# TABLE of CONTENTS for MHP MEDI–CAL CERTIFICATION/RE-CERTIFICATION DOCUMENTS

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<th>Page</th>
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<tbody>
<tr>
<td>1</td>
<td>TABLE of CONTENTS for MEDI–CAL CERTIFICATION/RE-CERTIFICATION</td>
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<tr>
<td>2</td>
<td>GUIDE FOR PERTINENT INFORMATION</td>
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<tr>
<td></td>
<td>To be completed by provider prior to site visit and placed in the appropriate category (category 1 see page 3)</td>
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<td>3</td>
<td>DOCUMENTS for MEDI-CAL CERTIFICATION/RE-CERTIFICATION</td>
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<td>To assist with the certification process, it is recommended that a binder with requested documents be placed in the categories shown. It is recommended that categories be separated with tabs/dividers.</td>
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<tr>
<td>4 &amp; 5</td>
<td>LAC-DMH POLICIES AND PROCEDURES RELATED TO MEDI-CAL CERTIFICATION/RE-CERTIFICATION</td>
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<td>To assist with the certification process, it is recommended that LAC-DMH Policies and Procedures be placed in a separate binder. Be sure that the latest version of LAC-DMH policies are provided.</td>
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<tr>
<td>6</td>
<td>PHYSICAL PLANT INSPECTION CHECKLIST</td>
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<tr>
<td></td>
<td>List of items that will be checked during the walk-through by the LAC-DMH representative.</td>
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<tr>
<td>7</td>
<td>ADDITIONAL INFORMATION/ RESOURCES</td>
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<tr>
<td>8</td>
<td>STAFF ROSTER FORM*</td>
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<td>This form is optional. Providers may use their own form that incorporates the same elements.</td>
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* Please be prepared to provide copies of staff Licenses/Waivers/Registrations; copies of resumes of unlicensed staff providing service
CONTRACT PROVIDER
GUIDE FOR PERTINENT INFORMATION

| Provider#: | Provider Name: | Head of Service Name: ________________________________ |
| Direct Phone #: | Fax #: | Contact Number: ________________________________ |
| Email: | Fire Clearance Date: ________________________________ |

Catchment Areas: ____________________________________________

Days & Hours of Operations: __________________________________

After Hours Procedures: ______________________________________

Source of Referrals: _________________________________________

<table>
<thead>
<tr>
<th>Ethnicity of Population Served</th>
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<tr>
<td>OTHER</td>
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Please provide the following information:

- Estimate Number of Open Cases:
- Estimate Age Range of Clients:
- Estimate % of Medi-Cal Clients:
- Estimate Client’s Length of Specialty MHS:
- Monthly Estimate of Clients served face-to-face:
- Indicate Languages Spoken by Bilingual Staff:

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<tr>
<th>STAFF PATTERNS DISCIPLINE</th>
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<th>% of Field Time FOR EACH DISCIPLINE</th>
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<td>Others</td>
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List the name(s), address(es), phone number(s) and hours of operation of School-Based Programs (use additional sheet if necessary): Provide a copy of the MOU(s)

Complete a separate GUIDE FOR PERTINENT INFORMATION form for the following:
Day Treatment Intensive/Day Rehabilitation Program/Satellite Site

* Occupational Therapist; Recreation Therapist; Music Therapist; Art Therapist; Dance Therapist; Movement Therapist.
## Category 1: GENERAL PROVIDER INFORMATION, BROCHURES & NOTICES

Please have an extra copy for DMH staff to take.

| 1A) | Guide For Pertinent Information |
| 2A) | Brochure of Services |
| 3A) | Provider’s Mission Statement |

## Category 2: FIRE CLEARANCE

(provide copy in this section)

Current Fire Clearance (within a year of the inspection) by Fire Inspector (must document “Fire Clearance”)

## Category 3: PHYSICAL PLANT

Emergency Evacuation Policy (including site map and evacuation map). Please have an extra copy for DMH staff to take.

## Category 4: POLICIES AND PROCEDURES

Please provide an extra copy of each category for DMH staff to take.

- **4 A) Provider’s Policy on Protected Health Information and Chart Room Files & Key Control Policy**: Provider’s policy on PHI. Provide a policy and procedure delineating how and who has access to client charts. For field services, include a procedure for transportation of charts (if applicable) and a blank copy of a chart log sheet. For electronic health records, provide a description of how it operates and safeguards all PHI information.
- **4 B) Personnel Policies & Procedures**: Provider’s Employee Manual for Certification staff to review onsite. Provide evidence/demonstrate that there is a system in place to support the agency’s compliance to DMH Policy 106.04 – specific to screening employees on a monthly basis and vendors on an annual basis (please see DMH Policy 106.04, Attachment II).
- **4 C) General Operating Procedures**: (Program description, admission, discharge & referral procedure). Description should include how, when, what and by whom are services provided from the time of admission to discharge. For field services, include a detailed summary of how Patients’ Rights materials are offered/given to clients.
- **4 D) Janitorial/Building Maintenance**: Written procedure with contact information (person to be notified, phone number, e-mail, etc.) should any type of building maintenance be needed, i.e., plumbing, electrical, etc. include a blank work order if applicable.
- **4 E) Written Site-Specific Service Delivery Policies**: Provide a detailed description of how services (those that are applicable to the provider clinic, field based, and/or tele-mental health services) are delivered. This is the core of the re-certification/ certification. Please be as detailed as possible (Targeted Case Management; Mental Health Services-Individual-Group-Collateral; Psychological Testing; Crisis Intervention; Medication Support Services; Therapeutic Behavioral Services). Please refer to DMH Policy 100.01 as a guide, but not to be used as Site-Specific Service Delivery Policy.
- **4 F) Written statement delineating the process of Reporting Unusual Occurrences** within 24-48hrs. to DMH relating to health & safety issues. Please refer to DMH Policy 303.05 & 303.06 as a guide, but not to be used as Reporting Unusual Occurrences Policy.
- **4 G) Physician Availability**: Written procedures for referring individuals to a psychiatrist when necessary, or to a physician if a psychiatrist is not available during and after business hours; include name and coverage hours of MD on and off site. Referral procedure for emergency medical/physical conditions (include a medical referral list closest to provider’s service area).

## Category 5: Provide an extra copy of each category for DMH staff to take (please read carefully).

- **5 A) Head of Service (HOS) License**
- **5 B) Most Recent Staff Roster** (for each program if applicable).
- **5 C) MD**: DCA License Verification, DEA registration, AND one of the following to demonstrate eligibility:
  - Board Certification in Psychiatry or
  - ACGME (Accredited Council for Graduate Medical Education) Residency Program in Psychiatry or
  - ABPN (American Board of Psychiatry and Neurology) Residency Program in Psychiatry
- **5 D) NP**: DCA License Verification, DEA registration, AND one of the following to demonstrate eligibility:
  - Certification for Psychiatric Mental Health practice from ANCC (American Nurses Credentialing Center) or
  - Certification of Psychiatric Mental Health program from an accredited university
- **5 E) Licensed and Registered Staff**: DCA License Verification, Waivers
- **5 F) Unlicensed staff (i.e. Case Worker, MHRS, etc.)**: updated resume, job description, and degree

## Category 7: MEDICATION SUPPORT SERVICES

Please provide DMH staff with an extra copy.

- **Full Scope MSS Policy**: Provide a detailed description of how medications are stored, dispensed, and/or administered. Include information for handling samples, expired, or discarded medications & medication room key control. Please refer to DMH Policy 306.03 as a guide, but not to be used as a MSS Policy.
- **Prescription Only MSS Policy**: Provide a detailed description of how MSS are prescription only, and that psychotropic medications are not stored, dispensed, and/or administered.
Provide the below LAC-DMH Policies in a separate binder

1. (100) Departmental Administration/Operations
   □ 100.01 Service Delivery Definition Policy (10/15/02)

2. (106) Compliance and Ethics
   □ 106.01 Compliance Program Communication (12/03/12)
   □ 106.04 Contractors Eligibility to Provide Goods & Services under Federally Funded Health Care Programs and to Secure Federally Funded Contracts (3/08/12)
   □ 106.05 Fraud, Waste & Abuse Prevention (1/01/07)
   □ 106.06 The False Claims Act & Related Laws (11/10/11)
   □ 106.08 Graded Sanctions (12/31/12)
   □ 106.14 National Provider Identifier (NPI) Requirements (3/01/08)
   □ 106.15 Updating & Maintaining National Provider Identifier (NPI) Application Data (6/01/08)

3. (200) Client Services/Patients’ Rights
   □ 200.01 Advanced Health Care Directive (6/01/04)
   □ 200.02 Hearing Impaired MH Access (4/07/10)
   □ 200.03 Language Translation and Interpretation Services (2/01/16)
   □ 200.04 Beneficiary Problem Resolution Process (8/01/16)
   □ 200.05 Request for Change of Provider (6/18/18)
   □ 200.08 Procedures for Screening, Treating and Referring Veterans to Ensure Appropriate Services (10/06/08)
   □ 201.01 Beneficiary Rights and Responsibilities (8/15/16)

4. (300) Clinic Operations
   □ 300.01 Client Identification and Address Verification (10/11/11)
   □ 300.06 Non-Open Protected Health Information (PHI) File (10/08/10)
   □ 301.01 Personal Searches of Individuals Admitted to LPS Designated Facilities (1/24/14)
   □ 301.03 Management of Aggressive Client Behavior in Settings without LPS Designation (8/02/12)
   □ 302.01 Compliance with DMH Practice Parameters (1/28/14)
   □ 302.03 Roles & Responsibilities in the Care of Clients (6/10/11)
   □ 302.04 Triage (10/15/10)
   □ 302.05 Reporting Alleged Sexual Behavior with Clients (3/01/15)
   □ 302.07 Access to Care (5/02/16)
   □ 302.08 Child Wellness-Nutrition and Physical Activity (2/02/15)
   □ 302.12 Provision of Services Without a Scheduled Appointment (2/27/17)
   □ 303.01 Duty to Warn & Protect Third Parties In Response to A Threat (2/09/15)
   □ 303.03 Reporting Suspected Elder/Dependent Abuse and Neglect (10/01/03)
   □ 303.05 Reporting Clinical Events Involving Active Clients (9/12/16)
   □ 303.06 Reporting Unusual Occurrences to the State Department of Mental Health (5/01/01)
   □ 303.07 Reporting Named or Alleged LICENSEES to Licensing Boards (5/16/16)
   □ 305.01 Assessment & Treatment of Co-occurring Substance Abuse (10/01/05)
   □ 305.02 Onsite Testing of Clients’ Bodily Substances for Evidence of Substance Use (2/28/17)
   □ 306.01 Prescriptions and Laboratory Services in FCCS (11/08/07)
   □ 306.02 Standards for Prescribing & Furnishing of Psychoactive Medications (2/28/11)
   □ 306.03 Storing, Administering, Disposing & Accountability of Medications (10/03/16)
   □ 306.05 Prescribed Drugs for Clients of Contractors (3/01/03)
List of LAC- DMH Policies (Continued)

- 307.01  Persons Authorized to Initiate Involuntary LPS Detention (9/19/16)
- 307.02  LPS Detention-Contracted & Directly Operated LAC-DMH Programs (9/12/16)
- 307.03  LAC Policy for Conditional LPS Authorization (7/11/16)
- 307.04  Telemental Health Service Provided by LPS Authorized Clinicians (8/29/16)
- 308.01  The Use of Telepsychiatry (7/07/10)
- 309.01  Provision of Off-Site Mental Health Services (12/10/12)
- 310.01  HIV and AIDS Clinical Documentation and Confidentiality (8/01/00)
- 312.01  Mutual & Unilateral Termination of MH Services (1/24/14)
- 312.02  Closing of Service Episodes (8/22/11)

5.(400)  Quality of Care/Quality Assurance/Clinical Documentation
- 401.02  Clinical Records Maintenance, Organization & Contents (8/31/15)
- 401.03  Clinical Documentation for All Payer Sources (11/27/17)

6. (500)   Safeguarding for Protected Health Information
- 508.02  Confidentiality (09/17/15)

7. (600)   Human Resources
- 600.08  Professional Licenses (12/01/03)

8. (1100)  Program Support
- 1100.01  Quality Improvement Program (3/16/15)
CONTRACT PROVIDER

PHYSICAL PLANT INSPECTION CHECKLIST

All items must be available for Medi-Cal beneficiaries view, review and procure in a designated location: view (Head of Service information, Patients’ Rights poster, etc.), review (Resource Directory, Directory of Providers, etc.), and take (pamphlets, Grievance forms, Change of Provider forms, Guide to Medi-Cal services booklets, etc.) without having to ask a provider staff member.

- Posted Head of Service sign with name, phone number and agency hours of operation.
- The LAC-DMH LOCAL MENTAL HEALTH PLAN poster (new version with 12 languages).
- ADA [Americans with Disabilities Act] notice (Federal mandate compliance).
- Emergency Disaster Evacuation diagram indicating location of First Aid Kit(s) & fire extinguishers.
- Suggestion box with paper and pencil available for consumers.
- DMH Directory of Providers (must be in lobby area and accessible to clients).
- GUIDE TO Medi-Cal Mental Health Services booklets.
- GRIEVANCE & APPEAL PROCEDURES A CONSUMER’S GUIDE Pamphlet.
- BENEFICIARY/CLIENT GRIEVANCE OR APPEAL AND AUTHORIZATION FORM.
- Self-addressed envelopes to LAC-DMH Patients’ Rights Office.
- Copies of REQUEST FOR CHANGE OF PROVIDER (DMH policy #200.05 – Attachment I).
  
  - Provide LAC-DMH Patients’ Rights informing materials in the agency’s threshold languages only.
  - Field based providers must have a workable procedure to offer these items/information to Medi-Cal beneficiaries.

General Safety & Security Procedures

- Safety, security and confidentiality of Medical Records (electronic/hard copies).
- Method for disposal and transportation of confidential files (paper shredder/bin/locked box).
- Agency (facility) is clean, sanitary and in good repair (e.g., no frayed electrical cords, no dangling/missing ceiling tiles, no holes in carpet/walls, no uneven flooring, no leaks in bathroom plumbing/hot & cold water, etc.). In children areas, all electrical outlets are covered.
- Agency’s parking lot, building entrance & bathroom is wheelchair accessible.
- All offices/rooms are free from clutter.
- Fire Extinguisher(s) tags are present and up to date.
- First Aid Kits- (if available, not required).
- Consumers’ storage area/refrigerator for food items must have a thermostat with temperature log (if applicable).

Medication Room (if applicable)

- Medication key accessible only to authorized medical personnel.
- A copy of provider’s site-specific and LAC-DMH medication policies & procedures must be kept in the medication room.
- Internal/external use-only medications are stored separately.
- All medications are clearly labeled and stored in a locked area accessible to authorized medical personnel only.
- Opened IM multi-dose vials (must be clearly dated and initialed).
- Refrigerator temperature is between 36º-46ºF with daily temperature documented on log.
- Ambient temperature in Medication Room is between 59º-86ºF with weekly temperature documented on log.
- Follow pharmaceutical samples procedures as per LAC-DMH policy #306.03.
- Logs documenting administered/dispensed/medications to clients.
- Logs documenting disposed/expired/unused medications and method of disposal.
**Contract Provider**

**MEDI-CAL CERTIFICATION/RE-CERTIFICATION POSTED BROCHURES & NOTICES**

**Field based providers** must have a workable procedure to offer the below items/information to clients.

Designate one specific location in clients’ waiting area to display informing material listed below in English, including agency’s threshold languages for targeted population served:

- The LAC-DMH Local Mental Health Plan Poster (newest version: 12 threshold languages)
- Guide to Medi-Cal Mental Health Services Booklet (MH630)
- Grievance & Appeal Procedures/A Consumer’s Guide Pamphlet (MH638)
- Beneficiary/Client Grievance or Appeal and Authorization Form (MH558)
- Self-addressed envelopes to LAC-DMH Patients’ Rights Office
- Provider Directory by Service Areas (see [http://psbqi.dmh.lacounty.gov/data.htm](http://psbqi.dmh.lacounty.gov/data.htm))
- Request for Change of Provider forms (see LAC-DMH policy #200.05 - attachment I)

For the above materials go to: [http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/admin_info?1dmy&page=dept.lac.dmh.home.admin_tools.admin_detail.hidden&uri=wcms3apath%3a/dmh+content/dmh+site/home/administrative+tools/administrative+tools+detail/patients_rights_office](http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/admin_info?1dmy&page=dept.lac.dmh.home.admin_tools.admin_detail.hidden&uri=wcms3apath%3a/dmh+content/dmh+site/home/administrative+tools/administrative+tools+detail/patients_rights_office)

For further questions, contact: Patients’ Rights Office – Beneficiary Program (213) 738-2524 or (213) 738-4949.

Please note:

All items must be available in a designated location for the Medi-Cal beneficiaries to review (Resource directory, Directory of Providers, etc.) and to take (pamphlets, Grievance forms, Change of Provider forms, guide to Medi-Cal services booklets, etc.) without having to ask a provider staff member.

To access Policies and Procedures online, go to DMH website: [http://lacdmh.lacounty.gov/policy/Contractors/index.htm](http://lacdmh.lacounty.gov/policy/Contractors/index.htm)

For any questions please contact the Certification Liaison or Supervisor assigned to your service area:

| SPA 1 & 6: | Iling Wang, MHC- RN | (213) 251-6805 | Email: ilwang@dmh.lacounty.gov |
| SPA 2: | Elizabeth Pak, LCSW | (213) 251-6813 | Email: epak@dmh.lacounty.gov |
| SPA 3: | Renee Lee, MHC II | (213) 480-3469 | Email: rmlee@dmh.lacounty.gov |
| SPA 4: | Stacy Ray, MHC- RN | (213) 251-6820 | Email: sray@dmh.lacounty.gov |
| SPA 5: | Elizabeth Pak, LCSW | (213) 251-6813 | Email: epak@dmh.lacounty.gov |
| SPA 7 & 8: | Joel Solis, MHC- RN | (213) 251-6883 | Email: jsolis@dmh.lacounty.gov |

**Supervisors:**

SPA 1,6,7 & 8: Thang Nguyen, Sr. MHC-RN | (213) 251-6846 | Email: tdnguyen@dmh.lacounty.gov |

SPA 2,3,4 & 5: Elizabeth Pak, LCSW | (213) 251-6813 | Email: epak@dmh.lacounty.gov |

**Certification Program Head:**

Norma Cano, Psy.D. | (213) 251-6886 | Email: ncano@dmh.lacounty.gov |

**PFAR Mailbox:** psbmccertification@dmh.lacounty.gov

**Certification Questions:** QA@dmh.lacounty.gov
## Staff Roster

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<th>EMPLOYEE NAME</th>
<th>JOB TITLE</th>
<th>DISCIPLINE</th>
<th>LICENSE/DEA # &amp; EXP DATE</th>
<th>DEGREE</th>
<th>DAYS &amp; HOURS WORK SCHEDULE</th>
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