

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH)  
SHORT DOYLE/MEDI-CAL PROVIDER SITE CERTIFICATION & RECERTIFICATION PROTOCOL: CSU**

<b>A. Provider Name</b>		<b>B. Provider No.</b>								
		<b>C. NPI No.</b>								
<b>D. Program Name</b>		<b>E. Days/Hours of Operation</b>		<b>M</b>	<b>T</b>	<b>W</b>	<b>Th</b>	<b>F</b>	<b>Sat</b>	<b>Sun</b>
		<b>Open</b>		8:00	8:00	8:00	8:00	8:00		
		<b>Close</b>		5:00	5:00	5:00	5:00	5:00		
<b>F. Program Site Service Delivery Address</b>		<b>G. Mailing Address (If Different Than Delivery Address)</b>								
<b>H. Review Type (Specify)</b>		<input type="checkbox"/> <b>Certification</b>		<b>I. Site Visit Date</b>						
		<input type="checkbox"/> <b>Re-Certification</b>								
<b>J. ACBH Certifier Representative</b>		<b>K. Provider Representative(s)</b>								
		<b>L. Phone No. (If Different Than Provider Phone No.)</b>								
<b>M. Services Provided<sup>1 2</sup> (Check all that Apply)</b>										
<input type="checkbox"/> <b>05/20</b> Non-Hospital-PHF H2013		<input type="checkbox"/> <b>15/01</b> Case Mgmt/Brokerage	T1017							
<input type="checkbox"/> <b>05/40</b> Crisis Residential H0018		<input type="checkbox"/> <b>15/07</b> Intensive Care Coordination (ICC)	T1017							
<input type="checkbox"/> <b>05/65</b> Adult Residential H0019		<input type="checkbox"/> <b>15/30</b> Mental Health Svcs	H2015							
<input type="checkbox"/> <b>10/20</b> CSU: Emergency Room S9484		<input type="checkbox"/> <b>15/57</b> Intensive Home Based Services (IHBS)	H2015							
<input type="checkbox"/> <b>10/25</b> CSU: Urgent Care S9484		<input type="checkbox"/> <b>15/58</b> Therapeutic Behavioral Svcs	H2019							
		<input type="checkbox"/> <b>15/60</b> Medication Support	H2010							
		<input type="checkbox"/> <b>15/60</b> Medication Support (Prescribing Only)	H2010							
		<input type="checkbox"/> <b>15/70</b> Crisis Intervention	H2011							
<p><b>NOTE:</b> Identify the names, addresses, phone numbers, and hours of operation of school and satellite sites and indicate which sites store medications.</p> <p>“Satellite” is defined as a site that is owned, leased or operated by an MHP or an organizational provider at which specialty mental health services are delivered to beneficiaries fewer than 20 hours per week, or, if located at a multiagency site, at which specialty mental health services are delivered by no more than two MHP employees or contractors of the provider.” Note: A satellite must have an NPI #.</p> <p>Source: Please refer to MHP Contract Exhibit E, Attachment 1, Section CC.</p>										

<sup>1</sup> CCR, Title 9, Section 1840.368. Lockouts for Crisis Stabilization (a) 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. (b) 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. (c) The maximum number of hours claimable for Crisis Stabilization in a 24-hour period is **20 hours**.

<sup>2</sup> This protocol pertains **only** to CSU programs (Categories 1-6).

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Category 1: Posted Brochures and Notices	Criteria Met		Guidelines for Certification Reviews
	Yes	No	
<b>Federal and State Criteria</b>			
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 A through D information available:	<input type="checkbox"/>	<input type="checkbox"/>	Note: Alameda County's current threshold languages are: <ul style="list-style-type: none"> <li>• English</li> <li>• Chinese Traditional</li> <li>• Chinese Simplified</li> <li>• Farsi</li> <li>• Spanish</li> <li>• Vietnamese</li> <li>• Arabic</li> <li>• Tagalog</li> </ul>
A. The beneficiary handbook/brochure/Guide to Medi-Cal Mental Health Services per MHP procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Check to see whether the brochures/Guides are in a visible place and are available in English and the threshold languages.<sup>3</sup></li> <li>• The brochures/Guides must be made available to beneficiaries when first receiving a specialty mental health service and upon request.</li> </ul>
B. The provider list/directory per MHP procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Check to see whether the current provider list/directory is in a visible place and is available in English and the threshold languages (See footnote 5 below).</li> <li>• The provider list/directory must be made available to beneficiaries when first receiving a specialty mental health service and upon request.</li> <li>• Note: The provider may display a notice visible to beneficiaries for items A. and B. that specifies, in English and the threshold languages, "Copies available upon request."</li> </ul>
C. The posted notice explaining grievance, appeal, and fair hearings processes?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Check to see whether the grievance, appeal, and fair hearings processes are in a visible place, and are available in English and the</li> </ul>

<sup>3</sup> CCR, Title 9, Section 1810.360 (b) (3) (d) (e)

(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:

(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).

(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).

(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.

CCR, Title 9, Section 1810.410 (e) (4) 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.

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	<input type="checkbox"/>	<input type="checkbox"/>	threshold languages without the need to make a verbal or written request. <sup>4</sup>
<b>D.</b> The grievance forms, appeal forms, and self-addressed envelopes?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Check to see whether the grievance &amp; appeal forms are in a visible place, and are available in English and the threshold languages without the need to make a verbal or written request.<sup>5</sup></li> <li>• Check for envelopes addressed to the MHP office which receives grievances.</li> </ul>
<b>Category 2: Fire Safety Inspection</b>	<b>Criteria Met</b>		<b>Guidelines for Certification Reviews</b>
<b>Federal and State Criteria</b>	<b>Yes</b>	<b>No</b>	
<b>1.</b> Does the space owned, leased or operated by the provider and used for services or staff meet local fire codes?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Prior to the review, request a current and valid fire clearance from the provider.<sup>6</sup></li> <li>• Note: The facility cannot be certified without a fire safety inspection that meets local fire codes.</li> <li>• A new fire safety inspection may be required if the facility undergoes major renovation or other structural changes.</li> <li>• Verify all fire exits are clear and unobstructed.</li> </ul>
<b>Category 3: Physical Plant</b>	<b>Criteria Met</b>		<b>Guidelines for Certification Reviews</b>
<b>Evaluation Criteria</b>	<b>Yes</b>	<b>No</b>	
<b>1.</b> Is the facility and its property clean, sanitary, and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Tour the facility &amp; observe the building &amp; grounds for actual and potential hazards (e.g. loose/torn carpeting, electrical cords that might pose a hazard, cleaning supplies left out in the open, etc.) (See footnote 6 below).</li> </ul>
<b>2.</b> Are all confidential and protected health information (PHI) secure?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Inspect client records room: <ul style="list-style-type: none"> <li>○ Verify client records are maintained confidentially, and are not located where the public can view or have physical access to.</li> </ul> </li> </ul>

<sup>4</sup> CCR, Title 9, Section 1850.205 (c) (1) (B) 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.

CCR, Title 9, Section 1810.410 (e) (4) 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.

<sup>5</sup> CCR Title 9, Section 1850.205 (c) (1) (C) 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.

CCR, Title 9, Section 1810.410 (e) (4) 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.

<sup>6</sup> CCR, Title 9, Section 1810.435 (b) (2) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider: (2) Maintain a safe facility.

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			<ul style="list-style-type: none"> <li>○ Identify who has access to client records room during &amp; after business hours (See footnote 6 above).</li> </ul>
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Category 4: Policies and Procedures	Criteria Met		Guidelines for Certification Reviews
Evaluation Criteria	Yes	No	
1. Does the provider have the following policies and procedures and are they being implemented?			
A. Confidentiality and Protected Health Information	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Check for written P&amp;Ps for description of how beneficiary confidentiality is in compliance with state and federal laws and regulations governing the confidentiality of personal or medical information.<sup>7</sup></li> </ul>
B. Emergency evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Verify written P&amp;P on emergency evacuation.</li> </ul>
C. Personnel policies and procedures specific to screening licensed personnel/providers and checking the excluded provider lists	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Check the provider's staffing to ensure they hire people who are eligible to bill Federal Financial Participation (FFP), and that people providing specialty mental health services hold valid/current licenses, if applicable, and are not on any excluded/debarred provider lists.</li> <li>• Verify the MHP also has a process to verify the above upon hire as well as a timeline as to when periodic verifications will be performed.</li> <li>• Note: The MHP cannot employ or contract with individuals or 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.</li> <li>• Note: Verify that the MHP's P&amp;Ps identify the two required Excluded Individuals/Entities lists: <a href="https://oig.hhs.gov/exclusions/exclusions_list.asp">https://oig.hhs.gov/exclusions/exclusions_list.asp</a></li> </ul>

<sup>7</sup> CCR, Title 9, Section 1810.310 (a) (10) A description of policies and procedures that assure beneficiary confidentiality in compliance with state and federal laws and regulations governing the confidentiality of personal or medical information, including mental health information, relating to beneficiaries.

CCR, Title 9, Section 1810.435 (b) (4) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider: (4) Maintain client records in a manner that meets state and federal standards.

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Category 4: Policies and Procedures Evaluation Criteria	Criteria Met		Guidelines for Certification Reviews
	Yes	No	
			<a href="https://files.medi-cal.ca.gov/pubsdoco/SandILanding.aspx">https://files.medi-cal.ca.gov/pubsdoco/SandILanding.aspx</a> <sup>8</sup>
D. General operating procedures	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Check for a current administrative manual, which includes: general operating procedures (e.g., hours of operation, disaster procedures, emergency evacuation procedures, etc.).<sup>9</sup></li> </ul>
E. Maintenance policy to ensure the safety and well-being of beneficiaries and staff	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Check for the building maintenance policy or the maintenance agreement between the MHP and owner of the building where services are provided.<sup>10</sup></li> </ul>
F. Service delivery policies	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Check the written P&amp;Ps of services provided at the site.</li> <li>Check for P&amp;Ps regarding types of service, intake process, referral and linkage, length of services, discharge, and discontinuation of services.<sup>11</sup></li> </ul>
G. Unusual occurrence reporting (UOR) procedures relating to health and safety issues	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Check for the written P&amp;P for the UOR processes.</li> <li>The county requires that all providers notify the county of any unusual occurrences, deaths, etc.<sup>12</sup></li> </ul>
H. Written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Check for the written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.</li> <li>Many programs do not have this as a written policy. The state does check this.</li> </ul>

<sup>8</sup> Social Security Act, Sections 1128 and 1128A; CFR, Title 42, Sections 438.214 and 438.610; DMH Letter No. 10-05

<sup>9</sup> [CCR, Title 9, Section 533.](#)

<sup>10</sup> CCR, Title 9, Section 1810.435 (b) (2) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider: (2) Maintain a safe facility.

<sup>11</sup> [CCR, Title 9, Section 1810.209-210, Section 1810.212-213, Section 1810.225, Section 1810.227, and Section 1810.249.](#)

<sup>12</sup> CCR, Title 9, Section 1810.435 (b) (2) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider: (2) Maintain a safe facility.

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Category 5: Head of Service <sup>13</sup>	Criteria Met		Guidelines for Certification Reviews
Evaluation Criteria	Yes	No	
A. Does the provider have, as head of service, a licensed mental health professional or other appropriate individual as described in CCR, Title 9, § 622 through 630?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Check to see whether the MHP provider has, as head of service, a licensed mental health professional or other appropriate individual.</li> <li>• Obtain a copy of the current and valid license of the provider.<sup>14</sup></li> <li>• Check to see the written P&amp;Ps that providers follow to ensure that staff maintain current and valid licenses.</li> </ul>

<sup>13</sup> CCR, Title 9, Section 622 Requirements for Professional Personnel. 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.

CCR, Title 9, Section 623 Psychiatrist. 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.

CCR, Title 9, Section 624 Psychologist. 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.

CCR, Title 9, Section 625 Social Worker. 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.

CCR, Title 9, Section 626 Marriage, Family and Child Counselor. 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.

CCR, Title 9, Section 627 Nurse. 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.

CCR, Title 9, Section 628 Licensed Vocational Nurse. 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.

CCR, Title 9, Section 629 Psychiatric Technician. 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.

CCR, Title 9, Section 630 Mental Health Rehabilitation Specialist. A mental health rehabilitation specialist shall be an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two years of post-associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting.

California Code, [Business and Professions Code, Section 4999.20](#)

<sup>14</sup> CCR, Title 9, Section 1810.435 (c) (3) 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.

CCR, Title 9, Section 680 (a) Outpatient services in Local Mental Health Services shall include: (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. In addition, the staff may include qualified registered nurses and other professional disciplines. 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.

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Category 5: Head of Service <sup>13</sup>	Criteria Met		Guidelines for Certification Reviews
Evaluation Criteria	Yes	No	
Name:  Discipline:			<ul style="list-style-type: none"> <li>• <u>Note for outpatient</u>: 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 services with less personnel.</li> </ul>

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Category 6: Crisis Stabilization Services	Criteria Met		Guidelines for Certification Reviews
FEDERAL AND STATE CRITERIA	Yes	No	
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?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Review the “On Call” schedules for physician coverage.<sup>15</sup> <ul style="list-style-type: none"> <li>○ Identify the physician</li> <li>○ Review the physician’s work schedule to determine if there is coverage</li> </ul> </li> </ul>
B) Does the provider have qualified staff available to meet the 4:1 (client: staff) ratio during times Crisis Stabilization services are provided?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Review the staff schedules and working hours, compare with the census, and determine if the staffing ratio requirements are being met.<sup>16</sup></li> </ul>

<sup>15</sup> CCR, Title 9, Section 1840.348 (a) 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.

<sup>16</sup> CCR, Title 9, Section 1840.348 (c) At a minimum there shall be a ratio of at least one licensed, waived, or registered mental health professional on site for each four beneficiaries or other patients receiving Crisis Stabilization at any given time.

CCR, Title 9, Section 1810.254 (g) “Waivered/Registered Professional” means an individual who has a waiver of psychologist licensure issued by the Department or has registered with the corresponding state licensing authority for psychologists, marriage and family therapists or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist or clinical social worker licensure.

CCR, Title 9, Section 1840.348 (g) Persons included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.



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Category 6: Crisis Stabilization Services	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	Guidelines for Certification Reviews
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?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• <u>Note:</u> The Registered Nurse, Psychiatric Technician or Licensed Vocational Nurse who are on site when beneficiaries are receiving Crisis Stabilization services <i>may be counted</i> as part of the 4:1 client/staff ratio in Item 6B above.<sup>17</sup></li> </ul>
D) Does the provider have medical backup services available either on site or by written contract or agreement with a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Medical backup services must be available either on site or by written contract or agreement with a general acute care hospital.</li> <li>• Medical back up means immediate access within reasonable proximity to health care for medical emergencies.</li> <li>• Immediate access and reasonable proximity shall be defined by the Mental Health Plan.</li> <li>• Medications must be available on an as needed basis and the staffing pattern must reflect this availability.<sup>18</sup></li> </ul>

<sup>17</sup> CCR, Title 9, Section 1840.348 (b) There shall be a minimum of one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are present.

CCR, Title 9, Section 1840.348 (c) At a minimum there shall be a ratio of at least one licensed, waived, or registered mental health professional on site for each four beneficiaries or other patients receiving Crisis Stabilization at any given time.

CCR, Title 9, Section 1840.348 (g) Persons included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.

<sup>18</sup> CCR, Title 9, Section 1840.338 (b)

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Category 6: Crisis Stabilization Services	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	Guidelines for Certification Reviews
E) Does the provider have medications available on an as needed basis and the staffing available to prescribe and/or administer it?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Identify who at facility can <b>prescribe</b> medications?</li> <li>• Identify who at facility can <b>administer</b> medications?</li> <li>• Does the CSU have staff available to prescribe and/or administer medications?<sup>19</sup> Note: A Nurse Practitioner may also prescribe and administer medications.<sup>20 21</sup></li> </ul>
F) Which categories of staff are assessing and determining the beneficiary diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Identify which category of staff is determining diagnosis, i.e., practicing within his/her scope of practice.</li> <li>• Review sample client records to verify appropriate staff are determining the diagnosis.<sup>22</sup></li> </ul>

<sup>19</sup> CCR, Title 9, Section 1840.346 Medication Support Services shall be provided within the scope of practice by any of the following: (a) Physician (b) Registered Nurse (c) Licensed Vocational Nurse (d) Psychiatric Technician (e) Pharmacist (f) Physician Assistant.

<sup>20</sup> California Code, [Business and Professions Code, Section 2836.1](#)

<sup>21</sup> California Code, [Business and Professions Code, Section 3502.1](#).

<sup>22</sup> CCR, Title 9, Section 522 Medical Responsibility. 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.

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Category 6: Crisis Stabilization Services	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	Guidelines for Certification Reviews
A) Do all beneficiaries receiving Crisis Stabilization services receive a physical and mental health assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Review the MHP's P&amp;P for this area.</li> <li><b>Review a sample of current client records</b> to ensure that beneficiaries are receiving both a physical and mental health assessment. <b>Note:</b> Have the provider show you where these can be found in the chart.<sup>23</sup></li> </ul>
B) 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?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Review the MHP's P&amp;P for this area.</li> <li><b>Review a sample of current client records</b> to ensure this requirement is met.<sup>24</sup></li> </ul>
C) 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?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Review MHP's P &amp; P for staffing patterns and staffing schedule.</li> <li>When the CSU is co-located with other Specialty Mental Health Services, <b>obtain a copy of the staffing for the day of the onsite visit.</b></li> <li>Verify that staff listed are present.</li> <li>Verify that CSU staff are not responsible for providing non-CSU services.<sup>25</sup></li> </ul>

Category 6: Crisis Stabilization Services	Criteria Met		
FEDERAL AND STATE CRITERIA	YES	NO	Guidelines for Certification Reviews
D) Are the beneficiaries currently in the Crisis Stabilization Unit (CSU) receiving Crisis Stabilization services less than 23 hours and 59 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Review the board, admission/discharge log, or client records showing current beneficiaries and admission dates.<sup>26</sup></li> </ul>

<sup>23</sup> CCR, Title 9, Section 1840.338 (c) 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.

<sup>24</sup> CCR, Title 9, Section 1840.348 (d) 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.

<sup>25</sup> CCR, Title 9, Section 1840.348 (f) 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.

<sup>26</sup> CCR, Title 9, Section 1810.210 Crisis Stabilization. "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.

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH)  
SHORT DOYLE/MEDI-CAL PROVIDER PROGRAM SITE CERTIFICATION PROTOCOL: CSU**

			<ul style="list-style-type: none"> <li>○ Determine the time when services began and ended.</li> <li>○ Determine if anyone has been there 24 hours or longer.</li> <li>● If any of the beneficiaries present have been receiving services for longer than 23 hours and 59 minutes, make a note of the number of beneficiaries and the actual length of time that each beneficiary has been in the CSU.</li> <li>● <b>Note:</b> If there is a board, patient information should not be visual to the public.</li> <li>● What procedures does the facility follow when claiming for CSU?             <ul style="list-style-type: none"> <li>○ What sort of services “count” towards the minimum of 31 minutes required for a one-hour billing?</li> <li>○ How are services claimed for beneficiaries who have been receiving services longer than 23 hours and 59 minutes?</li> </ul> </li> <li>● Document CSU efforts for discharge planning and meeting the beneficiary’s needs within the timeline.</li> </ul>
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**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH)  
SHORT DOYLE/MEDI-CAL PROVIDER PROGRAM SITE CERTIFICATION PROTOCOL: CSU**

**Category 6 – CSU (cont'd):** 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**

	Yes	No	Comments
1. Is the CSU a 5150-designated facility?			
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? Are the minors under 1:1 supervision at all times?			
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? (Review the MHP’s P&Ps regarding use of S&R)			
8. Are the S&R rooms clean and free from hazards that 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?			

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH)  
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**Category 6 – CSU (cont'd):** 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**

	Yes	No	Comments
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.			
11. How are patients monitored while in seclusion and restraints? (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?			

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH)  
SHORT DOYLE/MEDI-CAL PROVIDER PROGRAM SITE CERTIFICATION PROTOCOL: CSU**

**Category 6 – CSU (cont'd):** 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**

	Yes	No	Comments
16. What procedures are followed when a non-English speaking patient is admitted? Is an interpreter brought to the facility? If not, why not?			
17. What arrangements or options are available for family members who wish to visit patients?			
18. Which staff performs crisis intervention services?			
19. Which staff perform risk assessments (e.g., for Danger to Others, Danger to Self, Gravely Disabled)?			
20. During the tour of the CSU, did you observe staff sitting and talking with patients or was staff exclusively sitting in the nursing station?			
21. What dispositions are available if a patient is not appropriate for discharge home after 23 hours and 59 minutes?			
22. What dietary facilities are available for preparation/dispensing of patient meals and snacks?			

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH)  
SHORT DOYLE/MEDI-CAL PROVIDER PROGRAM SITE CERTIFICATION PROTOCOL: CSU**

<b>Category 7: Medication Support Services</b>	<b>Criteria Met</b>		<input type="checkbox"/> <b>Not Applicable</b> (Provider does <u>not</u> store or maintain meds on site)
<b>Evaluation Criteria</b>	<b>Yes</b>	<b>No</b>	<b>Guidelines for Certification Reviews</b>
<b>1.</b> 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"/>	<ul style="list-style-type: none"> <li>Note: 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.</li> </ul>
<b>2.</b> Are all medications obtained by prescription labeled in compliance with federal and state laws?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Ask how they ensure prescriptions are labeled in compliance with federal and state laws.</li> <li>Check the medication labels for compliance.</li> <li>Note: Prescription labels may be altered only by persons legally authorized to do so.</li> </ul>
<b>3.</b> Are intramuscular multi-dose vials dated and initialed when opened?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Determine how multi-dose vials are stored.</li> <li>Check the multi-dose vials to see if any opened multi-dose vials are dated, initialed, and refrigerated (e.g. insulin, tuberculin).</li> </ul>
<b>4.</b> Are medications intended for external use only, and food stuffs, stored separately from drugs intended for internal use?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>If the provider has any medications intended for external use only, check the labels &amp; expiration dates.<sup>27</sup></li> <li>Verify that external use only medications are stored separately from oral and injectable medications.</li> <li>No food should be stored in the same refrigerator as medications.</li> </ul>
<b>5.</b> Are all medications stored at proper temperatures? <ul style="list-style-type: none"> <li>Room temperature medications at 59° F – 86° F?</li> <li>Refrigerated medications at 36° F – 46° F?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Ask how they monitor to ensure medications are stored at proper temperatures (See footnote 32 below). Review temperature logs to see whether they are up-to-date.</p> <ul style="list-style-type: none"> <li>Check room thermometers and refrigerator thermometers to verify that they are at the appropriate temperatures.</li> </ul>
<b>6.</b> Are medications stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Check the medication storage area and how the area is secured/locked (See footnote 32 below).</li> <li>Ask who has access to the medication storage area or ask to see a list of staff who have access.</li> </ul>

<sup>27</sup> CCR, Title 9, Section 1810.435 (b) (3) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider: (2) Store and dispense medications in compliance with State and federal laws and regulations.



**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH)  
SHORT DOYLE/MEDI-CAL PROVIDER PROGRAM SITE CERTIFICATION PROTOCOL: CSU**

<b>Category 7: Medication Support Services</b>	<b>Criteria Met</b>		<input type="checkbox"/> <b>Not Applicable</b> (Provider does <u>not</u> store or maintain meds on site)
<b>Evaluation Criteria</b>	<b>Yes</b>	<b>No</b>	<b>Guidelines for Certification Reviews</b>
			Note: Per the Medical Board regarding Medical Assistants. <sup>28</sup>
<b>7.</b> Are medications disposed of after the expiration date?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Ask how expired medications are monitored and checked.</li> <li>• Ask how the expired medications are disposed of at the site, the staff involved, and how often this occurs.</li> <li>• Verify the location of where the expired medications are stored.</li> <li>• Check the expiration dates of the medications stored.</li> <li>• For all medications expired and still on the shelf, list the name of the medication and the expiration date in the CAP.</li> </ul>
<b>8.</b> 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?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Ask how they ensure expired, contaminated, deteriorated and abandoned medications are disposed of in a manner consistent with state/federal laws.</li> <li>• Ask to see their P&amp;P on how they dispose of expired medications.<sup>29</sup></li> <li>• Ask to see the medication/dispensing log where the expired, contaminated, deteriorated or abandoned medications are recorded.</li> <li>• Ask how Schedule II, III, or IV controlled drugs are handled.</li> </ul>

<sup>28</sup> Medical assistants: 1) are allowed to have access to the keys of the narcotic medication cabinet as long as there is an in-house procedure and the determination to allow this practice is made by the supervising physician or podiatrist; and 2) may hand patients properly-labeled and pre-packaged prescriptions drugs (excluding controlled substances) that have been ordered by a licensed physician, podiatrist, physician assistant, nurse practitioner, or nurse midwife. The properly-labeled and pre-packaged prescription drug must have the patient's name affixed to the package, and the physician, podiatrist, physician assistant, nurse practitioner, or nurse midwife must verify it is the correct medication and dosage for that specific patient and provide the appropriate patient consultation regarding use of the drug prior to the medical assistant handing medication to a patient.

<sup>29</sup> CCR, Title 22, Section 73369 (b) (1) (2) 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: 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. 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.

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH)**  
**SHORT DOYLE/MEDI-CAL PROVIDER SITE CERTIFICATION & RECERTIFICATION PROTOCOL: CSU**

Follow/Up or Corrective Action Plan (CAP) <i>(CAPs are required for items where federal and state criteria were not met)</i>			
Is A Follow Up for Certification Required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is A Corrective Action Plan (CAP) Required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Category and Item	Certifier Notes	Instruction on Follow Up	Due Date

**If applicable, date Follow up or CAP approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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a) Date the provider requested certification \_\_\_\_\_ **Date:** \_\_\_\_\_

b) Date of fire clearance \_\_\_\_\_ **Date:** \_\_\_\_\_

c) Date provider was operational (client received 1<sup>st</sup> services) \_\_\_\_\_ **Date:** \_\_\_\_\_

**New certification activation/approval date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***New certification activation/approval date is the latest date 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:** \_\_\_\_\_

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)  
 SHORT DOYLE/MEDI-CAL PROVIDER PROGRAM SITE CERTIFICATION PROTOCOL: CSU**

<b>Revision Date</b>	<b>Section(s) Changed</b>	<b>Brief Summary of Change(s)</b>	<b>Staff Member Making the Change</b>
9/16/2022	Category 1.1	Removed Korean and added Arabic as Alameda County threshold languages.	Torfeh Rejali, QA Administrator
7/14/2023	As Noted	<p>Page 1, Section M – Addition of 15/07 ICC and 15/57 IHBS; addition of note regarding school and satellite sites.</p> <p>Category 1.1.A – Addition of “handbook” in reference to beneficiary brochure/Guide to Medi-Cal Mental Health Services.</p> <p>Category 3.1 and 3.2 – Correction of footnote number.</p> <p>Page 18 – Addition of clarifying language regarding: date provider was operational; and new certification activation/approval date.</p> <p>Updated “Last Revised by DHCS” date.</p>	Torfeh Rejali, Division Director, QA