusion room where beneficiaries are NOT restrained poses a potential risk to patient safety if those sheets could be used by a beneficiary to hang him/herself. Look for fixtures to which sheets could be attached/tied off on)		

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

The following are questions to ask for clarification and may also point to potential quality of care and patient safety issues for consideration in conducting the review.

SURVEY THE ENVIRONMENT AS YOU TAKE A TOUR FOR THE FOLLOWING

11. How are patients monitored while in S&R? (i.e., Direct line-of-sight observation? Via television monitor?) How does the facility ensure that staff is actually monitoring the patients if this is done via television monitor?	
12. Are there “quiet rooms” which patients can use when they wish to have a reduced level of stimulation?	
13. Where does staff interview/assess patients? Where does staff provide crisis intervention to patients?	
14. What procedures are in place when a patient experiences a medical emergency? How is medical emergency defined? Are there procedures which describe how a distinction is made between an emergency requiring attention by the on-call physician and an emergency requiring a call to “911”? Who is authorized to make this determination?	
15. What procedures are in place to handle a psychiatric emergency which is beyond the scope/capability of the CSU or its staff? For example, what would be done with a patient who became seriously assaultive when all of the seclusion/restraint rooms were in use?	
16. What procedures are followed when a non-English speaking patient is admitted? Is an interpreter brought to the facility? If not, why not?	

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

The following are questions to ask for clarification and may also point to potential quality of care and patient safety issues for consideration in conducting the review.

SURVEY THE ENVIRONMENT AS YOU TAKE A TOUR FOR THE FOLLOWING

17. What procedures does the facility follow when determining when to bill for an hour of CSU services? What sorts of services “count” toward the minimum of 31 minutes required for a one-hour billing?	
18. What arrangements or options are available for family members who wish to visit patients?	
19. Which staff performs crisis intervention services?	
20. Which staff perform risk assessments (e.g., for DTO, DTS, GD)?	
21. During the tour of the CSU, did you observe staff sitting and talking with patients or was staff exclusively sitting in the nursing station?	
22. What dispositions are available if a patient is not appropriate for discharge home after 23 hours and 59 minutes?	
23. What dietary facilities are available for preparation/dispensing of patient meals and snacks?	

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 7: MEDICATION SUPPORT SERVICES	Criteria Met		<input type="checkbox"/> Not applicable
EVALUATION CRITERIA	YES	NO	COMMENTS
1) 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:	<input type="checkbox"/>	<input type="checkbox"/>	Some suggested guidelines listed below
<p>A) Are all medications obtained by prescription labeled in compliance with federal and state laws?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 10a</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Ask how they ensure prescriptions are labeled in compliance with federal and state laws.</p> <p>Prescription labels may be altered only by persons legally authorized to do so.</p>
<p>B) Are medications intended for external-use-only stored separately?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 10b</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Ask whether the provider has any medications intended for external-use-only</p> <p>If yes, ask them if they are stored separately from other medications and ask them to show you.</p>
<p>C) Are all medications stored at proper temperatures:</p> <ul style="list-style-type: none"> Room temperature medications at 59° F – 86° F? Refrigerated medications at 36° F – 46° F? <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 10c</i> <i>CCR, Title 9, § 1810.435(b) (3)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Ask how they monitor to ensure medications are stored at proper temperatures</p> <p>Review temperature logs – Is it kept up to date?</p> <p>Check room thermometers and refrigerator thermometers to see that they are at the appropriate temperature.</p>
<p>D) Are medications stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 10d</i> <i>CCR, Title 9, § 1810.435 (b) (3)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Ask to see where medications are stored and how the area is secured/locked.</p> <p>Ask who has access to the medication room or ask to see a list of those who have access</p> <p>IM multi-dose vials must be dated and initialed when opened – If they have IM multi-dose vials, ask them to show you one that has been opened (if they have one) and see if it is dated & initialed</p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 7: MEDICATION SUPPORT SERVICES	Criteria Met		
EVALUATION CRITERIA	YES	NO	COMMENTS
<p>E) Are medications disposed of after the expiration date?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 10e</i></p> <p><i>CCR, Title 22, § 73369</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Look at medications in refrigerator/cabinet/or drawer. Are any expired? (Check expiration date – If you see any, make note of this for a POC). Ask how they monitor and check for expired medications. Ask how they dispose of expired medications.</p> <p><u>CCR, Title 22, Section 73369 Pharmaceutical Service – Disposal of Drugs</u></p> <p><i>(a) Discontinued individual patient's drugs supplied by prescription or those which remain in the facility after discharge shall be destroyed by the facility in the following manner:</i></p> <ol style="list-style-type: none"> <i>1) Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist and a registered nurse employed by the facility. The name of the patient, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction, and the signatures of the witnesses required above shall be recorded in the patient's health record or in a separate log. Such log shall be retained for at least three years.</i> <i>2) Drugs not listed under Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist or registered nurse. The name of the patient, the name and strength of the drug, the prescription number, if applicable, the amount destroyed, the date of destruction and the signatures of two witnesses shall be recorded in the patient's health record or in a separate log. Such log shall be retained for at least three years.</i>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 7: MEDICATION SUPPORT SERVICES	Criteria Met		
EVALUATION CRITERIA	YES	NO	COMMENTS
<p>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? Is there a dispensing log used to record the date, name of the beneficiary, name of drug, amount of drug, Lot number, route of administration, and identifying information regarding the bottle, vial, etc from which the medication was obtained <u>for all medications which are dispensed from house supply</u>?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 10f</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Ask to see the medication / dispensing logs</p> <p>Ask provider staff to explain how they ensure expired, contaminated, deteriorated and abandoned medications are disposed of in a manner consistent with state/federal laws.</p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 8 : DAY TREATMENT – INTENSIVE	Criteria Met		<input type="checkbox"/> Not applicable
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>1) Is evidence presented and/or does the written description of the Intensive Day Treatment program include the following components:</p> <p>A) Community meetings that:</p> <ol style="list-style-type: none"> 1) Occur at least once a day? <p>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 2a</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>CCR, Title 9, Section 1810.213 Day Treatment Intensive</u></p> <p><i>"Day Treatment Intensive" means a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the individual in a community setting, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.</i></p>
<p>2) Includes a staff whose scope of practice includes psychotherapy?</p> <p>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W,Item 2a</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3) Address relevant items including, but not limited to, what the schedule for the day will be, any current event, individual issues clientsor 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.</p> <p>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 2a</p>	<input type="checkbox"/>	<input type="checkbox"/>	

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 8 : DAY TREATMENT – INTENSIVE	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>B) Therapeutic milieu that:</p> <p>1) Meets minimum program hours <u>per</u> day requirement?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 2b</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Full-Day minimum is four plus hours per day, every program day. Half Day minimum are three hours per day, every program day.</p> <p><u>CCR, Title 9, Section 1840.318 Claiming for Service Functions on Half Days or Full Days of Time</u></p> <p><i>(a) Day treatment intensive and day rehabilitation shall be billed as half days or full days of service</i></p> <p><i>(b) The following requirements apply for claiming of services based on half days or full days of time.</i></p> <p><i>(1) A half-day shall be billed for each day in which the beneficiary receives face-to-face services in a program with services available four hours or less per day. Services must be available a minimum of three hours each day the program is open.</i></p> <p><i>(2) A full day shall be billed for each day in which the beneficiary receives face-to-face services in a program with services available more than four hours per day.</i></p> <p><i>(3) Although the beneficiary must receive face-to-face services on any full day or half-day claimed, all service activities during that day are not required to be face-to-face with the beneficiary.</i></p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 8 : DAY TREATMENT – INTENSIVE (con't)	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
2) Is continuous? <i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 2b</i>	<input type="checkbox"/>	<input type="checkbox"/>	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? <i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 4a</i>	<input type="checkbox"/>	<input type="checkbox"/>	<p>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.</p> <p>Adjunctive therapies utilize self-expression (art, recreation, dance, music, etc.) as the therapeutic intervention.</p>
C) A detailed written weekly schedule? <i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 2a</i>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The schedule must identify when and where the service components will be provided and by whom.</p> <p>The schedule must specify the program staff, their qualifications, and the scope of their responsibilities.</p>
D) Protocol for responding to clients experiencing a mental health crisis? <i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 4c</i>	<input type="checkbox"/>	<input type="checkbox"/>	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.

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 8 : DAY TREATMENT – INTENSIVE (con't)	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>E) How required staffing ratios of qualified staff are maintained?</p> <p><i>CCR, Title 9, § 1840.350</i></p> <p><i>MHP (for contractors see your contract with ACBHCS) Contract, Exhibit A, Attachment 1, § W ,Item 4e</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Check staffing pattern. Check the daily client census log. <p><u>CCR, Title 9, Section 1840.350 Day Intensive Staffing Requirements</u></p> <p><i>(a) At a minimum there must be an average ratio of at least one person from the following list providing Day Treatment Intensive services to eight beneficiaries or other clients in attendance during the period the program is open:</i></p> <p><i>(1) Physicians</i></p> <p><i>(2) Psychologists or related waived/registered professionals</i></p> <p><i>(3) Licensed Clinical Social Workers or related waived/registered professionals</i></p> <p><i>(4) Marriage and Family Therapists or related waived/registered professionals</i></p> <p><i>(5) Registered Nurses</i></p> <p><i>(6) Licensed Vocational Nurses</i></p> <p><i>(7) Psychiatric Technicians</i></p> <p><i>(8) Occupational Therapists</i></p> <p><i>(9) Mental Health Rehabilitation Specialists as defined in Section 630</i></p> <p><i>(b) Persons providing Day Treatment Intensive who do not participate in the entire Day Treatment Intensive session, whether full-day or half-day, may be utilized according to program need, but shall only be included as part of the above ratio formula on a pro rata basis based on the percentage of time in which they participated in the session. The MHP shall ensure that there is a clear audit trail of the number and identity of persons who provide Day Treatment Intensive services and function in other capacities</i></p> <p><u>CONTINUED NEXT PAGE</u></p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 8 : DAY TREATMENT – INTENSIVE (con't)	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
			<p><i>(c) Persons providing services in Day Treatment Intensive programs serving more than 12 clients shall include at least one person from two of the following groups:</i></p> <p><i>(1) Physicians</i></p> <p><i>(2) Psychologists or related waived/registered professionals</i></p> <p><i>(3) Licensed Clinical Social Workers or related waived / registered professionals</i></p> <p><i>(4) Marriage and Family Therapists or related waived/registered professionals</i></p> <p><i>(5) Registered Nurses</i></p> <p><i>(6) Licensed Vocational Nurses</i></p> <p><i>(7) Psychiatric Technicians</i></p> <p><i>(8) Occupational Therapists</i></p> <p><i>(9) Mental Health Rehabilitation Specialists as defined in Section 630</i></p>
<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><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 4e</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<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><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 4e</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>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"> Check the provider's staffing pattern, duties and responsibilities of these staff, as well as hours of operation of the program.

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 8 : DAY TREATMENT – INTENSIVE (con't)	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>H) An expectation that the beneficiary will be present for all scheduled hours of operation for each day and that the beneficiary is 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>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 4f</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>I) Description of how documentation standards will be met?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 5</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Documentation standards include: Daily progress notes on activities and a weekly clinical summary reviewed and signed by a physician, licensed/ waived/registered psychologist, licensed/waivered/registered social worker, licensed/waivered/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"> • Check beneficiary records as needed.
<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>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 6</i></p> <p><i>DMH Information Notice 02-06 and DMH Letter No.03-03</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Adult beneficiaries may choose not to have this service done for them.</p> <ul style="list-style-type: none"> • There is an expectation that this contact will occur outside the hours of operation and therapeutic milieu. • The contacts and involvement should focus on the role of the significant support person in supporting the client's community reintegration.

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 9: DAY TREATMENT – REHABILITATION	Criteria Met		<input type="checkbox"/> Not applicable
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
1) Is evidence presented and/or does the written description of the Day Rehabilitation Treatment program include the following components:	<input type="checkbox"/>	<input type="checkbox"/>	<u>CCR, Title 9, Section 1810.212 Day Rehabilitation</u> <i>“Day Rehabilitation” means a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.</i>
A) Community meetings that:			
1) Occur at least once a day? <i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 2a</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2) Includes a qualified staff? <i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 2a</i>	<input type="checkbox"/>	<input type="checkbox"/>	“Qualified staff” means physician, licensed/waivered/registered psychologist, LCSW, MFT, RN, PT, LVN, or mental health rehabilitation specialist.
3) Address relevant items including, but not limited to, the schedule for the day, current events, individual issues clients or staff wish to discuss to elicit support of the group, conflict resolution within the milieu, planning for the day, week, or for special events, old business from previous meetings or previous day treatment experiences, and debriefing or wrap-up <i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 2a</i>	<input type="checkbox"/>	<input type="checkbox"/>	

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 9: DAY TREATMENT – REHABILITATION	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
Therapeutic milieu that:			
1) Meets minimum program hours/day requirement? <i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 2b</i>	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>CCR, Title 9, Section 1840.318 Claiming for Service Functions on Half Days or Full Days of Time</u></p> <p><i>(a) Day treatment intensive and day rehabilitation shall be billed as half days or full days of service</i></p> <p><i>(b) The following requirements apply for claiming of services based on half days or full days of time.</i></p> <p><i>(1) A half-day shall be billed for each day in which the beneficiary receives face-to-face services in a program with services available four hours or less per day. Services must be available a minimum of three hours each day the program is open.</i></p> <p><i>(2) A full day shall be billed for each day in which the beneficiary receives face-to-face services in a program with services available more than four hours per day.</i></p> <p><i>(3) Although the beneficiary must receive face-to-face services on any full day or half-day claimed, all service activities during that day are not required to be face-to-face with the beneficiary.</i></p>
2) Is continuous? <i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 2b</i>	<input type="checkbox"/>	<input type="checkbox"/>	Program must be continuous except for lunch and short breaks. Lunch and break time do not count in the program time.

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 9: DAY TREATMENT – REHABILITATION		Criteria Met	
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>3) Includes skill building groups, adjunctive therapies, and process groups (or psychotherapy) for two hours/half-day and three hours/full-day program?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Items 2B and 3a-c</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>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.</p> <p>Adjunctive therapies utilize self-expression (art, recreation, dance, music, etc.) as the therapeutic intervention.</p> <p>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.</p>
<p>C) A detailed written weekly schedule?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 2a</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The schedule must identify when and where the service components will be provided and by whom.</p> <p>The schedule must specify the program staff, their qualifications, and the scope of their responsibilities.</p>
<p>D) Protocol for responding to clients experiencing a mental health crisis?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 4c</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>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.</p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 9: DAY TREATMENT – REHABILITATION	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<p>E) How required staffing ratios of qualified staff are maintained?</p> <p><u>CCR</u>, Title 9, Section 1840.352 (a), (b), and (c)</p> <p>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W, Item 4e</p>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Check staffing pattern / Check the daily client census log <p><u>CCR, Title 9, Section 1840.352 Day Rehabilitation Staffing Requirements</u></p> <p><i>(a) At a minimum there must be an average ratio of at least one person from the following list providing Day Rehabilitation services to ten beneficiaries or other clients in attendance during the period the program is open:</i></p> <p><i>(1) Physicians</i></p> <p><i>(2) Psychologists or related waived/registered professionals</i></p> <p><i>(3) Licensed Clinical Social Workers or related waived / registered professionals</i></p> <p><i>(4) Marriage and Family Therapists or related waived/registered professionals</i></p> <p><i>(5) Registered Nurses</i></p> <p><i>(6) Licensed Vocational Nurses</i></p> <p><i>(7) Psychiatric Technicians</i></p> <p><i>(8) Occupational Therapists</i></p> <p><i>(9) Mental Health Rehabilitation Specialists as defined in Section 630</i></p> <p><i>(b) Persons providing Day Rehabilitation who do not participate in the entire Day Rehabilitation session, whether full-day or half-day, may be utilized according to program need, but shall only be included as part of the above ratio formula on a pro rata basis based on the percentage of time in which they participated in the session. The MHP shall ensure that there is a clear audit trail of the number and identity of the persons who provide Day Rehabilitation services and function in other capacities.</i></p> <p><u>CONTINUED NEXT PAGE</u></p>

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL
Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 9: DAY TREATMENT – REHABILITATION	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
			<p><i>(c) Persons providing services in the Day Rehabilitation program serving more than 12 clients shall include at least two of the following:</i></p> <p><i>(1) Physicians</i></p> <p><i>(2) Psychologists or related waived/registered professionals</i></p> <p><i>(3) Licensed Clinical Social Workers or related waived / registered professionals</i></p> <p><i>(4) Marriage and Family Therapists or related waived/registered professionals</i></p> <p><i>(5) Registered Nurses</i></p> <p><i>(6) Licensed Vocational Nurses</i></p> <p><i>(7) Psychiatric Technicians</i></p> <p><i>(8) Occupational Therapists</i></p> <p><i>(9) Mental Health Rehabilitation Specialists as defined in Section 630</i></p>
<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><i>MHP (for contractors see your contract with ACHBCS)</i> <i>Contract, Exhibit A, Attachment 1, § W, Item 4e</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL

Alameda County Behavioral Health Care Services (ACBHCS)

CATEGORY 9 : DAY TREATMENT – REHABILITATION CONTINUED	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	GUIDELINE FOR REVIEWS
<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><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 4e</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>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.</p> <p>Check the provider's staffing pattern, duties and responsibilities of these staff, as well as hours of operation of the program.</p>
<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 claiming FFP for that day</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 4f</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Review attendance sheets and/or verify the presence of beneficiaries through chart documentation.</p>
<p>I) Description of how documentation standards will be met?</p> <p><i>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 5</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Progress Notes shall be documented weekly.</p> <ul style="list-style-type: none"> • Check beneficiary records as needed.
<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>MHP (for contractors see your contract with ACHBCS) Contract, Exhibit A, Attachment 1, § W ,Item 6</i></p> <p><i>DMH Information Notice 02-06 and DMH Letter No.03-03.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Adult beneficiaries may choose to not have this service done for them.</p> <ul style="list-style-type: none"> • There is an expectation that this contact will occur outside the hours of operation and therapeutic milieu. • The contacts and involvement should focus on the role of the significant support person in supporting the client's community reintegration.

SHORT DOYLE/MEDI-CAL PROVIDER CERTIFICATION PROTOCOL
Alameda County Behavioral Health Care Services (ACBHCS)

PLAN OF CORRECTION (POC)

(A POC is required for items where federal and state criteria was not met)

IS A PLAN OF CORRECTION (POC) REQUIRED?

YES ☐

NO ☐

EXPLAIN:

IF APPLICABLE, DATE POC APPROVED:

DATE:

a) Date Provider Update Request received by NSAA

DATE:

b) Date of fire clearance

DATE:

c) Date provider was operational

DATE:

NEW CERTIFICATION APPROVAL DATE:

DATE:

NEW CERTIFICATION DATE IS THE LATEST DATE ALL OF ITEMS A) THROUGH C) ABOVE ARE IN PLACE:

RE-CERTIFICATION APPROVAL DATE: *(Generally, this is the date of on-site review)*

DATE:

REPORT COMPLETED BY: _____

DATE: _____