



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

A. Provider Name	B. Provider No										
	C. NPI No										
	D. Reporting Unit(s)										
	E. Program Name		F. Days/Hours of Operation		M	T	W	Th	F	S	Su
		Open									
		Close									
G. Program Site Service Delivery Address		H. Mailing Address (If Different Than Delivery Address)				Attn:					
I. Certification Type (Specify)		<input type="checkbox"/> Certification				J. Certification Date					
		<input type="checkbox"/> Re-Certification									
K. BHCS Certifier Representative				L. Provider Representative(s)							
				M. Phone No. (If Different Than Provider No.)							
N. Services Provided^{1 2} (Check all that Apply)											
<input type="checkbox"/> 05/20 Non-Hospital PHF ³ 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 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 CCR, Title 9, Section 1840.366. Lockouts for Crisis Intervention

(a) 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.

(b) The maximum amount claimable for Crisis Intervention in a 24-hour period is 8 hours.

² CCR, Title 9, Section 1840.374. Lockouts for Targeted Case Management Services

(a) 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.

(b) 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.

Category 1: Posted Brochures and Notices	Criteria Met		Guideline for Certification Reviews/Visits
	Yes	No	
Federal and State Criteria			
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:			Note, Alameda County's current threshold languages are: <ul style="list-style-type: none"> • English • Vietnamese • Spanish • Cambodian • Chinese • Laotian • Farsi • Korean
A. The beneficiary brochure per MHP procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • During the certification, check to see whether the brochures are in a visible place.² • During the certification, check to see whether the complaints poster is in a visible place⁴
B. The provider list per MHP procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<p>During the certification, check to see whether the provider has an up-to-date list (within the current quarter) available to beneficiaries in English and threshold languages.</p> <p>Note the provider may make a binder for items A) and B) and label it, "Copies available upon request." The binder would then be left in the lobby where consumers would have free access to it.</p>
C. The posted notice explaining grievance, appeal, and fair hearings processes?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification, check to see whether the provider has the complaints poster, grievance, appeal and expedited appeal procedures and process posted in a visible place. ⁵

⁴ CCR, Title 9, Section 1810.360

(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.

⁵ CCR, Title 9, Section 1850.205 (c) (1) (B)

D. The grievance forms, appeal forms, and self-addressed envelopes?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification check for grievance appeal forms in English and the threshold languages. 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. ⁶
Category 2: Fire Safety Inspection	Criteria Met		Guideline for Certification Reviews/Visits
Federal and State Criteria	Yes	No	
1. 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"/>	Prior to the visit, request a current and valid fire clearance from the provider. <ul style="list-style-type: none"> Note the provider site 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.⁷
Category 3: Physical Plant	Criteria Met		Guideline for Certification Reviews/Visits
Evaluation Criteria	Yes	No	
1. Is the facility and its property clean, sanitary, and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, tour the facility and 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). ⁵
Category 4: Policies and Procedures	Criteria Met		Guideline for Certification Reviews/Visits
Evaluation Criteria	Yes	No	
1. Does the provider have the following policies and procedures:			

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

⁶ 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.

⁷ CCR, Title 9, Section 1810.435

(b) 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.

<p>A. Protected Health Information?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>During the certification visit, check the provider's written policies and procedures for a description of how beneficiary confidentiality is in compliance with state and federal laws and regulations governing the confidentiality of personal or medical information.⁸</p>
<p>B. Personnel policies and procedures?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>During the certification visit, 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 licenses, if applicable, and are not on any excluded/debarred provider lists.</p> <p>Check for other personnel policies and procedures.</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 by viewing the list: http://exclusions.oig.hhs.gov/search.aspx www.medi-cal.ca.gov⁹</p>
<p>C. General operating procedures?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>During the certification visit, check the provider has a current administrative manual, which includes: general operating procedures (e.g., hours of operation, disaster procedures, emergency evacuation procedures, etc).</p>
<p>D. Maintenance policy to ensure the safety and well-being of beneficiaries and staff?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>During the certification visit, review the building maintenance policy or the maintenance agreement between the MHP and owner of the building.¹⁰</p>
<p>E. Service delivery policies?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>During the certification visit, review the written policies and procedures of services provided at the site.</p> <p>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>

⁸ 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) 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.

⁹ Social Security Act, Sections 1128 and 1128A & CFR, Title 42, Sections 438.214 and 438.610 & DMH Letter No. 10-05

¹⁰ CCR, Title 9, Section 1810.435 (b) 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.

F. Unusual occurrence reporting (UOR) procedures relating to health and safety issues?	<input type="checkbox"/>	<input type="checkbox"/>	Unusual occurrence reporting procedures. The county requires that all providers notify the county of any unusual occurrences, deaths etc. ¹⁰
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?	<input type="checkbox"/>	<input type="checkbox"/>	The provider has written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available. Many programs do not have this as a written policy. The state does check this.
Category 5: Head of Service¹¹	Criteria Met		Guideline for Certification Reviews/Visits

¹¹ 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.

Evaluation Criteria	Yes	No	
<p>A. 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>	<input type="checkbox"/>	<input type="checkbox"/>	<p>During the certification visit, check to see whether the MHP 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. Collect a copy of the current and valid license of the provider.¹²</p> <p>During the visit, check to see the written policies and procedures that providers follows to ensure that staff maintain current and valid licenses.</p> <p>Note for <u>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.</p>

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.

¹² CCR, Title 9, Section 1810.435 (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.

CCR, Title 9, Section 680 (a) Outpatient services in Local Mental Health Services shall include: 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.

Category 6: Crisis Stabilization Services¹³	Criteria Met		<input type="checkbox"/> Not Applicable
Federal and State Criteria	Yes	No	Guideline For Certification Reviews/Visits
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"/>	During the certification visit ask to see the coverage or “on call” schedule and identify the physician and review the physician’s work schedule to determine coverage. ¹⁴
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"/>	During the certification visit ask to see the coverage schedule to ensure that at a minimum there is 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 given time. ¹⁵
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"/>	During the certification visit ask to see the coverage schedule to ensure that the Registered Nurse, Psychiatric Technician or Licensed Vocational Nurse are on site at all times beneficiaries are receiving Crisis Stabilization services may be counted as part of the 4:1 client/staff ratio in Item 6.B. above ¹⁶
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"/>	During the certification visit, check the coverage schedule to determine whether medical backup services are available either on site or by written contract or agreement with a general acute care hospital. Medical back up is

¹³ 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

¹⁴ 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.

¹⁵ CCR, Title 9, Section 1840.348 (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 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.

¹⁶ 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 (g) Persons included in required Crisis Stabilization ratios and minimums may not be counted toward

Category 6: Crisis Stabilization Services ¹³	Criteria Met		<input type="checkbox"/> Not Applicable
Federal and State Criteria	Yes	No	Guideline For Certification Reviews/Visits
			defined as 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. ¹⁷
E. Does the provider have medications available on an as needed basis and the staffing available to prescribe or administer it?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check the coverage schedule to determine that the program site has the appropriate staff to prescribe and administer medications. ¹⁸ The following staff may provide medication support services ¹⁹ : <ul style="list-style-type: none"> • Physician • Registered Nurse • Licensed Vocational Nurse • Psychiatric Technician • Pharmacist • Physician Assistant • Nurse Practitioner²⁰
F. Do all beneficiaries receiving Crisis Stabilization services receive a physical and mental health assessments?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, review the service delivery policies and procedures to determine whether all beneficiaries receive a physical and mental health assessment. ²¹
G. If a beneficiary is evaluated as needing service activities that can only be provided by a specific	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, review the service delivery policies and procedures to determine whether a beneficiary is evaluated as needing

¹⁷ CCR, Title 9, Section 1840.338 (b) 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.

¹⁸ 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.

¹⁹ CCR, Title 9, Section 1840.346

²⁰ BUSINESS & PROFESSIONS CODE Section 2836.1. & BUSINESS & PROFESSIONS CODE Section 3502.1.

²¹ 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.

Category 6: Crisis Stabilization Services ¹³		Criteria Met		<input type="checkbox"/> Not Applicable
Federal and State Criteria		Yes	No	Guideline For Certification Reviews/Visits
type of licensed professional, does the provider make such persons available?				service activities that can only be provided by a specific type of licensed professional and whether the provider makes such persons available or if referrals are made. ²²
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?		<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, ask provider if the CSU is co-located with other Specialty Mental Health Services. Review the provider's service delivery policies and personnel policies for staffing patterns and/or staffing schedule. ²³
I. Are beneficiaries kept in the Crisis Stabilization Unit (CSU) longer than 23 hours and 59 minutes?		<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. 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.²⁴

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do the police transport patients to the CSU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

²² 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.

²³ 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.

²⁴ 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. & CCR, Title 9, Section 1840.368 (c) Lockouts for Crisis Stabilization (c) The maximum number of hours claimable for Crisis Stabilization in a 24-hour period is 20 hours.

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

5. Are there any types of patients which the CSU will not accept from the police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is there suitable furniture in the CSU on which the beneficiaries can sit or recline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does the CSU have seclusion and restraint (S&R) capability? (Look at P&Ps regarding use of S&R)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are the beds in the S&R rooms securely bolted to the floor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are there "quiet rooms" which patients can use when they wish to have a reduced level of stimulation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Where does staff interview/assess patients? Where does staff provide crisis intervention to patients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. What procedures are followed when a non-English speaking patient is admitted? Is an interpreter brought to the facility? If not, why not?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. What arrangements or options are available for family members who wish to visit patients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Which staff performs crisis intervention services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Which staff perform risk assessments (e.g., for DTO, DTS, GD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. What dispositions are available if a patient is not appropriate for discharge home after 23 hours and 59 minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. What dietary facilities are available for preparation/dispensing of patient meals and snacks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Category 7: Medication Support Services ²⁵	Criteria Met		<input type="checkbox"/> Not Applicable
Evaluation Criteria	Yes	No	Guideline for Certification Reviews/Visits
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:			Note pharmaceutical services are not the same as service code Medication Support. Medication Support services are counseling and information and can be provided without providing medications (pharmaceutical services). If the program provides Medication Support and fails this part of the site certification, the certification cannot be completed until corrections have been made.
A. Are all medications obtained by prescription labeled in compliance with federal and state laws?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, ask how they ensure prescriptions are labeled in compliance with federal and state laws. Note that prescription labels may be altered only by persons legally authorized to do so.
B. Are medications intended for external-use-only stored separately?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, ask whether the provider has any medications intended for external-use-only. If yes, ask to see how they are stored separately from other medications.
C. Are all medications stored at proper temperatures: <ul style="list-style-type: none"> • Room temperature medications at 59° F – 86° F? • Refrigerated medications at 36° F – 46° F? 	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • During the certification visit, ask how they monitor to ensure medications are stored at proper temperatures • Review temperature logs to see whether they are up-to-date. • Check room thermometers and refrigerator thermometers to see that they are at the appropriate temperature.
D. 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"> • During the visit, ask to see where medications are stored and how the area is secured/locked. • Ask who has access to the medication room or ask to see a list of those who have access • IM multi-dose vials must be dated and initialed when opened <ul style="list-style-type: none"> ○ 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
E. Are medications disposed of after the expiration date?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, look at medications in refrigerator/cabinet/or drawer to see whether there are any expired ones by checking the expiration date. If there are expired medications, you will need to do a POC. Ask to see their policy

²⁵ CCR, Title 9, Section 1840.372 Lockouts for Medication Support Services - The maximum amount claimable for Medication Support Services in a 24-hour period is 4 hours.

Category 7: Medication Support Services ²⁵	Criteria Met		<input type="checkbox"/> Not Applicable
Evaluation Criteria	Yes	No	Guideline for Certification Reviews/Visits
			and procedures on how the provider disposes of expired medications. ²⁶
<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>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • During the certification visit, ask to see the medication / dispensing logs to see whether they are up-to-date. • During the certification visit, 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. This should be in a policy and procedure.

²⁶ CCR, Title 22, Section 73369 Pharmaceutical Service – Disposal of Drugs (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: 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.

Category 8 : Day Treatment – Intensive ²⁷	Criteria Met		<input type="checkbox"/> Not Applicable
Federal and State Criteria	Yes	No	Guideline for Certification Reviews/Visits
1. Is evidence presented and/or does the written description of the Intensive Day Treatment program include the following components ²⁸ : A. Community meetings that: 1. Occur at least once a day?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check for a posted daily schedule to verify whether community meetings occur at least once per day.
2. Includes a staff whose scope of practice includes psychotherapy?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check the coverage schedule and meetings to determine the staff's scope of practice.
3. Address relevant items including, but not limited to, what the schedule for the day will be, any current event, individual issues clients or staff wish to discuss to elicit support of the group, conflict resolution within the milieu, planning for the day, the week, or for special events, old business from previous meetings or from previous day treatment experiences, and debriefing or wrap-up.	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check the meeting schedule to see what types of groups occur during the milieu and whether they are matched with the items listed.
B. Therapeutic milieu that:			
1. Meets minimum program hours per day requirement?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check the posted schedule and staffing to determine whether the program meets the hour requirements. <ul style="list-style-type: none"> • Full-Day minimum is four plus hours per day, every program day. • Half Day minimum are three hours per day, every program day.²⁹

²⁷ CCR, Title 9, Section 1840.360. Lockouts for Day Rehabilitation and Day Treatment Intensive

Day Rehabilitation and Day Treatment Intensive are not reimbursable under the following circumstances:

- a) 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.
- b) 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.
- c) 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.

²⁸ CCR, Title 9, Section 1810.213 Day Treatment Intensive “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.

²⁹ CCR, Title 9, Section 1840.318 Claiming for Service Functions on Half Days or Full Days of Time

- a) Day treatment intensive and day rehabilitation shall be billed as half days or full days of service
- b) The following requirements apply for claiming of services based on half days or full days of time.

Category 8 : Day Treatment – Intensive ²⁷	Criteria Met		<input type="checkbox"/> Not Applicable
Federal and State Criteria	Yes	No	Guideline for Certification Reviews/Visits
2. Is continuous?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check the posted schedule and staffing to determine whether program is continuous except for lunch and short breaks; 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?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check the posted schedule and staffing to determine whether the program provides skill building groups to 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 as well as adjunctive therapies utilize self-expression (art, recreation, dance, music, etc.) as the therapeutic intervention.
C. A detailed written weekly schedule?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check the schedule to determine whether it identifies when and where the service components will be provided and by whom. The schedule must also specify the program staff, their qualifications, and the scope of their responsibilities.
D. Protocol for responding to clients experiencing a mental health crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • During the certification visit, ask to see the policies and procedures the provider uses that assure the availability of appropriately trained and qualified staff. • Ask to see how beneficiaries will be referred to crisis services outside of the day treatment program. Note the provider must have the capacity to handle the crisis until the beneficiary is linked to outside crisis services.
E. How required staffing ratios of qualified staff are maintained?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check staffing pattern and the daily client census log to ensure that at a minimum there is an appropriate staff to client ratio. ³⁰

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.
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.
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.

³⁰ CCR, Title 9, Section 1840.350 Day Intensive Staffing Requirements (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: (1) Physicians (2) Psychologists or related waived/registered professionals (3) Licensed Clinical Social Workers or related waived/ registered professionals (4) Marriage and Family Therapists or related waived/registered professionals (5) Registered Nurses (6) Licensed Vocational Nurses (7) Psychiatric

Category 8 : Day Treatment – Intensive ²⁷	Criteria Met		<input type="checkbox"/> Not Applicable
Federal and State Criteria	Yes	No	Guideline for Certification Reviews/Visits
<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>	<input type="checkbox"/>	<input type="checkbox"/>	<p>During the certification visit, check the schedule and staffing to determine whether at least one staff person will be present and available to the group.</p>
<p>G. If staff have other responsibilities (group home, school), documentation of the scope of responsibilities and the specific times in which day treatment activities are being performed exclusive of other activities?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>During the certification visit, ask to see the provider’s policy and procedures that describes the staffing, duties and responsibilities of staff, as well as hours of operation of the program. Note that 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>
<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>	<input type="checkbox"/>	<input type="checkbox"/>	<p>During the certification visit, ask to see the client sign in sheets. Each client should sign in and out of groups.</p>
<p>I. Description of how documentation standards will be met?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>During the certification visit, ask to see the provider’s policies, procedures and trainings on documentation standards. Note, these should 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>	<input type="checkbox"/>	<input type="checkbox"/>	<p>During the certification visit, ask to see the service delivery policies and procedures which outline how contact is made with support persons. Note adult beneficiaries may choose not to have this service done for them.</p>

Technicians (8) Occupational Therapists (9) Mental Health Rehabilitation Specialists as defined in Section 630 (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 (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: (1) Physicians (2) Psychologists or related waived/registered professionals (3) Licensed Clinical Social Workers or related waived/registered professionals (4) Marriage and Family Therapists or related waived/registered professionals (5) Registered Nurses (6) Licensed Vocational Nurses (7) Psychiatric Technicians (8) Occupational Therapists (9) Mental Health Rehabilitation Specialists as defined in Section 630

Category 8 : Day Treatment – Intensive ²⁷	Criteria Met		<input type="checkbox"/> Not Applicable
Federal and State Criteria	Yes	No	Guideline for Certification Reviews/Visits
			<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.

Category 9: Day Treatment – Rehabilitation ²⁶	Criteria Met		<input type="checkbox"/> Not Applicable
Federal and State Criteria	Yes	No	Guideline for Certification Reviews/Visits
1. Is evidence presented and/or does the written description of the Day Rehabilitation Treatment program include the following components ³¹ :			
A. Community meetings that:			
1. Occur at least once a day?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check for a posted daily schedule to verify whether community meetings occur at least once per day.
2. Includes a qualified staff?	<input type="checkbox"/>	<input type="checkbox"/>	“During the certification visit, check the coverage schedule and meetings to determine the staff’s scope of practice. Note 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.	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check the meeting schedule to see what types of groups occur during the milieu and whether they are matched with the items listed.
B. Therapeutic milieu that:			
1. Meets minimum program hours/day requirement?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check the posted schedule and staffing to determine whether the program meets the hour requirements. ²⁹
2. Is continuous?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check the posted schedule and staffing to determine whether program is continuous except for lunch and short breaks; lunch and break time do not count in the program time.
3. Includes skill building groups, adjunctive therapies, and process groups (or psychotherapy) for two hours/half-day and three hours/full-day program?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check the posted schedule and staffing to determine whether the program provides 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 and

³¹ CCR, Title 9, Section 1810.212 Day Rehabilitation “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.



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

Category 9: Day Treatment – Rehabilitation ²⁶	Criteria Met		<input type="checkbox"/> Not Applicable
Federal and State Criteria	Yes	No	Guideline for Certification Reviews/Visits
			adjunctive therapies utilize self-expression (art, recreation, dance, music, etc.) as the therapeutic intervention and 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.
C. A detailed written weekly schedule?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check the schedule to determine whether it identifies when and where the service components will be provided and by whom. The schedule must also specify the program staff, their qualifications, and the scope of their responsibilities.
D. Protocol for responding to clients experiencing a mental health crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • During the certification visit, ask to see the policies and procedures the provider uses that assure the availability of appropriately trained and qualified staff. • Ask to see how beneficiaries will be referred to crisis services outside of the day treatment program. Note the provider must have the capacity to handle the crisis until the beneficiary is linked to outside crisis services.
E. How required staffing ratios of qualified staff are maintained?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check staffing pattern and the daily client census log to ensure that at a minimum there is an appropriate staff to client ratio. ³²

³² CCR, Title 9, Section 1840.352 Day Rehabilitation Staffing Requirements (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: (1) Physicians (2) Psychologists or related waived/registered professionals (3) Licensed Clinical Social Workers or related waived / registered professionals (4) Marriage and Family Therapists or related waived/registered professionals (5) Registered Nurses (6) Licensed Vocational Nurses (7) Psychiatric Technicians (8) Occupational Therapists (9) Mental Health Rehabilitation Specialists as defined in Section 630 (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. (c) Persons providing services in the Day Rehabilitation program serving more than 12 clients shall include at least two of the following: (1) Physicians (2) Psychologists or related waived/registered professionals (3) Licensed Clinical Social Workers or related waived / registered professionals (4) Marriage and Family Therapists or related waived/registered professionals (5) Registered Nurses (6) Licensed Vocational Nurses (7) Psychiatric Technicians (8) Occupational Therapists (9) Mental Health Rehabilitation Specialists as defined in Section 630



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

Category 9: Day Treatment – Rehabilitation ²⁶	Criteria Met		<input type="checkbox"/> Not Applicable
Federal and State Criteria	Yes	No	Guideline for Certification Reviews/Visits
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?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, check the schedule and staffing to determine whether at least one staff person will be present and available to the group.
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?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, ask to see the provider’s policy and procedures that describes the staffing, duties and responsibilities of staff, as well as hours of operation of the program. Note that 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.
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	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, ask to see the client sign in sheets. Each client should sign in and out of groups.
I. Description of how documentation standards will be met?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, ask to see the provider’s policies, procedures and trainings on documentation standards. Note, these should 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. <ul style="list-style-type: none"> • Check beneficiary records as needed.
J. Description of at least one contact per month with a family member, caregiver, significant support person, or legally responsible adult?	<input type="checkbox"/>	<input type="checkbox"/>	During the certification visit, ask to see the service delivery policies and procedures which outline how contact is made with support persons. Note adult beneficiaries may choose not to have this service done for them. <ul style="list-style-type: none"> • There is an expectation that this contact will occur outside the hours of operation and therapeutic milieu.



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

Category 9: Day Treatment – Rehabilitation²⁶	Criteria Met	<input type="checkbox"/> Not Applicable
Federal and State Criteria	Yes	No
		<ul style="list-style-type: none"> The contacts and involvement should focus on the role of the significant support person in supporting the client's community reintegration.

Follow/Up Or Plan Of Correction (POC)

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

Is A Follow Up For Certification Required?

Yes

No

Is A Plan Of Correction (Poc) Required?

Yes

No

Category and Item	Certifier Notes	Instruction on Follow Up	Due Date

If applicable, date Follow up or POC approved:

Date: _____

a) Date Provider Update Request received by AS

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: _____