



Outpatient Certification Process Training

AMANDA THOMAS, ADMINISTRATIVE ANALYST, SENIOR
BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH,
QUALITY MANAGEMENT DIVISION



Reasons for Certification

Why certification?

- ▶ To be able to bill for Medi-Cal/Short Doyle Services all providers need to be certified based on the standards contained in the Mental Health Plan (MHP) contract Butte County Behavioral Health has with the Department of Health Care Services (DHCS).
- ▶ Regulatory requirements
 - ▶ 9 CCR § 1810.435
- ▶ Contractual requirement
 - ▶ MHP Contract Exhibit A, Attachment 1, Section 4 A – R

Who certifies?

- ▶ Medi-Cal/Short Doyle Certification services are provided by:
 - ▶ DHCS
 - ▶ Quality Management.

What needs certification?

- ▶ DHCS Certifies:
 - ▶ County-owned
 - ▶ New programs
 - ▶ Moved facilities
 - ▶ Major structural changes or additions to an existing facility
 - ▶ Addition or movement of a medication room
 - ▶ PHFs - yearly
 - ▶ CSUs - triennially
- ▶ QM Certifies:
 - ▶ All contract providers
 - ▶ Triennial certification of County-owned programs

I have a new site to certify . . .

- ▶ Contact QMD
 - ▶ QMD is responsible for working with DHCS to coordinate certification needs.
- ▶ The following is needed prior to DHCS certifying a new county site:
 - ▶ The NPI number for the site
 - ▶ Current fire clearance for the new site
 - ▶ Current copy of the license of the program manager (head of service)
 - ▶ A program description of the types of services that will be provided.
 - ▶ 1 – 2 paragraphs

It is time for my triennial certification . . .

- ▶ Contact QMD
 - ▶ QMD is responsible for working with DHCS to coordinate certification needs.
- ▶ Requests for recertification should be made 60 days prior to the expiration of the current certification.
- ▶ The following is needed prior to QMD recertifying a county site:
 - ▶ Current fire clearance for the new site
 - ▶ Current copy of the license of the program manager (head of service)

Something has changed at my site. . .

- ▶ Prior to any change taking place, if possible, contact QMD.
- ▶ There are changes that will require a recertification.
 - ▶ These include:
 - ▶ Change in Legal Entity or Ownership
 - ▶ Change of location – Must be reported 60 days prior to relocation
 - ▶ Addition of Day Treatment
 - ▶ Addition of Medication Support Services
 - ▶ Significant physical plant changes – This may also require a new fire clearance.
 - ▶ Major staffing changes
 - ▶ Change to NPI Number

Something has changed at my site. . .

- ▶ These changes do not require a recertification, but do need to be reported to DHCS
 - ▶ Change of head of service
 - ▶ Significant changes to current programs
 - ▶ Program Name changes

Certification Process

The Onsite Review

- ▶ DHCS has created a certification protocol that reviews the regulatory and contractual requirements for certification
 - ▶ It includes:
 - ▶ Review of the required posted brochures and notices
 - ▶ Review of the fire safety inspection
 - ▶ Review of the physical appearance of the clinic
 - ▶ Review of the policies and procedures in the Organization Binder
 - ▶ Review of the Medication room, if applicable

Posted Brochures and Notices

- ▶ All informing materials must be available in English and Spanish
 - ▶ Grievance, Appeal, Expedited Appeal Process Poster
 - ▶ Grievance, Appeal, Expedited Appeal Process Form
 - ▶ The Guide to Medi-Cal (the Blue Book)
 - ▶ Current Provider Directory
 - ▶ Additional postings as required per BCDBH Policy 065

Physical Site Review

- ▶ Walkthrough of the facility
 - ▶ Is the facility and its property clean, sanitary, and in good repair?
 - ▶ Are all confidential and protected health information (PHI) secure?

Organizational Binder Review

- ▶ What should it contain?
 - ▶ Head of Service License
 - ▶ Current Fire Clearance
 - ▶ Emergency evacuation plan
 - ▶ These also need to be posted in the site
 - ▶ General operating procedures
 - ▶ This is a summary of how the program works, hours of operation, etc.

Organizational Binder Review

- ▶ Written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available
- ▶ Current applicable Policy and Procedures, this includes:
 - ▶ Confidentiality and Protected Health Information
 - ▶ Personnel policies and procedures specific to screening licensed personnel/providers and checking the excluded provider lists
 - ▶ Maintenance policy to ensure the safety and well-being of beneficiaries and staff
 - ▶ Service delivery policies
 - ▶ Unusual occurrence reporting (UOR) procedures relating to health and safety issues

Medication Room Review

- ▶ This applies to Medications that are stored onsite
- ▶ What will be reviewed?
 - ▶ Labels on Prescription bottles
 - ▶ How multi-dose vials are stored
 - ▶ Room temperature
 - ▶ Access to storage of medication

Medication Room Review

- ▶ Medication Logs
 - ▶ Medication Ordered/Received Log
 - ▶ Medication Dispensed Log
 - ▶ Medication Destruction Log
 - ▶ Medication Ordered/Received Log – Schedule II
 - ▶ Medication Dispensed Log – Schedule II
 - ▶ Medication Destruction Log – Schedule II

After the Onsite Review

- ▶ When DHCS/QMD has completed their inspection, if there are any deficiencies a plan of correction will be given
 - ▶ This will be provided verbally and in writing.
- ▶ Once this has been issued there are 30 days to correct or implement a plan to correct any issues that have been found.
- ▶ DHCS/QMD will review the submission to accept the plan of correction.
- ▶ A letter for certification approval will be issued.

Questions

For any certification questions:

Amthomas@buttecounty.net

Or

530-879-7545