

MENTAL HEALTH MEDI-CAL RE/CERTIFICATION PROTOCOL

Purpose: This document should be used by Agencies and certifiers to prepare and successfully complete the program site's mental health Medi-Cal program site re-certification. Note that not all sections are applicable to the program site. Please read carefully.

a. Agency Name ¹ (Must match Appendix A, database and ITWS)	b. Agency No	c. NPI No ² (Each program site location must have its own NPI number. One address equals one NPI number.)
d. Program Name (Must match Appendix A, database and ITWS)	e. Program Code(s)	
f. Agency Representative(s)	g. Phone No. (If Different than Provider No.)	
h. Program Site Service Delivery Address & Satellite Site(s) ³ (Must match Appendix A, database and ITWS)	i. Certifier	j. Date of Visit
k. Type <input type="checkbox"/> Recertification <input type="checkbox"/> First Certification	l. Does Agency have an Organizational Chart? ⁴ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
m. Contracted Services ⁵ (Must match Attachment A, database, ITWS and/or procurement)		
<input type="checkbox"/> 05/20 Non-Hospital PHF ⁶ - H2013	<input type="checkbox"/> 10/81 Day Treatment Intensive ⁷ 1/2 Day - H2012	<input type="checkbox"/> 15/01 Case Management/Brokerage ⁸ - T1017 • 15/07 Intensive Care Coordination ⁹ - T1017

¹ Spell out the entire agency name and include acronyms.

² If moving, agencies must update the NPI number to exactly match the new address. Please provide a copy of the NPI number documentation to the Certifier.

³ "Satellite site" means a site owned, leased or operated by 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 employees or contractors of the provider. The on-site review required by Cal. Code Regs., tit. 9, §1810.435(d), as a part of the certification process, shall be made of any site owned, leased, or operated by the provider and used to deliver covered services to beneficiaries, except that on-site review is not required for public school or satellite sites.

⁴ Per DPH Contract, and applicable to contracted Agencies only. Agency must have an up-to-date Organizational Chart that reflects the mental health services and staff at the Provider Site.

⁵ CCR, Title 9, Section 1840.366. Lockouts for Crisis Intervention include: (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.

⁶ A non-hospital 24-hour acute care facility licensed by DHCS pursuant to the provisions in WIC section 5652.5.

⁷ A structured, multi-disciplinary program of therapy, which may be an alternative to hospitalization, avoid placement in a more restrictive setting or to maintain the individual in the community. Services are available at least three hours and less than 24-hours each day the program is open.

⁸ Services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community service.

<input type="checkbox"/> 05/40 Crisis Residential ¹⁰ - H0018	<input type="checkbox"/> 10/85 Day Treatment Intensive ⁷ Full Day - H2012	<input type="checkbox"/> 15/30 Mental Health Services ¹¹ - H2015 • 15/07 Intensive Home Based Services (IHBS) - H2015
<input type="checkbox"/> 05/65 Adult Residential ¹² - H0019	<input type="checkbox"/> 10/91 Day Rehabilitation ¹³ 1/2 Day - H2012	<input type="checkbox"/> 15/58 Therapeutic Behavioral Services ¹⁴ - H2019
<input type="checkbox"/> 10/20 Crisis Stabilization Unit Emergency Room ¹⁵ - S9484	<input type="checkbox"/> 10/95 Day Rehabilitation ¹³ Full Day - H2012	<input type="checkbox"/> 15/60 Medication Support ¹⁶ - H2010

⁹ A services that is responsible for facilitating assessment, care planning and coordination of services, including urgent services (for children/youth you meet the Katie A. Subclass criteria – See DHCS Letter No.: 13-11).

¹⁰ Residential Treatment Agencies must be certified by the California Department of Health Care Services. See:

<http://www.dhcs.ca.gov/services/MH/Pages/MentalHealthTreatmentProgramscertifiedbyDHCSare.aspx>

Crisis Residential Treatment Services are not reimbursable on days when the following services are reimbursed, except for day of admission to Crisis Residential Treatment Services:

- (a) Mental Health Services
- (b) Day Treatment Intensive
- (c) Day Rehabilitation
- (d) Psychiatric Inpatient Hospital Services
- (e) Psychiatric Health Facility Services
- (f) Psychiatric Nursing Facility Services
- (g) Adult Residential Treatment Services
- (i) Crisis Stabilization

¹¹ Means individual or group therapies and interventions that are designed to reduce mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive.

¹² Adult Residential Treatment Services are not reimbursable under the following circumstances: (a) When Crisis Residential Treatment Services, Psychiatric Inpatient Hospital Services, Psychiatric Health Facility, or Psychiatric Nursing Facility Services are reimbursed, except for the day of admission. (b) When an organizational provider of both Mental Health Services and Adult Residential Treatment Services allocates the same staff's time under the two cost centers of Mental Health Services and Adult Residential Treatment Services for the same period of time.

¹³ A structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provide services to a distinct group of individuals. Services are available at least three hours and less than 24 each day the program is open.

¹⁴ One-to-one, face-to-face therapeutic contacts for a specified short-term period between a mental health provider and child/youth with serious emotional disturbance (SED). TBS is a supplemental specialty mental health service covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit as defined in Cal. Code Regs., tit. 9, § 1810.215. TBS are intensive, one-to-one services designed to help beneficiaries and their parents/caregivers manage specific behaviors using short-term measurable goals based on the beneficiary's needs. TBS are available to beneficiaries in accordance with the Department of Mental Health Information Notice 08-38, the TBS Coordination of Care Best Practices Manual, version 2 (October 2010), and the TBS Documentation Manual, version 2 (October 2009).

¹⁵ 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. Crisis Stabilization is distinguished from Crisis Intervention by being delivered by providers who do not meet crisis stabilization contact, site and staffing requirements. (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.

<input type="checkbox"/> 10/25 Crisis Stabilization Unit Urgent Care ¹⁷ - S9484	<input type="checkbox"/> 15/70 Crisis Intervention ¹⁸ - H2011	
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Enter **Number of Beds** if Residential: _____

Federal and State Criteria & What the Agency Must Do	Guideline for Certification Reviews/Visits	Completed?			
		Yes	No	N/A	Notes
Category 1: Posted Brochures and Notices¹⁹ – Applicable to all contracted and Civil Service programs					

¹⁶ Services including prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Medication Support Services are not the same as Pharmaceutical services. 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. The maximum amount claimable for Medication Support Services in a 24-hour period is 4 hours.

¹⁷ 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. Crisis Stabilization is distinguished from Crisis Intervention by being delivered by providers who do not meet crisis stabilization contact, site and staffing requirements.

¹⁸ (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.

¹⁹ CCR, Title 9, Section 1810.360 (b) (3), (d) and (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 agency 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 agency 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 agency list upon request and when a beneficiary first receives a specialty mental health service from the MHP or its contract agencies. 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.

Federal and State Criteria & What the Agency Must Do	Guideline for Certification Reviews/Visits	Completed?			
		Yes	No	N/A	Notes
<p>a. Is the beneficiary HIPAA brochure²⁰ available and in a beneficiary-accessible area?</p> <p>Agencies must have written program literature available to beneficiaries that describe the program's services; mental health education materials; assist beneficiaries in accessing services.</p> <p>Agencies must have HIPAA materials in all threshold languages, even if agency does not currently serve beneficiaries who speak these languages, in a visible beneficiary-accessible area.</p> <p><i>Tip: Agencies should have an assigned staff to ensure that these materials are replenished on a regular basis.</i></p>	<p>Check whether HIPAA posters are in a visible and beneficiary-accessible area. Note any findings.</p> <p>Ensure HIPAA materials are in all current threshold languages²¹:</p> <ul style="list-style-type: none"> • English • Vietnamese • Spanish • Tagalog • Chinese • Russian 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>b. Is the most up-to-date Provider List²² available?</p> <p>Agencies must have the most recent published Provider List: https://www.sfdph.org/dph/files/CBHSdocs/2015-2016-ProviderManual.pdf available for beneficiaries.</p> <p><i>Tip: Agencies should have an assigned staff to check the above link to ensure the latest copy is available to beneficiaries. Agencies may make a binder for items a) and b) and label it, "Copies available upon request." The binder must be in a visible and beneficiary-accessible area.</i></p>	<p>Check whether the list is up-to-date and whether it is available onsite upon intake and upon request.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>c. Are there a posted notices explaining grievance, appeal, and fair hearings processes²³?</p>	<p>Check whether the complaint posters, grievance, appeal and fair hearing</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

²⁰ 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.

²¹ For San Francisco County, see: <http://www.sfdph.org/dph/comupg/oservices/medSvs/HIPAA/HIPAAsummaries.asp>

²² CCR, Title 9, Section 1810.360 (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.

²³ 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.

Federal and State Criteria & What the Agency Must Do	Guideline for Certification Reviews/Visits	Completed?			
		Yes	No	N/A	Notes
<p>Agencies must have complaint posters, grievance, appeal and fair hearing processes in all threshold languages posted in a visible and beneficiary-accessible area.</p> <p><i>Tip: Agencies should have an assigned staff to ensure that materials are replenished on a regular basis.</i></p>	<p>processes are posted in a visible and beneficiary-accessible area.</p>				
<p>d. Are there grievance forms, appeal forms, and self-addressed envelopes available in beneficiary accessible areas²³?</p> <p>Agencies must have the:</p> <ul style="list-style-type: none"> • Grievance forms; and • Appeal forms; and • Self-addressed envelopes <p>in a visible and beneficiary-accessible area in all threshold languages.</p> <p>See: http://www.sfdph.org/dph/files/CBHSPoIProcMnl/3.11-03.pdf</p> <p><i>Tip: Agencies should have an assigned staff to ensure that these materials are replenished on a regular basis.</i></p>	<p>Check whether the grievance, appeal forms and self-addressed envelopes are all in a visible and beneficiary-accessible area in all threshold languages.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Category 2: Fire Safety Inspection - Applicable to all Contracted and Civil Service programs.					
<p>a. Does the space owned, leased or operated by the Agency and used for services or staff meet local fire codes?²⁴</p> <p>Agencies must have a copy of a current and valid fire clearance as a result of a fire safety inspection from the local fire department.</p>	<p>Prior to the visit, obtain a current and valid fire clearance from the Agency and ensure it is within twelve months of the certification visit.</p> <p>Note: Program sites may not be re/certified without a fire clearance that meets local fire codes.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Category 3: Physical Plant - Applicable to all programs.					

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.

²⁴ CCR, Title 9, Section 1810.435 (b) (2) (b) In selecting individual or group agencies with which to contract, the MHP shall require that each individual or group agency:(2) Maintain a safe facility.

Federal and State Criteria & What the Agency Must Do	Guideline for Certification Reviews/Visits	Completed?			
		Yes	No	N/A	Notes
<p>a. Is the facility and its property clean, sanitary, in good repair, safe and ADA compliant?²⁴</p> <p>Agencies must keep the program site and its property clean, sanitary, in good repair and ADA compliant. Restrooms and exits must be clearly labeled.</p> <ul style="list-style-type: none"> • Are exits clear of obstruction? • For programs that serve adults, furniture over five feet must be bolted to the wall; • For programs that serve children, furniture over three feet must be bolted to the wall; • All chemicals and supplies must be safely stored in locked areas. Refrigerators with client food must be kept at a range between 36 to 46 degrees. 	<p>Tour the facility and observe the building and grounds for actual and potential hazards (e.g. unstable furniture, as loose carpeting, electrical cords that might pose a hazard, cleaning supplies left out in the open, etc.).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>b. Are all confidential and protected health information secure?²⁵</p> <p>Beneficiary records may not be located where the public can view or have physical access to files.</p>	<p>If beneficiary files are not electronic, inspect beneficiary records room(s) and verify that beneficiary records are maintained confidentially. Identify who has access to the beneficiary records room during and after business hours.</p> <p>If beneficiary files are kept electronically, review Agency practices.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Category 4: Policies and Procedures - Applicable to all Contracted and Civil Service programs.					
<p>a. Is there written evidence of policies and procedures regarding Protected Health Information?²⁵</p> <p>Agencies must have written policies and procedures, which describe:</p> <ul style="list-style-type: none"> • How beneficiary information is kept confidential in compliance with local, state and federal laws governing the confidentiality of personal and medical information; • How active clients charts are stored on-site and closed ones are kept separate; • How staff is trained on such policies and procedures. 	<p>Check for Protected Health Information policies and procedures.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

²⁵ CCR, Title 9, Section 1810.310 (a) (10) (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) (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.

Federal and State Criteria & What the Agency Must Do	Guideline for Certification Reviews/Visits	Completed?			
		Yes	No	N/A	Notes
These policies should contain, at minimum, which staff is trained, the frequency of training and the consequences and process of a violation of the policy and procedures.					
<p>b. Does the Agency have written personnel policies and procedures, which describe billing, debarment, suspension, recruitment and retention etc. and evidence of complying?²⁶</p>	<p>Review the written policy and procedures to verify that the Agency hires and contract only with individuals or direct service providers who:</p> <ul style="list-style-type: none"> • Are eligible to claim for and receive state and federal funds; • Have the required licensures that are valid and current; and • Are not on any excluded provider lists. <p>Note: The County/Agency may not employ or contract with agencies 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://oig.hhs.gov/exclusions/exclusions_list.asp & https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp²⁷</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>c. Does the Agency have written general operating procedures/administrative manual?²⁸</p> <p>Agencies must have written policies and procedures, which describe general operations, including:</p>	<p>Check that the Agency has a current administrative manual, which includes: general operating procedures (e.g., hours of operation²⁹, disaster procedures, emergency evacuation procedures, etc.).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

²⁶ <http://exclusions.oig.hhs.gov/search.aspx> www.medi-cal.ca.gov

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

²⁷ In many cases, the City and County verifies the Agency's hire or initiation of the contract as well as a timeline as to when periodic verifications will be performed.

²⁸ MHP Contract, Exhibit A, Attachment 1, Appendix D, Item 5 CCR, Title 9, § 533

²⁹ Providers shall have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. If the provider only serves Medi-Cal beneficiaries, the hours of operation shall be comparable to the hours the provider makes available for Medi-Cal services that are not covered by the Contractor, or another Mental Health Plan.42 C.F.R. §438.206 (C)(1).

Federal and State Criteria & What the Agency Must Do	Guideline for Certification Reviews/Visits	Completed?			
		Yes	No	N/A	Notes
<ul style="list-style-type: none"> Contingency for coverage (Officer of the Day) Emergency evacuation plan²⁴ Beneficiary outings Obtaining qualified interpretation services Key policies (which staff have access to locked files/rooms). 					
<p>d. Does the Agency have the appropriate written maintenance policies and procedures to ensure the safety and well-being of beneficiaries and staff?²⁴</p> <p>Agencies must have written policies and procedures, which describe how their organization maintains its buildings.</p>	Check for maintenance policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>e. Does the Agency have the appropriate service delivery policies and procedures³⁰?</p> <p>Agencies must have written policies and procedures describing how services are delivered in each program within their organization.</p> <p>The service delivery policies and procedures should include, at minimum, the name of the program, a description of the services provided, intake processes, which staff deliver services and where, the modalities of services provided, program goals, assessment³¹, plans³², progress notes³³, treatment duration, referral, discontinuation and discharge protocols.</p>	Review the written policies and procedures of services provided at the site. Check for policies and procedures regarding types of service intake process referral and linkage, length of services, discharge, and discontinuation of services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

³⁰ MHP Contract, Exhibit A, Attachment 1, Section 4.L.5.
CCR, Title 9, §§ 1810.209-210 §§ 1810.212-213
§§ 1810.225, 1810.227 and 1810.249

³¹ Assessments shall include the presenting problem, relevant conditions, mental health history, medical history, medications, substance use, client strengths, risks, mental status examination, a complete five-axis diagnosis from the most current DSM. Depending on the type of service, assessments must be complete with a particular timeline.

³² Plans, also known as the Treatment Plan of Care, shall include specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments, proposed types of interventions/modality and descriptions of the interventions to be provided, proposed frequency and duration of interventions that focus on the impairments, consistency with the qualifying diagnosis, be signed by the person providing services and LPHA and client. Depending on the type of service, Plans must be completed then updated with a particular timeline.

³³ Progress Notes shall describe how services reduced impairment, restored functioning or prevented deterioration in an area outlined in the plan and shall include documentation of medical necessity, encounters, interventions applied and beneficiary response to interventions and locations of interventions, date of services, documentation of referrals, documentation of follow-up, amount of time to provide services, signature of the person providing the service and their licensure.

Federal and State Criteria & What the Agency Must Do	Guideline for Certification Reviews/Visits	Completed?			
		Yes	No	N/A	Notes
<p>f. Does the Agency have the appropriate written Unusual occurrence reporting (UOR) procedures relating to health and safety issues?^{24 & 34}</p> <p>Agencies must have a written policy that defines an unusual occurrence, which requires medical treatment for beneficiaries, staff or community members.</p> <p>This policy should contain, at minimum, which staff is notified, the timeline for notification, the process for treating the client or staff, and the process for notifying the County.</p>	<p>Check for Unusual Occurrence Reporting policies and procedures.</p> <p>Note: Agencies must notify the County of any unusual occurrences that require medical treatment.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>g. Does the Agency have 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?³⁶</p> <p>Agencies must have written referral processes and information for a psychiatrist or physician, when/if there is not one on site.</p> <p>This procedure should include the contact information of the psychiatrist or physician.</p>	<p>Check that the provider has written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Category 5: Head of Service - Applicable to all contracted and Civil Service programs.					
<p>a. Does the Agency have as head of service a licensed mental health professional or other appropriate individual?³⁵</p>	<p>Request a copy of the head of service license and ensure it is up-to-date and</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Progress Notes must be recorded at each encounter for mental health, targeted case management, crisis intervention and medication support services. Progress Notes must be recorded daily for Crisis Residential, Crisis Stabilization, Day Treatment Intensive and weekly for Day Treatment Intensive (with a clinical summary reviewed and signed by a LPHA), Day Rehabilitation and Adult Residential.

³⁴ MHP Contract, Exhibit A, Attachment 1, Section 4.L.5.

³⁵ MHP Contract, Exh. A, Attachment 1, Appendix D, § A, Item 9 The organizational agency has as head of service a licensed mental health professional or other appropriate individual as described in Title 9, CCR, Sections 622 through 630.

CCR, Title 9, Section 1810.435 (c) (3) (c) In selecting organizational agencies with which to contract, the MHP shall require that each agency: (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.

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

Federal and State Criteria & What the Agency Must Do	Guideline for Certification Reviews/Visits	Completed?			
		Yes	No	N/A	Notes
<p>Agencies must have:</p> <ul style="list-style-type: none"> • Appropriately licensed staff in each program (this is usually the program director); and • Written policies and procedure stating how often licenses are verified and by whom. Agencies must have current and valid staff licenses on file at all times. <p>This policy should contain, at minimum, which staff licenses are checked, the frequency of checks, and the consequences and process of a violation of the policy and procedures.</p>	within the appropriate scope of practice.				

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.

Federal and State Criteria & What the Agency Must Do	Guideline for Certification Reviews/Visits	Completed?			
		Yes	No	N/A	Notes
Category 6: Crisis Stabilization Services – Applicable to programs that provide Crisis Stabilization Services.					
<p>a. Is a physician on call at all times for the provision of those Crisis Stabilization Services that may only be provided by a licensed physician?³⁶</p> <p>Agencies must have:</p> <ul style="list-style-type: none"> • Appropriate staff on call at all times; and • Written proof through the on-call schedule and contact information. 	<p>Review the “on call” schedule for physician coverage and identify the physician. Review the physician’s work schedule to determine if there is coverage. Note any findings.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>b. Is there written evidence that the agency have qualified staff available to meet the 4:1 (client: staff) ratio during times Crisis Stabilization services are provided?³⁷</p> <p>Agencies must have:</p> <ul style="list-style-type: none"> • Appropriate staff to deliver services; and • Staff schedules with notations regarding staff licensing. • Is there written evidence that the agency have at least one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are receiving Crisis Stabilization services?³⁸ 	<p>Review the staff schedules and working hours then compare with the census and determine if the staffing ratio requirements are being met.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

³⁶ [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.

- Identify the physician
- Review the physician’s work schedule to determine coverage

³⁷ [CCR](#), Title 9, Section 1840.348 (c) (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.

[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.

³⁸ [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 meeting ratios and minimums for other services.

Federal and State Criteria & What the Agency Must Do	Guideline for Certification Reviews/Visits	Completed?			
		Yes	No	N/A	Notes
Category 6: Crisis Stabilization Services – Applicable to programs that provide Crisis Stabilization Services.					
<p>c. Does the Agency have at least one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are receiving Crisis Stabilization services³⁹?</p> <p>A Registered Nurse, Psychiatric Technician or Licensed Vocational Nurse are on site at all times beneficiaries are receiving Crisis Stabilization services.</p>	<p>These staff may be counted as part of the 4:1 client/staff ratio.</p>				
<p>d. Does the Agency have medical backup services available either on site or by written contract or agreement with a hospital?⁴⁰</p> <p>Agencies must have the appropriate back up services.</p> <p>Agencies must have a written policy and procedure summarizing the contract or agreement to ensure back-up.</p>	<p>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.</p> <p>Note: Medical back up is 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>e. Does the provider have medications available on an as needed basis and the staffing available to prescribe and/or administer it?⁴¹</p>	<p>Check the schedule to determine that the program site has the appropriate staff to prescribe and administer medications.</p> <ul style="list-style-type: none"> Identify who at facility can prescribe 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

³⁹ 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 meeting ratios and minimums for other services.

⁴⁰ 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.

⁴¹ 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. A Nurse Practitioner may also prescribe and administer medications

Federal and State Criteria & What the Agency Must Do	Guideline for Certification Reviews/Visits	Completed?			
		Yes	No	N/A	Notes
Category 6: Crisis Stabilization Services – Applicable to programs that provide Crisis Stabilization Services.					
Agencies must have: <ul style="list-style-type: none"> • Appropriate staff to prescribe and administer medications; and • Staff schedules with notations regarding staff licensing 	medications? <ul style="list-style-type: none"> • Identify who at facility can administer medications? • Does the CSU have staff available to prescribe and/or administer medications? Note: The following staff may provide medication support services: <ul style="list-style-type: none"> • Physician • Registered Nurse • Licensed Vocational Nurse • Psychiatric Technician • Pharmacist • Physician Assistant • Nurse Practitioner 				
f. Which categories of staff are assessing and determining the beneficiary diagnosis ⁴² ?	<ul style="list-style-type: none"> • Identify which category of staff is determining diagnosis. i.e. Practicing within his/her scope of practice. • Review sample beneficiary records to verify appropriate staff are determining the diagnosis Review sample client records to verify appropriate staff are determining the diagnosis. 				
g. Do all beneficiaries receiving Crisis Stabilization services receive a physical and mental health assessment? ⁴³ Agencies must have a written policy and procedure on how beneficiaries receive a physical assessment and by whom. This policy should contain, at minimum, which staff provide the physical assessment and under which circumstances.	Review the County's policy for this area. <u>Review a sample of current client records</u> to ensure that beneficiaries are receiving both a physical and mental health assessment. <u>NOTE:</u> Have the Agency show where these can be found in the chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

⁴² 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.

⁴³ 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.

Federal and State Criteria & What the Agency Must Do	Guideline for Certification Reviews/Visits	Completed?			
		Yes	No	N/A	Notes
Category 6: Crisis Stabilization Services – Applicable to programs that provide Crisis Stabilization Services.					
<p>h. 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?⁴⁴</p> <p>Agencies must written policies and procedures on how beneficiaries receive this evaluation and by whom.</p> <p>This policy should contain, at minimum, which staff provide the evaluation, under which circumstances and how needs are met.</p>	<p>Review the County's policy for this area. Review a sample of client records to ensure this requirement is met.</p> <p>Check for Specific Service policies and procedures.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>i. 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?⁴⁵</p> <p>Agencies in co-located sites must have:</p> <ul style="list-style-type: none"> • Distinct staff to deliver services; and • Staff schedules with notations regarding staff licensing and roles. 	<p>When the CSU is co-located with other Specialty Mental Health Services, obtain a copy of the staffing for the day of the onsite visit. Verify that staff listed are present. Verify that CSU staff are not responsible for providing non-CSU services.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>j. Are the beneficiaries currently in the Crisis Stabilization Unit (CSU) receiving Crisis Stabilization services longer than 23 hours and 59 minutes⁴⁶?</p> <p>Agencies may not provide services longer than 23 hours and 59 minutes.</p> <p>Agencies must have a written policy and procedure regarding duration of service.</p>	<p>Review the board, admission/discharge log, or client records showing current beneficiaries and admission dates:</p> <ul style="list-style-type: none"> • Determine the time when services began and ended. • Determine if anyone has been there over 24 hours. <p>If any of the beneficiaries present have been receiving services for longer than 23 hours and 59 minutes, make a note of the</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

⁴⁴ [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.

⁴⁵ [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.

⁴⁶ [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.

Federal and State Criteria & What the Agency Must Do	Guideline for Certification Reviews/Visits	Completed?			
		Yes	No	N/A	Notes
Category 6: Crisis Stabilization Services – Applicable to programs that provide Crisis Stabilization Services.					
	<p>number of beneficiaries and the actual length of time that each beneficiary has been in the CSU.</p> <p>NOTE: If there is a board, beneficiary information should not be visible to the public.</p> <p>What procedures does the facility follow when claiming for CSU?</p> <ul style="list-style-type: none"> • What sort of services “count” towards the minimum of 31 minutes required for a one-hour billing? • How are services claimed for beneficiaries who have been receiving services longer than 23 hours and 59 minutes? <p>Document CSU efforts for discharge planning and meeting the beneficiary’s needs within the timeline.</p>				

Crisis Stabilization Services – 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.				
	Yes	No	N/A	Notes
1. Is the CSU a 5150-designated facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does it accept both adults and children/adolescents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do the police transport patients to the CSU?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are there any types of patients which the CSU will not accept from the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is there suitable furniture in the CSU on which the beneficiaries can sit or recline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does the CSU have seclusion and restraint (S&R) capability? (Review the MHP’s P&Ps regarding use of S&R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Crisis Stabilization Services – 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.			
9. Are the beds in the S&R rooms securely bolted to the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are there “quiet rooms” which patients can use when they wish to have a reduced level of stimulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Where does staff interview/assess patients? Where does staff provide crisis intervention to patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. What arrangements or options are available for family members who wish to visit patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Which staff performs crisis intervention services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Which staff perform risk assessments (e.g., for DTO, DTS, GD)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. What dispositions are available if a patient is not appropriate for discharge home after 23 hours and 59 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. What dietary facilities are available for preparation/dispensing of patient meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Federal and State Criteria	What the Agency Must Do	Guideline for Certification Review/Visits	Completed?			
			Yes	No	N/A	Notes
Category 7: Medication Support Services⁴⁷ - Applicable to Contracted and Civil Service programs that Does the provide store or maintain medications on site. Note that DPH’s has a Pharmacist that conducts these visits, but these criteria may be reviewed with the Agency.						
a. Are all medications obtained by prescription labeled in compliance with federal and state laws? Including but not	Ask how the Provider ensures prescriptions are labeled in compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

⁴⁷ 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.

Federal and State Criteria	What the Agency Must Do	Guideline for Certification Review/Visits	Completed?			
			Yes	No	N/A	Notes
Category 7: Medication Support Services⁴⁷ - Applicable to Contracted and Civil Service programs that Does the provide store or maintain medications on site. Note that DPH's has a Pharmacist that conducts these visits, but these criteria may be reviewed with the Agency.						
limited to ⁴⁸ : <ul style="list-style-type: none"> Name of beneficiary Name of Prescriber Name of the medication Dosage/Strength Route of administration Frequency Quantity of contents Indications and Usage Date of expiration Agencies must have written policies and procedures on: <ul style="list-style-type: none"> How medication is labeled, stored, dispensed and administered. These policies should contain, at minimum, which staff dispenses and administers medication, labeling and storing procedures. Agencies must keep medication logs (with beneficiary name, date of service, medication and staff).	with federal and state laws. Check the medication labels for compliance. Determine how multi-dose vials are stored. Check the multi-dose vials to see if any opened multi-dose vials are dated, initialed and refrigerated (e.g. insulin, tuberculin). All multi-dose vials must be dated and initialed when opened. NOTE: Prescription labels may be altered only by persons legally authorized to do so.					
Agencies must keep medication logs (with beneficiary name, date of service, medication and staff).	Check : <ul style="list-style-type: none"> The medications to ensure that each has a label with beneficiary name, expiration date and dosage; and How Agency ensures 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. Note any findings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Are all medications entering the facility logged ⁴⁹ ? This includes: <ul style="list-style-type: none"> Prescriptions for individual patients/clients House supply Sample medications Agencies must have: <ul style="list-style-type: none"> A written policy and procedure on how medications are stored separately, depending on their external or internal use. This policy should contain, at minimum, which medications are	Review the Incoming (Receipt) medication log.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

⁴⁸ MHP Contract, Exhibit A, Attachment 1, Section 4.L.10

⁴⁹ CCR, Title 22, § 73361 – Pharmaceutical Service – Drug Order Records Facilities shall maintain a record which includes, for each drug ordered by prescription, the drug name, strength and quantity, the name of the patient, the date ordered, the date received and the name of the issuing pharmacy. The records shall be kept at least one year.

Federal and State Criteria	What the Agency Must Do	Guideline for Certification Review/Visits	Completed?			
			Yes	No	N/A	Notes
Category 7: Medication Support Services⁴⁷ - Applicable to Contracted and Civil Service programs that Does the provide store or maintain medications on site. Note that DPH's has a Pharmacist that conducts these visits, but these criteria may be reviewed with the Agency.						
stored where.						
<p>c. Are all medications stored at proper temperatures⁵⁰?</p> <p>Agencies must have:</p> <ul style="list-style-type: none"> • A working thermometer in all refrigerators where medication is stored; and • A working thermometer in the medication room; and • Daily logs that record the temperature of the refrigerator and medication room on a daily basis; and • Designated and appropriate staff to conduct daily checks. 	Check the thermometers and logs. Verify room and refrigerator temperatures: Room temperature medications at 59° F – 86° Refrigerated medications at 36° F – 46° F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Verify that food and other items are not stored in the same refrigerator as medications ⁵⁰ .	<u>No food</u> should be stored in the same refrigerator as medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. Are medications intended for external-use-only stored separately from oral and injectable medications ⁵⁰ ?	Check the medications used for external use only – check the labels and expiration dates. Verify that external medications are stored separately from oral and injectable medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. Are medications stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication ⁵⁰ ?	Check the medication storage area and how the area is secured/locked. Identify who has access to the medication room or ask to see a list of staff who have access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. All medications dispensed must be logged, regardless of their source ⁵¹ . The log should indicate:	Review the medication log for the required documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

⁵⁰ MHP Contract, Exhibit A, Attachment 1, Section 4.L.10 CCR, Title 9, § 1810.435(b) (3)

⁵¹ CCR, Title 22, § 73313(f) The time and dose of drug administered to the patient shall be properly recorded in each patient's medication record by the person who administered the drug.

Federal and State Criteria	What the Agency Must Do	Guideline for Certification Review/Visits	Completed?			
			Yes	No	N/A	Notes
Category 7: Medication Support Services⁴⁷ - Applicable to Contracted and Civil Service programs that Does the provide store or maintain medications on site. Note that DPH's has a Pharmacist that conducts these visits, but these criteria may be reviewed with the Agency.						
	<ul style="list-style-type: none"> The date and time the medication was administered The source of the medication The lot and/or vial number if the medication was dispensed from a multi-dose container or sample card The name of the patient receiving the medication The dosage of the medication given The route of administration used The signature of authorized staff who administered the medication 					
h.	Is a separate log maintained for Scheduled II, III and IV controlled drugs ⁵² ?	Verify which staff the facility has designated access to the Schedule II, III and IV controlled drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i.	Are records reconciled at least daily and retained at least one year ⁵² ?	Review the current controlled substances medication log to determine if appropriate licensed staff is reconciling the log at least daily or every shift.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j.	Does the controlled substance record include ⁵² : <ul style="list-style-type: none"> Patient Name Prescriber Prescription number Drug Name Strength Dose administered Date and time of administration Signature of person administering the drug 	NOTE: If supplied as part of a unit dose medication system, it does not need to be separate from other medication records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k.	Are controlled drugs kept separate from non-controlled drugs ⁵³ ?	Verify that controlled drugs are stored separately from non-controlled drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CCR, Title 22, § 73351 There shall be written policies and procedures for safe and effective distribution, control, use and disposition of drugs developed by the patient care policy committee. The committee shall monitor implementation of the policies and procedures and make recommendations for improvement.

CCR, Title 22, § 73353 No drugs shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illness. All such orders shall be in writing and signed by the person giving the order. The name, quantity or duration of therapy, dosage and time of administration of the drug, the route of administration if other than oral and the site of injection when indicated shall be specified. Telephone orders may be given only to a licensed pharmacist or licensed nurse and shall be immediately recorded in the patient's health record and shall be signed by the prescriber within 48 hours. The signing of orders shall be by signature or a personal computer key.

⁵² CCR, Title 22, § 73367(b) Separate records of use shall be maintained on all Schedule II drugs. Such records shall be maintained accurately and shall include the name of the patient and the prescriber, the prescription number, the drug name, strength and dose administered; the date and time of administration and the signature of the person administering the drug. Such records shall be reconciled at least daily and shall be retained at least one year. If such drugs are supplied on a scheduled basis as part of a unit dose medication system, such records need not be separate from patient medication records.

Federal and State Criteria	What the Agency Must Do	Guideline for Certification Review/Visits	Completed?			
			Yes	No	N/A	Notes
Category 7: Medication Support Services⁴⁷ - Applicable to Contracted and Civil Service programs that Does the provide store or maintain medications on site. Note that DPH's has a Pharmacist that conducts these visits, but these criteria may be reviewed with the Agency.						
l. Are medications disposed of after the expiration date ⁵⁴ ?	Ask how expired medications are monitored and checked. Ask how the expired medications are disposed of at the site, the staff involved, and how often this occurs. Verify the location of where the expired medications are stored. Check the expiration dates of the medications stored. For all medications expired and still on the shelf, list the name of the medication and date of the expiration in the POC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. Is a medication log maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws ⁵⁵ ?	Ask how expired, contaminated, deteriorated and abandoned medications are disposed of. Is it in a manner consistent with state and federal laws? Ask to see the medication/dispensing log where the expired, contaminated, deteriorated or abandoned medications are recorded. Ask how Schedule II, III, or IV controlled drugs are handled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. When medication has reached its expiration date, the disposal of the medication must be logged ⁵⁶ . The log should include the following information:	Review the log for the appropriate information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

⁵³ CCR, Title 22, § 73367(a)

⁵⁴ MHP Contract, Exhibit A, Attachment 1, Section 4.L.10
CCR, Title 22, § 73369

⁵⁵ MHP Contract, Exhibit A, Attachment 1, Section 4.L.10
CCR, Title 22, § 73369(b)(1)(2)

⁵⁶ 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

Federal and State Criteria	What the Agency Must Do	Guideline for Certification Review/Visits	Completed?			
			Yes	No	N/A	Notes
Category 7: Medication Support Services⁴⁷ - Applicable to Contracted and Civil Service programs that Does the provide store or maintain medications on site. Note that DPH's has a Pharmacist that conducts these visits, but these criteria may be reviewed with the Agency.						
<ul style="list-style-type: none"> The name of the patient Medication name and strength The prescription number Amount destroyed Date of destruction Name and signatures of witnesses Logs are to be retained for at least three years. 						

Federal and State Criteria	What the Agency Must Do	Guideline for Certification Review/Visits	Completed?			
			Yes	No	N/A	Notes
Category 8: Day Treatment Intensive/Day Rehabilitation⁵⁷ - Applicable to Contracted and Civil Service programs that Does the provides Day Treatment Intensive or Day Rehabilitation⁵⁸.						
a. Is there evidence that the Day Treatment Intensive (DTI) and Day Rehabilitation (DR) programs include Community Meetings that occur at least once a day and actively involve staff and beneficiaries ⁵⁹ ?	Review the Written Weekly Schedules and Written Program Description for daily Community Meetings. If Day Treatment Intensive, also review the Daily Progress Notes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Is there evidence that the Day Treatment Intensive (DTI) and Day Rehabilitation(DR) programs address relevant items including, but not limited to, what the schedule for the day will be, any current events, individual issues that beneficiaries or staff wish to discuss to elicit support of the group and conflict resolution ⁵⁹ ?	Review Documentation Standards ⁶⁰ , Written Program Descriptions, Written Weekly Schedules, Mental Health Crisis Protocol, Daily Client Attendance Records, staffing schedules, Duty Statements, and Staff Licensures,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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.

⁵⁷ Day Rehabilitation and Day Treatment Intensive are not reimbursable under the following circumstances:

- 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.
- 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.
- 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.

⁵⁸ If the site is requesting both half day and full day of either DTI or DR, then each half day and full day program must have a separate location, separate Written Weekly Schedule, separate Written Program Description and sufficient and qualified staff for each program.

Federal and State Criteria	What the Agency Must Do	Guideline for Certification Review/Visits	Completed?			
			Yes	No	N/A	Notes
Category 8: Day Treatment Intensive/Day Rehabilitation⁵⁷ - Applicable to Contracted and Civil Service programs that Does the provides Day Treatment Intensive or Day Rehabilitation⁵⁸.						
		medical records and billing records.				
c. For Day Treatment Intensive: Does the Community Meeting include a staff whose scope of practice includes psychotherapy ⁶¹ ?		Review the Written Weekly Schedules to determine if the assigned staff to the Community Meetings is a Psychiatrist, Licensed/ Waivered/ Registered Psychologist, LCSW, or MFT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. For Day Rehabilitation: Does the Community Meeting include staff who is a physician, a registered nurse, psychiatric technician, licensed vocational nurse, or mental health rehabilitation specialist, or a licensed / waived / registered psychologist, clinical social worker, or marriage and family therapist ⁵⁹ ?		Review the Written Weekly Schedules to determine if the requirements for assigned staff to the Community Meetings were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Does the Therapeutic Milieu include: Process Groups ⁵⁹ ? Day rehabilitation may include psychotherapy instead of process groups, or in addition to process groups.		Review the Written Weekly Schedules for the type of groups scheduled and Written Program Description to determine if the process groups assist each beneficiary to develop necessary skills to deal with his/her mental health problems and issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Process groups are facilitated by staff and shall assist each beneficiary to develop necessary skills to deal with his/her problems and issues. The group process shall utilize peer interaction and feedback in developing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

⁵⁹ MHP Contract, Exhibit A, Attachment 1, Section 8.D

⁶⁰ DTI & DR documentation shall meet the documentation standards shall include the date(s) of service, signature of the person providing the service (or electronic equivalent), the person's type of professional degree, licensure or job title, date of signature and the total number of minutes/hours the beneficiary actually attended the program. For day treatment intensive these standards include daily progress notes on activities and a weekly clinical summary reviewed and signed by a physician, a licensed/waivered/registered psychologist, clinical social I worker, or marriage and family therapist, or a registered nurse who is either staff to the DTI program or the person directing the services.

Federal and State Criteria	What the Agency Must Do	Guideline for Certification Review/Visits	Completed?			
			Yes	No	N/A	Notes
Category 8: Day Treatment Intensive/Day Rehabilitation⁵⁷ - Applicable to Contracted and Civil Service programs that Does the provides Day Treatment Intensive or Day Rehabilitation⁵⁸.						
		problem-solving strategies to resolve behavioral and emotional problems.				
f. Does the Therapeutic Milieu include: Skill Building Groups ⁵⁹ ?		<p>Review the Written Weekly Schedules for the type of groups scheduled and Written Program Description to determine if the skill-building groups help beneficiaries identify barriers related to their psychiatric and psychological experiences.</p> <p>In skill building groups, staff shall help beneficiaries identify barriers related to their psychiatric and psychological experiences. Through the course of group interaction beneficiaries identify skills that address symptoms and increase adaptive behaviors.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Does the Therapeutic Milieu include: Adjunctive Therapies ⁵⁹ ?		<p>Review the Written Weekly Schedules for the type of groups scheduled and Written Program Description to determine if the adjunctive therapies (art, recreation, dance or music) are therapeutic interventions.</p> <p>Adjunctive therapies assist the beneficiary in attaining or restoring skills which enhance community functioning including problem solving, organization of thoughts and materials, and verbalization of ideas and feelings. <u>Adjunctive therapies are used in conjunction with other mental health services</u> in order to improve the outcome of those services consistent with the beneficiary's needs identified in the client plan.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. For Day Treatment Intensive: Does the Therapeutic Milieu include: Psychotherapy ⁶² ?		Review the Written Weekly Schedules, Written Program Description and progress notes to determine if psychotherapy is being provided by a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Psychotherapy does not include physiological interventions,					

⁶² MHP Contract, Exhibit A, Attachment 1, Section 8.D and E.1.

Federal and State Criteria	What the Agency Must Do	Guideline for Certification Review/Visits	Completed?			
			Yes	No	N/A	Notes
Category 8: Day Treatment Intensive/Day Rehabilitation⁵⁷ - Applicable to Contracted and Civil Service programs that Does the provides Day Treatment Intensive or Day Rehabilitation⁵⁸.						
	including medication intervention.	licensed, registered, or waived staff practicing within their scope of practice. Psychotherapy means the use of psychological methods within a professional relationship to assist the beneficiary or beneficiaries to achieve a better psychosocial adaption, to acquire a greater human realization of psychosocial potential adaption, to modify internal and external conditions that affect individual, groups, or communities in respect to behavior, emotions and thinking, in respect to their intrapersonal and interpersonal processes. Psychotherapy is provided by licensed, registered, or waived staff practicing within their scope of practice.				
	i. Is a detailed Written Weekly Schedule available to beneficiaries and as appropriate to their families, caregivers or significant support persons ⁶² ?	Ask how the weekly schedule is made available to the beneficiary, family, caregiver or significant support person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	j. Does the Weekly Schedule ⁶² : • Identify when services will be provided? • Identify where services will be provided? • Specify the program staff, their qualifications, and the scope of their services?	Review the Written Weekly Schedule for required service components. Review the Written Weekly Schedule for the required information in items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	k. Is there a Written Program Description for the Day Treatment Intensive or Day Rehabilitation program ⁶² ?	Review the written Program Description for content and if all required service components for DTI or DR are described.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	l. Is there a Mental Health Crisis Protocol for responding to clients experiencing a mental health crisis ⁶³ ?	Review the MHP's Mental Health Crisis Protocol. The protocol must assure the availability of appropriately trained and qualified staff. If beneficiaries will be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

⁶³ MHP Contract, Exhibit A, Attachment 1, Section 8.E.2

Federal and State Criteria	What the Agency Must Do	Guideline for Certification Review/Visits	Completed?			
			Yes	No	N/A	Notes
Category 8: Day Treatment Intensive/Day Rehabilitation⁵⁷ - Applicable to Contracted and Civil Service programs that Does the provides Day Treatment Intensive or Day Rehabilitation⁵⁸.						
		referred to crisis services outside of the day treatment program, the provider must have the capacity to handle the crisis until the beneficiary is linked to outside crisis services				
<p>m. Do the scheduled hours of operation for Day Treatment Intensive or Day Rehabilitation Programs meet the minimum program hours per day requirement⁶⁴?</p> <p>For Half Day: The beneficiary must receive face-to-face services a minimum of three hours each day the program is open.</p> <p>For Full-Day: The beneficiary must receive face-to-face services in a program with services available more than four hours per day.</p>		<p>Ask how expired, contaminated, deteriorated and abandoned medications are disposed of. Is it in a manner consistent with state and federal laws?</p> <p>Ask to see the medication/dispensing log where the expired, contaminated, deteriorated or abandoned medications are recorded.</p> <p>Ask how Schedule II, III, or IV controlled drugs are handled.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>n. Are the scheduled hours of operation continuous⁶⁵?</p>		<p>Review the Written Weekly Schedule to verify the required hours are met. Review progress notes in the medical record to verify attendance and continuous hours of operation.</p> <p>Program must be continuous except for lunch and short breaks. Lunch and break time do not count toward the total continuous hours of operation for purposes of determining minimum hours of service.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

⁶⁴ 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.

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.

⁶⁵ MHP Contract, Exhibit A, Attachment 1, Section 8.L.4

Federal and State Criteria	What the Agency Must Do	Guideline for Certification Review/Visits	Completed?			
			Yes	No	N/A	Notes
Category 8: Day Treatment Intensive/Day Rehabilitation⁵⁷ - Applicable to Contracted and Civil Service programs that Does the provides Day Treatment Intensive or Day Rehabilitation⁵⁸.						
o. Is the beneficiary attending all of the scheduled hours of operation? <ul style="list-style-type: none"> • Is the attendance documented in minutes/hours on the progress notes? 	Review the progress notes in the medical records for documentation of the beneficiary's attendance in minutes and hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
p. If the beneficiary is unavoidably absent is there a separate entry for the reason for the unavoidable absence documented?	In cases where absences are frequent, it is the responsibility of the Contractor to ensure that the provider re-evaluates the beneficiary's need for the day treatment intensive program and takes appropriate action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
q. Is the total time of attendance documented in minutes/hours?	Review a sample of client records for the presence of unavoidable absences. Verify that there is documentation of the reason for the absence and the hours and minutes the beneficiary attended. Note the frequency of the absences and if the absences are unavoidable or not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
r. Did the beneficiary attend at least 50% of the scheduled hours of operation for that day ⁶⁶ ?	When the beneficiary is unavoidably absent, verify the hours and minutes of attendance are more than 50% of the scheduled hours of operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
s. Are the documentation standards being met ⁶⁷ ? <ul style="list-style-type: none"> • Do all entries in the medical record include: <ul style="list-style-type: none"> ○ Dates of Service ○ Signature of Person providing the service (or electronic equivalent) ○ Persons type of degree/licensure/title ○ Date of signature ○ Total number of minutes/hours the beneficiary actually attended the program 	Review the medical records to determine if entries are meeting documentation standards and the required and qualified staff are documenting and providing the service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
t. For Day Treatment Intensive ⁶⁷ , are there: <ul style="list-style-type: none"> • Daily progress notes on activities; AND • A Weekly clinical summary that is reviewed and signed by a physician, a licensed/ waived/ registered psychologist, clinical social worker, or marriage family therapist, or a 	Review the medical records for: <ul style="list-style-type: none"> • Required timeliness and frequency of DTI progress notes • The content of the progress 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

⁶⁶ DMH Letter No. 03-03;
MHP Contract, Exhibit A, Attachment 1, Section 8.G

⁶⁷ MHP Contract, Exhibit A, Attachment 1, Section 8.H, 11.C

Federal and State Criteria	What the Agency Must Do	Guideline for Certification Review/Visits	Completed?			
			Yes	No	N/A	Notes
Category 8: Day Treatment Intensive/Day Rehabilitation⁵⁷ - Applicable to Contracted and Civil Service programs that Does the provides Day Treatment Intensive or Day Rehabilitation⁵⁸.						
registered nurse who is either staff to the day treatment intensive program or the person directing the services?	note. Review the medical records for: <ul style="list-style-type: none"> • Required timeliness and frequency of DTI clinical summary • The content of the clinical summary. 					
u. For Day Rehabilitation, are there weekly progress notes ⁶⁷ ?	Review the medical records for: <ul style="list-style-type: none"> • Required timeliness and frequency of DR progress notes. • The content of the progress note. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
v. For Day Treatment Intensive & Day Rehabilitation: Is there documentation of at least one contact per month with a family member, caregiver, or other significant support person identified by an adult beneficiary, or one contact per month with the legally responsible adult for a beneficiary who is a minor ⁶⁸ ?	Review the medical records for the required timeliness and frequency of contact. <ul style="list-style-type: none"> • This contact may be face-to-face, or by an alternative method (e-mail, telephone, etc.). • The contacts should focus on the role of the support person in supporting the beneficiary's community reintegration. • The Contractor shall ensure that this contact occurs outside the hours of operation and outside the therapeutic program. <p>Adult beneficiaries may decline this service component. Review documentation to verify adult beneficiaries have declined.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
w. For Day Treatment Intensive, are the staffing requirements	Review the Written Weekly Schedule,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

⁶⁸ MHP Contract, Exhibit A, Attachment 1, Section 8.1
DMH Information Notice 02-06 and DMH Letter No.03-03

Federal and State Criteria	What the Agency Must Do	Guideline for Certification Review/Visits	Completed?			
			Yes	No	N/A	Notes
Category 8: Day Treatment Intensive/Day Rehabilitation⁵⁷ - Applicable to Contracted and Civil Service programs that Does the provides Day Treatment Intensive or Day Rehabilitation⁵⁸.						
being met? <ul style="list-style-type: none"> Is there at least one staff person whose scope of practice includes psychotherapy in attendance during all hours of operation⁶⁹? 	staffing schedules and work hours, staff licensures and qualifications, and Daily Attendance Records or other documentation in order to determine if the staffing requirement is met.					
x. For Day Rehabilitation, are the staffing requirements being met ⁷⁰ ? <ul style="list-style-type: none"> Is the 1:10 minimum average staffing ratio during all hours 	Review the Written Weekly Schedule, staffing schedule, staff licensures and qualifications, and Daily Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

⁶⁹ CCR, Title 9, §1840.350(a)

MHP Contract, Exhibit A, Attachment 1, Section 8.F

CCR, Title 9, Chapter 11, Section 1840.350 Day Treatment 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 Technicians (8) Occupational Therapists (9) Mental Health Rehabilitation Specialists as defined in Section 630.

(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.

⁷⁰ CCR, Title 9, §1840.352(a)

CCR, Title 9, Chapter 11, 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

(c) Persons providing services in Day Rehabilitation programs 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

CCR, Title 9, Chapter 3, 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 restoration, social adjustment, or vocational adjustment. Up to two year 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.

CCR, Title 9, Chapter 11, Section 1810.254. Waivered/Registered Professional: "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.

Federal and State Criteria	What the Agency Must Do	Guideline for Certification Review/Visits	Completed?			
			Yes	No	N/A	Notes
Category 8: Day Treatment Intensive/Day Rehabilitation⁵⁷ - Applicable to Contracted and Civil Service programs that Does the provides Day Treatment Intensive or Day Rehabilitation⁵⁸.						
	of operation being met? Staff present must meet the requirements of item (a) in the right column.	Records or other documentation in order to determine if the staffing requirement is met.				
y.	For both Day Treatment Intensive and Day Rehabilitation: If staff have other responsibilities (group home, school), is there documentation of the scope of responsibilities and the specific times in which day treatment activities are being performed exclusive of other activities ⁷¹ ?	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. <ul style="list-style-type: none"> Review the provider's staffing pattern, assigned duties and responsibilities of these staff, other assigned duties and responsibilities of these staff, staff work hours and attendance as well as hours of operation of the program. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Follow/Up Or Plan Of Action (POA) (A POC is required for items where federal and state criteria was not met)			
Is A Plan of Action (POA) Required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Category and Item (certifier to insert Category number and item)	Certifier Notes	Instruction on Follow Up to Agency	
		Due Date	

⁷¹ MHP Contract, Exhibit A, Attachment 1, Section 8.F

CCR, Title 9, §1840.350(b), §1840.352(b)

CCR, Title 9, Chapter 11, Section 1840.350. Day Intensive Staffing Requirements

(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

CCR, Title 9, Chapter 11, Section 1840.352. Day Rehabilitation Staffing Requirements

(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 persons who provide Day Rehabilitation services and function in other capacities

Follow/Up Or Plan Of Action (POA) <i>(A POC is required for items where federal and state criteria was not met)</i>			
If applicable, date POC approved:		Date:	
Date of fire clearance		Date:	
Date Agency requested Certification (complete application received by DHCS Cert Unit):		Date:	
New certification approval date:		Date:	
Re-certification approval date: <i>(generally, this is the date of the on-site review)</i>		Date:	
Certifier Signature			