

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-04-01
	Effective Date	06-01-1998
	Revision Date	12/29/2020
Title: Site Certification of Provider Physical Plant	Functional Area: Funding, Reporting & Contracting	
Approved By: Alexandra Rechs, LMFT Acting Program Manager, Quality Management		

BACKGROUND/CONTEXT:

Sacramento County Division of Behavioral Health Services and Mental Health Plan (MHP) Program Coordinators determine if it is necessary to contract with an Organizational Provider in order to provide adequate array and availability of services. The organizational provider with the assistance of the Program Coordinator completes a certification application packet and forwards it to Quality Management Administrative Service Officer (ASO), who performs the Medi-Cal Certification of the physical plant.

Individual community-based psychiatric professionals, who apply to join the County Enrolled Network Provider (ENP) panel, are requested to self certify their site through completion of the Certification Self-Declaration Tool. (Refer to Quality Management Policy and Procedure #05-01; “Credentialing Policy for Network Providers” issued 10-08-98, revised 01-01-2014)

PURPOSE:

The purpose of this policy is the provision of a process by which the DBHS and the MHP completes site certification and recertification of organizational providers or ENP.

DETAILS:

- A. Sacramento County owned and operated outpatient programs are certified or recertified by the State Department of Health Care Services (DHCS) under the following circumstances:
 - 1. Initial (New) provider certification.
 - 2. Activation of one or more of the Mode of Service/ Service Functions (MS/SF):
 - a. Medication Support (15/60) (Exception: prescription only)
 - b. Crisis Stabilization (10/20, 10/25)
 - c. Day Treatment (10/81, 10/85, 10/91, 10/95)
 - 3. Site change of address
 - 4. Re-certification of the following:
 - a. Crisis Stabilization (10/20, 10/85, 10/91, 10/95)
 - b. Day Treatment (10/81, 10/85, 10/91, 10/95)
 - c. Providers located within Juvenile Detention Facilities
- B. Sacramento County owned and operated outpatient programs **currently** certified for the listed (MS/SF) are not required to be certified by DHCS.

1. Case Management/ Brokerage (15/01)
 2. Mental Health Services (15/30)
 3. Therapeutic Behavioral Health Services (15/58)
 4. Medication Support (15/60)
 5. Crisis Intervention (15/70)
- C. The MHP requires an initial site certification by Quality Management (QM) of all contracted organizational Providers operating a Medi-Cal funded Residential Treatment, Social Rehabilitation, Crisis Stabilization, Non-Residential Rehabilitation (outpatient), and Case Management programs. The MHP further requires a recertification of these programs by QM every three (3) years. QM sends notification of the recertification via transmittal to DHCS. (Exhibit A, Attachment 1 Appendix D the contract between the MHP and DHCS.)
- D. An ENP service site can be certified either through a site visit by the QM or by the independent completion of the Certification Self-Declaration Tool. Site certifications should be completed every three (3) years.

Procedure For Initial Certification:

Agencies

- A. Program Coordinator identifies a new Provider site and obtains the following from the Provider:
1. Completed Sacramento County Mental Health Medi-Cal Certification Application.
 2. Current fire clearance for the identified physical site where the services are to be delivered.
 3. Detailed Program Description to include, but is not limited to, types of services to be provided (e.g. MHS, medications, day treatment, day rehab, case management brokerage, and crisis); clients to be served (adults, children/ages, special population identifiers); approximate number of clients to be served, anticipated length of service; program site(s); days and hours of operation, and reason services are needed; reference availability of alternate means of transportation (i.e. bus) and/or proximity to culturally diverse populations; reference the facility's co-location(s) and/or partnership with community groups.
 4. Copy of business license or 501(c)(3) if the organization is a non-profit agency.
 5. Copy of professional license for the Head of Service.
 6. Copy of the National Provider Identifier (NPI) Organizational Number.
 7. Complete and return the National Practitioner Data Bank Request Form with a copy of the license and DEA certificate, if applicable to QM for all provider psychiatrists
 - o Per Sacramento County P&P QM 05-02
- B. The Program Administrative Services Officer (ASO) obtains a legal entity number if applicable and provider number from DHCS (requires NPI Organization Number) and forwards information to QM as notification of a new provider site. ***The Provider NPI Name and Address must exactly match the State Provider File Name and Address.***
- C. The Program Coordinator works with the Provider to develop and complete Policies and Procedures including, but not limited to, the following areas in preparation for certification:
1. Adverse Incidents

2. Beneficiary Protection / Internal Incident Procedure
 3. Building Maintenance
 4. Client Chart Storage
 5. Compliance Program
 6. Confidentiality / HIPAA
 7. Clinical / Service Delivery
 8. Exposure Control / Bloodborne Pathogens
 9. General Operating Policies
 10. Interpreter Services
 11. Personnel (i.e. credentialing process; job descriptions; staff qualifications; benefits; grievance process; workers compensation; harassment, etc.)
 12. Pharmaceutical (i.e. administration; dispensing; storing)
 13. Psychiatrist Referral (to include on-call / backup process)
 14. Safety / Emergency Preparedness Plan
 15. Internet Security Agreement
 16. Document Management/Scanning Policy
- D. Program Coordinator informs Provider to submit staff registration information (e.g., licenses; waiver requests; MHRS; education / experience and staff registration forms) and proof of Office of the Inspector General (OIG) Individual/entity Exclusion List query on every staff, to QM.
 - E. Program Coordinator obtains QM training calendar from QM Training Coordinator and informs Provider of required staff trainings.
 - F. Program Coordinator notifies QM ASO that the site is ready for certification.
 - G. QM ASO contacts the Provider and if prescriptions or sample medications are stored, dispensed or administered, the Sacramento County Medical Staff, to schedule the site certification visit. Once date is agreed upon, QM ASO sends email invitation to Program Coordinator.
 - H. During the site certification visit, QM will complete a Site (Re) Certification Tool and review the organizational provider's: 1) policy & procedures, 2) safety of the facility, 3) confidentiality issues, and 4) any other relevant areas.
 - I. The earliest date a new organizational provider can be certified is the later of: 1) date the application documents are completed; 2) fire clearance is approved; 3) program is operational.
 - J. If additional items are required to bring the Provider into compliance, a written itemized list will be provided and there will be a 30-day correction period.
 - K. Upon satisfactory completion of the site review, QM shall write a letter to the organizational provider, notifying them that they have been certified for a three-year period. Email attachment of this letter will be provided to the Program Coordinator; Program ASO, FISCAL; and other

administrative units within the MHP. Quality Improvement Committee (QIC) is provided updated information of new provider's certification.

- L. QM then completes the Medi-Cal Certification and Transmittal form and faxes it to DHCS. A "Medi-Cal Certification and Transmittal" form is completed and faxed to DHCS whenever an organizational provider terminates their contract, has a name or address change, or has a change in service modes.
- M. The completed documents and a copy of all letters will be kept on file in the QM office.
- N. Once the DHCS Provider File Listing has been updated, QM ASO will notify the Program Coordinator. The Program Coordinator will inform the Provider that they may begin to enter billings.

Procedure For Recertification:

Recertification is a process by which continued compliance with all Medi-Cal requirements is confirmed. Routine Provider recertification's, which are done every three (3) years, are based on the MHP's review schedule. All recertification's are to be accomplished within two months following the previous three-year certification. Additional recertification reviews may become necessary if:

- A. The Provider makes major staffing changes.
- B. The Provider makes organizational and/or corporate structure changes (example: conversion from nonprofit status). See procedure VI.
- C. The Provider adds day treatment or medication support services when medications shall be administered or dispensed from the Provider site.
- D. There are significant changes in the physical plant of the Provider site (some physical plant changes could require a new fire clearance).
- E. The Provider adds a new site.
- F. There is a change of ownership or location. Location changes require a letter to the MHP, Quality Management and address change in the NPI Registry. New ownership will require a new NPI Number.
- G. There are complaints regarding the Provider.
- H. There are unusual events, accidents, or injuries requiring medical treatment for clients, staff, or members of the community.

Procedure For Change Of Ownership, Location, And/Or Program:

When a change of ownership, location, or a program change occurs, the Provider must notify MHP-QM at least ninety (90) days prior to the change. MHP Director or designee shall notify the DHCS, Medi-Cal Oversight Regional Chief, sixty (60) days prior to the changes noted below. The notification will include the effective date and a description of the changes.

- A. Change of Ownership Only:
Sixty (60) days prior to the anticipated change of ownership, the MHP's Director or designee must request a new Provider number from the DHCS Statistics and Data Analysis Division. A new NPI number will be required at that time.
- B. Change of Ownership or Location (the following applies to both):

Sixty (60) days prior to the change of ownership or location, the MHP's Director or designee must inform the DHCS, Medi-Cal Oversight Regional Office of the following on a Medi-Cal Certification and Transmittal form or facsimile.

1. The current Provider's name, number, and date of termination, if applicable.
2. Name of the new Provider, if applicable.
3. New address of Provider, if applicable. (update in NPI Registry)
4. Date of ownership or location change.
5. Any changes to staff or program.
6. A new fire safety inspection and corrections for the new address or if a school site verification of an existing fire safety inspection.

(Involuntary changes of location due to disasters should be reported as soon as possible and are not subject to the sixty (60) day prior-notification requirement.)

REFERENCE(S)/ATTACHMENTS:

- CCR, Title 9, §534, §1810.435
- DMH Notice 10-04

RELATED POLICIES:

- No. 03-06 Compassionate Care Pharmaceuticals
- No. 05-02 Credentialing Policy for Organizational Providers & County Mental Health Programs
- No. 05-01 Credentialing Policy for Network Providers
- No. 07-03 Dispensing "Sample" Medication

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Behavioral Health Staff		
X	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children's Contract Providers		
	Substance Use and Prevention Treatment		
	Specific grant/specialty resource		

CONTACT INFORMATION:

- QM Information
QMInformation@SacCounty.net