CALIFORNIA DEPARTMENT OF Mental Health

MHP RE-CERTIFICATION of COUNTY- OWNED & OPERATED PROVIDERS SURVEY FORM

Please provide the following information:

COUNTY SUBMITTING FORM:_____ COUNTY CODE: ☐☐

PROVIDER NUMBER: ☐☐☐☐ PROVIDER NAME:_____

PROVIDER ADDRESS:_____

PROVIDER CITY: _____ PROVIDER ZIP CODE:_____

SERVICES PROVIDED: (Please check all that apply):

☐ **05/20** H2013 Non-Hospital PHF		☐ **05/40** H0018 Crisis Residential		☐ **05/65** H0019 Adult Residential
☐ **10/20** S9484 Crisis Stabilization: Emer Room		☐ **10/81** H2012 Day Tx Int: 1/2 Day		☐ **10/91** H2012 Day Rehab: 1/2 Day
☐ **10/25** S9484 Crisis Stabilization: Urgent Care		☐ **10/85** H2012 Day Tx Int: Full Day		☐ **10/95** H2012 Day Rehab Full Day
☐ **15/01** T1017 Case Mgmt/Brokerage	☐ **15/30** H2015 MH Services	☐ **15/58** H2019 TBS	☐ **15/60** H2010 Medication Support	☐ **15/70** H2011 Crisis Intervention

EVALUATION CRITERIA

		Yes	No	N/A
1	Regarding written information in English and the threshold languages to assist beneficiaries in accessing specialty mental health services, at a minimum, is the following information available:			
	A. The beneficiary booklet? *MHP Contract Exhibit A, Att. 1, Sec. V; CCR Title 9, Sec. 1810.360(3), (d)*			
	B. The provider list? *MHP Contract Exhibit A, Att. 1, Sec. V; CCR Title 9, Sec. 1810.360(3), (d)*			
	C. Posted notices explaining grievance, appeals and fair hearing processes? *MHP Contract Exhibit A, Att. 1, Sec. V; CCR Title 9, Sec. 1850.205 (B)*			
	D. Making forms that may be used to file grievances, appeals, and expedited appeals, and self addressed envelopes available for beneficiaries to pick up at all MHP sites without having to make a verbal or written request to anyone? *MHP Contract Exhibit A, Att. 1, Sec. V; CCR Title 9, Sec. 1850.205 (C)*			
2	Do you have a fire safety inspection that meets local fire codes? ***(A copy of the most recent fire safety inspection notice from the local fire authority must be submitted with this form)*** *MHP Contract Exhibit A, Att. 1, App. D, Item 2*			
3	Is the facility and its property clean, sanitary and in good repair? *MHP Contract Exhibit A, Att. 1, App. D, Item 3*			
4	Do you have the following written policies and procedures in place?	**Yes**	**No**	**N/A**
	A. *Protected Health Information/HIPAA* *MHP Contract, Exhibit D, Sec. F; MHP Contract, Exhibit E, Sec. E; W&I Sec.14100.2; Title 42 Code of Federal Regulations Sec. 431.300*			
	B. *Personnel policies and procedures* *MHP Contract Exhibit A, Att. 1, App. D, Item 5, MHP Contract Exhibit D, Item 6*			
	C. *General operating procedures* *MHP Contract Exhibit A, Att. 1, App. D, Item 5*			
	D. *Maintenance policy* *MHP Contract Exhibit A, Att. 1, App. D, Item 4*			
	E. *Service delivery policies* *MHP Contract Exhibit A, Att. 1, App. D, Item 5*			
	F. *Unusual occurrence reporting procedures* *MHP Contract Exhibit A, Att. 1, App. D, Item 5*			
	G. *Referral of individuals to a psychiatrist when necessary, or to a physician who is not a psychiatrist, if a psychiatrist is not available* *MHP Contract Exhibit A, Att. 1, App. D, Item 8*			

CALIFORNIA DEPARTMENT OF Mental Health

MHP RE-CERTIFICATION of COUNTY- OWNED & OPERATED PROVIDERS SURVEY FORM

5	Does Head of Service (HOS) meet CCR, Title 9, Sec 622-630 requirements? *MHP Contract Exhibit A, Att. 1, App. D, Item 9* ***(A copy of HOS license must be submitted with this form)***.			
6	Do the providers that provide or store medications, store and dispense medications in compliance with all pertinent state and federal standards? ***(For providers of "Prescription Only" Med Support (15/60), please answer questions 6A-G "N/A")***	**Yes**	**No**	**N/A**
	A. All drugs obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.			
	B. Drugs intended for external-use-only or food stuffs are stored separately from drugs for internal use.			
	C. All drugs are stored at proper temperatures: 1. Room-temperature drugs in the range of 59 to 86 degrees Fahrenheit.			
	2. Refrigerated drugs in the range of 36 to 46 degrees Fahrenheit.			
	D. Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.			
	E. Drugs are not retained after their expiration date. IM multi-dose vials are dated and initialed when opened.			
	F. A drug log is maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws.			
	G. Policies and procedures are in place for dispensing, administering and storing medications. *MHP Contract Exhibit A, Att. 1, App. D, Item 10A-G*			

A) Date of Fire Clearance: _____ **B) Re-certification Date:** _____

Print Name & Title of Person Completing Form	Signature of Person Completing Form	Date

I hereby certify under penalty of perjury that to the best of my knowledge, information and belief, the above list of items are in compliance with Federal and State requirements and are available and accessible to the Department of Mental Health upon request. I am aware that the above items may be requested at any time, including during an onsite review. I am also aware that a new MHP Re-certification form shall be completed and submitted to the DMH on a triennial basis.

Print Name of MH Director/Designee	Signature of MH Director/Designee	Date

)

1. **FAX** completed form and required documentation (Items 2 & 5) prior to triennial provider re-certification date to:

2. **MAIL** completed original form (and required documentation) prior to triennial provider re-certification date to:

Fax) 916-651-3921

Dept of Mental Health
Medi-Cal Oversight-North
Attn: Certifications
1600 9th Street, Rm. 410
Sacramento CA 95814

For DMH Use Only
Rec'd By:_____
Date: _____
Approved By: _____
Date: _____

If you need additional information, please call (916) 651-3838 and ask for "Certifications"