

**BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH  
POLICY/PROCEDURE 065**

**Subject: Medi-Cal Site Certification**

**Section: Quality Management/Program**

**Effective Date: 11/20/15**

**Sub-Section: Certification**

**Review Date: 11/20/2017**

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**POLICY:** Butte County Department of Behavioral Health (BCDBH) will ensure all county and contracted providers are certified and that all certification and re-certifications are completed within the timeline prescribed by the California Department of Health Care Services (DHCS).

**RATIONALE:** All providers must be certified in accordance to the standards of the DHCS SD/MC Provider Certification & Re-Certification protocol, the Mental Health Plan (MHP) contract - Exhibit A, Attachment I, 4, A through R, and Title 9 § 1810.435 of the California Code of Regulations to receive Short Doyle/Medi-Cal reimbursement.

**PROCEDURE:** Provider certification for Short Doyle/Medi-Cal (SD/MC) shall follow the below procedure:

**I. County Owned Providers**

**A. Creation of a New Program that Provides Medi-Cal Services**

1. When a new County-run Medi-Cal program/clinic is created, the Program Manger will contact the Quality Management Division (QMD) to inform them of the creation of the program. The Program Manager will provide a program description, a copy of the current fire clearance (within the last year), the NPI number and a copy of the license of the head of service for that program as defined in Title 9 §622 through 630.
2. QMD will submit the information that the Program Manager has provided, along with the required forms to DHCS for the creation of the SD/MC Program in the State system.
3. DHCS will process the submitted application for initial entry into their system and create a field packet for the initial certification. This field

packet will be used during their onsite review. DHCS may notify QMD prior to their onsite review of the program. DHCS will review the site in order to determine if all regulatory standards are being met utilizing a protocol that is determined by DHCS. If standards are met, DHCS grants a certification. If any deficiencies are found a plan of correction (POC) will be issued and BCDBH will have 30 days to make corrections and submit a response. Once the response has been accepted, certification is granted.

4. Once certification has been granted the Program Manager will coordinate with the billing department to create Reporting Units (RUs) for the Electronic Health Record System (EHR) and identify the appropriate billing codes that the program will use. The RU name will comply with following the naming convention: It will include the City Name; identify if the program is mental health (MH) or Alcohol and Drug (AOD); the program name or type of service; and the funding source.

Example: OR MH Adult African American OP MHSA PEI

5. The Program Manager will also create a service delivery policy that shall include what services are provided, how services are provided, who provides the services, and how to refer to outside psychiatrists when needed which will be included in their operations binder.

## **B. Re-Certification of a Program that Provides Medi-Cal Services**

1. Medi-Cal organizational provider recertification will be conducted every three years based on the provider's recertification date. All county-owned entities, with the exception of the 23 Hour Crisis Stabilization Unit (CSU) and the Psychiatric Health Facility (PHF), will have their on-site visits conducted by QMD. The CSU and PHF will have their recertification conducted by a representative of DHCS.
2. Providers will be contacted to schedule Re-Certification visits approximately sixty (60) days prior to the expiration of the site certification.

3. The certification site visits will include a review of items contained in the Medi-Cal Certification Protocol as provided by DHCS and the BCDBH QMD Site Review Checklist (attachment I).
4. BCDBH Program managers will utilize the checklist in attachment I as guideline for program standards including the required posted materials, organizational binder and physical plant safety review.
5. QMD reserves the right to review BCDBH programs annually to ensure their compliance with DHCS standards.

## **II. In-County Contract Providers**

### **A. Creation of a New Program that Provides Medi-Cal Services**

1. When BCDBH has contracted with a new in-county provider for Medi-Cal services, the Contract division will contact QMD to alert them to the new provider. A copy of the contract should also be sent at that time.
  - a. If the provider is a currently contracted with BCDBH they may contact QMD for the creation of a new program or RU. QMD will confer with the Contract division to ensure that the program is part of the current contract.
2. QMD will contact the provider to ensure the receipt of a program description, a copy of the current fire clearance (within the last year), the NPI number and a copy of the license of the head of service. QMD will submit the information that the provider has provided, along with the required forms to DHCS for the creation of the SD/MC Program in the State system.
3. DHCS will process the submitted application for initial entry into their system. Once QMD receives confirmation of the entry QMD will contact the in-county provider to conduct an onsite review. QMD will review the site in order to determine if all regulatory standards are being met utilizing a protocol that is determined by DHCS. If standards are met, QMD grants a certification. If any deficiencies are found a POC will be issued and the provider will have 30 days to make

corrections and submit a response. Once the response has been accepted, certification is granted.

4. Once certification has been granted QMD will coordinate with the Billing Department to create any necessary RUs for the EHR and identify the appropriate billing codes.
5. The RU name will comply with following the naming convention: It will include the provider name, the program name or type of service; the program city and the funding source.

Example: YFC YIP Chico MHSA

#### **B. Re-Certification of a Program that Provides Medi-Cal Services**

1. Medi-Cal organizational provider recertification will be conducted every three years based on the provider's recertification date. All contract providers will have their on-site visits conducted by QMD.
2. Providers will be contacted to schedule Re-Certification visits approximately sixty (60) days prior to the expiration of the site certification.
3. The certification site visits will include a review of items contained in the Medi-Cal Certification Protocol as provided by DHCS and the BCDBH QMD Site Review Checklist (attachment I).

### **III. Out of County Contract Providers**

#### **A. Creation of a New Program that Provides Medi-Cal Services Certified by the Host County**

1. When BCDBH has contracted with a new out of county provider for Medi-Cal services, the Contract division will contact QMD to alert them to the new provider. A copy of the contract should also be sent at that time.
2. QMD will contact the Host County MHP of the provider (the county where the provider is located) to determine if the provider has already been certified by the MHP for the same services the provider is requesting certification for BCDBH. If the provider is, QMD will request

a current copy of the Fire Clearance (within the last year), Head of Service License and the required DHCS forms. QMD will submit the information that the host county has provided, along with the required forms to DHCS for the creation of the SD/MC Program in the State system.

3. BCDBH may forego the site visit requirement at the discretion of the Quality Assurance Coordinator. If a site visit is determined to be necessary by the Quality Assurance Coordinator, QMD will review the site in order to determine if all regulatory standards are being met utilizing a protocol that is determined by DHCS. If standards are met, QMD grants a certification. If any deficiencies are found a POC will be issued and the provider will have 30 days to make corrections and submit a response. Once the response has been accepted, certification is granted.
4. Once certification has been granted QMD will coordinate with the Billing Department to create any necessary RUs for the EHR and identify the appropriate billing codes.
6. The RU name will comply with following the naming convention: It will include the provider name, the program name or type of service; the program city and the funding source.

Example: YFC YIP Chico MHSA

#### **B. Re-Certification of an Out of County Program that Provides Medi-Cal Services that is certified by the Host County**

1. Medi-Cal organizational provider recertification will be conducted every three years based on the provider's recertification date. QMD will contact the Host County to determine if they are continuing their certification of the provider. If so, QMD will request a current copy of the Fire Clearance (within the last year), Head of Service License and the required DHCS forms. QMD will submit the information that the Host County has provided, along with the required forms to DHCS for the creation of the SD/MC Program in the State system.

2. Providers will be contacted to schedule Re-Certification visits approximately sixty (60) days prior to the expiration of the site certification.
3. BCDBH may forego the site visit requirement at the discretion of the Quality Assurance Coordinator. If a site visit is determined to be necessary by the Quality Assurance Coordinator, QMD will review the site in order to determine if all regulatory standards are being met utilizing a protocol that is determined by DHCS. If standards are met, QMD grants a certification. If any deficiencies are found a POC will be issued and BCDBH will have 30 days to make corrections and submit a response. Once the response has been accepted, certification is granted.

**C. Creation of a New Program that Provides Medi-Cal Services Not Certified by the Host County**

1. When BCDBH has contracted with a new out of county provider for Medi-Cal services, the Contract division will contact QMD to alert them to the new provider. A copy of the contract should also be sent at that time. If the provider is a currently contracted with BCDBH they may contact QMD for the creation of a new program.
  - a. If the provider is a currently contracted with BCDBH they may contact QMD for the creation of a new program or RU. QMD will confer with the Contract division to ensure that the program is part of the current contract.
2. QMD will contact the MHP for the residing county of provider to determine if the provider has already been certified by the MHP for the same services the provider is providing for BCDBH. If the Host County does not certify the provider, QMD will contact the provider to ensure the receipt of a program description, a copy of the current fire clearance (within the last year), the NPI number and a copy of the license of the head of service. QMD will submit the information that the provider has provided, along with the required forms to DHCS for the creation of the SD/MC Program in the State system.

3. DHCS will process the submitted application for initial entry into their system. Once QMD receives confirmation of the entry QMD will contact the provider to conduct an onsite review. QMD will review the site in order to determine if all regulatory standards are being met utilizing a protocol that is determined by DHCS. If standards are met, QMD grants a certification. If any deficiencies are found a POC will be issued and BCDBH will have 30 days to make corrections and submit a response. Once the response has been accepted, certification is granted.
4. Once certification has been granted QMD will coordinate with the Billing Department to create any necessary RUs for the EHR and identify the appropriate billing codes.
5. The RU name will comply with following the naming convention: It will include the City Name; identify if the program is mental health (MH) or Alcohol and Drug (AOD); the program name or type of service; and the funding source.

Example: OR MH Adult African American OP MHSA PEI

#### **D. Re-Certification of a Program that Provides Medi-Cal Services that is not Certified by the Host County**

1. Medi-Cal organizational provider recertification will be conducted every three years based on the provider's recertification date. All contract providers will have their on-site visits conducted by QMD. QMD will contact the Host County prior to see if the provider is now certified by the Host County.
2. Providers will be contacted to schedule Re-Certification visits approximately sixty (60) days prior to the expiration of the site certification.
3. The certification site visits will include a review of items contained in the Medi-Cal Certification Protocol as provided by DHCS and the BCDBH QMD Site Review Checklist (attachment I).

**IV. Circumstances Requiring Re-Certification Outside of the 3 year period – All Medi-Cal Programs**

- A. Additional certification reviews may become necessary under circumstances listed below.
1. For recertification, a notification must be submitted to DHCS at least 60 days before a significant programmatic change takes place that requires recertification. QMD shall be notified by the Program Manager or provider 60 days prior to the changes noted below. The notification must include the effective date, and a description of changes.
  2. Additional certification reviews may become necessary if:
    - a. There is change of legal entity or ownership. This will require a new certification application process.
    - b. There is change of location. (Involuntary changes of location due to disasters must be reported as soon as possible and are not subject to the 60 day prior notification requirement.) This will require a new fire clearance of the new site. Programs will expect a certification site visit by DHCS Medi-Cal officials for county-owned programs, or QMD officials for contract provider programs.
    - c. The provider makes organizational and/or corporate structure changes (example: conversion from non-profit status). This will require a new certification application process.
    - d. The provider adds Day Treatment or Medication Support services when Day Treatment or medications were not previously certified to be administered or dispensed from the provider's site. This requires notification and may involve a site visit.
    - e. There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance, but may not require a full re-submission of certification forms).
    - f. There are major staffing changes.



- 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.

**V. Notification of Certification Status – All Programs**

- A. Upon completion of the necessary documents and after a certification site visit has been completed, the Quality Assurance Coordinator will send a letter of certification citing the date, conditions and terms of certification to the Program Manager or contract provider and, if necessary, to DHCS. All records must be complete to assure a clear audit trail for DHCS officials or BCDBH risks denial of Medi-Cal claims. Subsequent communications to or from the DHCS or any external interested party should be copied to the Quality Assurance Coordinator in order to assure a complete record.

**VI. Adult Residential Treatment Services (Transitional and Long-Term)**

- A. Providers that provide Adult Residential Treatment Services must be certified as a Social Rehabilitation Program by DHCS as either a Transitional Residential Treatment Program (provides care for up to 18 months) or a Long-Term Residential Treatment Program (provides care for up to 24-36 months). Facility capacity must be limited to a maximum of 16 beds. Services shall be consistent with Section 532 of Title 9, California Code of Regulations.
- B. This certification is an organizational certification that is provided by DHCS and **not** BCDBH. The provider must apply for this certification directly from DHCS.
- C. Once the provider has received their Social Rehabilitation Program Certification granted by DHCS, programs providing Adult Residential Treatment Services must be licensed as a Social Rehabilitation Facility or Community Care Facility by the Department of Social Services.
- D. When the provider has received both certifications for Adult Residential Treatment Services BCDBH is able to utilize the provider for SD/MC services and will follow the procedure as outlined in Section II a & b.

**VII. Discontinuation of SD/MC Certification**

- A. Notification is required when a program discontinues in its entirety, changes their NPI numbers, discontinues a service, i.e. Medication Support or unbundles treatment services, i.e. from Day Treatment. QMD will update DHCS and complete any necessary forms. Once de-certification occurs a provider will not be able to receive Medi-Cal reimbursement for any services that have been provided past the date of de-certification.

Authority: California Department of Health Care Services; the Mental Health Plan contract - Exhibit A, Attachment I, 4, A through R; Title 9 §532; Title 9 §622 through 630; Title 9 § 1810.435. , DHCS SD/MC Provider Certification & Re-Certification protocol, BCDBH QMD Site Review

A. Thomas 11/20/2015

\_\_\_\_\_  
Author/Date

\_\_\_\_\_  
Compliance Committee/Date

\_\_\_\_\_  
Reviewed for Content/Date

\_\_\_\_\_  
Leadership Team/Date

\_\_\_\_\_  
Reviewed for Form/Date

\_\_\_\_\_  
Dorian Kittrell, LMFT      Date  
Director



## Quality Management Department

**Site Name:****Date:****Address:****Phone:****Program Manager:**

**POSTED BROCHURES AND NOTICES (Mandatory) (Check all that apply –  
Correct those not checked)**

| Brochure/Notice                             | Delivery Method | English                  | Spanish                  | N/A                      |
|---|-----------------|--------------------------|--------------------------|--------------------------|
|   |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grievance, Appeal, Expedited Appeal Process | Posted          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patients' Rights                            | Posted          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patients' Rights Advocate (picture)         | Poster          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Notice of Privacy Practices                 | Posted          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Determining Language Preference             | Posted          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 504 Complaint process (ADA)                 | Poster          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medi-Cal Guide                              | Booklet         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Service Directory                           | Booklet         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grievance, Appeal, Expedited Appeal Process | Brochure        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Member Information                          | Brochure        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient's Right Orientation                 | Brochure        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Notice of Privacy Practices                 | Brochure        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 504 Complaint process (ADA)                 | Brochure        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Human Trafficking                           | Poster          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Attachment I

**For those serving youth:**

| <b>Brochure/Notice</b>            | <b>Delivery Method</b> | <b>English</b>           | <b>Spanish</b>           | <b>N/A</b>               |
|-----------------------------------|------------------------|--------------------------|--------------------------|--------------------------|
| Katie A Settlement legal document | Posted                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patients' Rights for Youth        | Posted                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child's Safety Seat Law           | Posted                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have a CD for those who can't read  or Do you read information to them

**To locate these materials:** <http://www.buttecounty.net/Behavioral%20Health.aspx>

Most if not all of the items you need for your front office will be located here.

**OPERATIONAL BINDER**

| <b>Name of Policy</b>   | <b>In operational binder</b> |                          | <b>Available Electronically</b> |                          |
|---|------------------------------|--------------------------|---------------------------------|--------------------------|
|   | <b>Yes</b>                   | <b>No</b>                | <b>Yes</b>                      | <b>No</b>                |
| Who we serve (Mission statement)  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| Written description of the specific programs and service activities provided by the agency          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| Days and hours of service   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| Job description of each job classification filled in the program                                    | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| License of Head of Department   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| General Operating procedures  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| Fire Clearance  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| Contract for routine building maintenance   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| Logging and reporting or unusual occurrences/serious incidents relating to Health and Safety issues | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |

Effective Date:

Review Date:

Attachment I

Mandatory reporting requirements

Protocol for Referrals to outside Doctors

**Name of Policy**

**In operational binder**

**Available Electronically**

Yes

No

Yes

No

Protected Health Information

Service Delivery

Connecting Circles of Care

**To locate these materials: [Access Africa/Group/Adult Pm and Spv /Operations manuals /Site Certification Information](#)**

**BUTTE COUNTY PERSONNEL RULES AND BCEA MOU**

**Name of Policy**

**In operational binder**

**Available Electronically**

Yes

No

Yes

No

Personnel Policies

Hiring

sexual harassment

non-discrimination

discipline and termination protocol

BCEA MOU (county sites)

Contract with BCDBH (contractor's sites)

To locate these materials: [WWW.buttecounty.net](http://WWW.buttecounty.net) – Select Human Resources - then go to Resources and Documents then select “2012 Adopted Personnel Rules”

### BUTTE COUNTY BEHAVIORAL HEALTH’S POLICIES AND PROCEDURES

| Name of Policy  | In operational binder    |                          | Available Electronically |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes                      | No                       | Yes                      | No                       |
| Scope of practice   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 172 -Facility Rules, Regulations and Safety                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 89 - Communications   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 92 – Americans with Disabilities Act Compliance                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 93 – Evacuation Plan Guidelines   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 128A – Client Access to PHI   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 129B – Amendment of PHI   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 133A – Breach Notification and Mandatory Reporting                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 136A – HIPAA Privacy and Security Policies and Procedures               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 139A – Minimum Necessary  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 140A – Use and Disclosure of PHI for which an Authorization is Required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 142A – Accounting of Disclosures  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 143A – Client Request to Restrict use and disclosure of PHI             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Effective Date:

Review Date:

Attachment I

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| PnP 150 – Sanction Screening of Employees and Providers Employees  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 151B - Medical Necessity for Outpatient Mental Health Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 164C – Beneficiary Problem Resolution Process                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 167 – Medical Record Retention, Purging and Destruction        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Name of Policy   | In operational binder    |                          | Available Electronically |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes                      | No                       | Yes                      | No                       |
| PnP 169 – Medical Records Documentation                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 170 – Corrective Actions Policy  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 171B - NOA Process   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 175A – Verification of Identity and Authority                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 200 – Potential Violence in the Workplace                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 203 – Security of Client Charts and Protected Health Information         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 206 – HIPAA Privacy Administration                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 207 – Protection of Beneficiary Rights                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 209 – Specialty Mental Health Services for BCDBH Underserved Populations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

To locate these materials: [Access Africa/Group/Reference Data/Policy and Procedure](#)

## Attachment I

**MEDICATION SUPPORT NEEDS**

Those that have med room – Information should be in the Operational binder under Medication Support. Also include those Policy and Procedures in the policy and procedure binder, if you have a med room.

**Medication Room Inspection**

Yes No N/A

All drugs obtained by prescription are labeled (not altered)   Drugs intended for external use only are stored separately from drugs intended for internal use   Any food stuffs stored with medications   

Drugs stored at proper temperature

Room temperature drugs at 59 to 86 degrees   **Medication Room Inspection**

Yes No N/A

Refrigerated drugs at 36-46 degrees   Is the temperature log filled out   Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication   Drugs are not retained after the expiration date   I.M. dose vials are dated and initial when opened.   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   Policies and procedures are in place for dispensing, administering and storing medications   Log with staff names that have medication storage keys   Medical, Pharmacy or nursing staff licenses (confirm and review)



## Attachment I

| Name of Policy  | In operational binder    |                          | Available Electronically |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes                      | No                       | Yes                      | No                       |
| PnP 157 – Sample Medications  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 158 – Medical Waste Management  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 195 – Medication Security, Storage, and Administration                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 224 – Medication Boxes  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PnP 216 – Pharmaceutical Representatives  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Medication Rooms Protocol  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standardized Procedures for Nurse Practitioners and Physician Assistants Protocol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tele-psychiatry   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Attachment I

**PHYSICAL PLANT CHECK FOR SAFETY AND CONFIDENTIALITY ISSUES**

**Physical Plant Inspection**

|  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| Fire safety – do they have fire extinguishers accessible and location marked, and is the fire extinguishers current up to date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do they have evacuation signs, Exist signs and maps to get out of buildings  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the restrooms labeled  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the building ADA accessible   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all staff medications locked in safe place?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a first aid kit and is it stored in safe place?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Is the building safe from</b> any potential hazards such as:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accumulated dirt   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chemical/cleaning supplies stored in locked area   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sharps/scissors out that clients and get   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stick pins   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All furniture over 5 feet high needs to be bolted to the wall  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerator with thermometer that reads 36 to 46 degrees, and logged daily  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerator have expired foods  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cleaning materials that clients have access to   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marking pens the “non-sniff able” ones   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Potential tripping hazards such as carpet damaged/stained/frayed edges   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Potential fire hazards such as heaters, coffee pots in offices etc.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Effective Date:

Review Date:

## Attachment I

|            |                          |                          |                          |
|------------|--------------------------|--------------------------|--------------------------|
| PHI Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------|--------------------------|--------------------------|--------------------------|

**Physical Plant Inspection**

|     |    |     |
|-----|----|-----|
| Yes | No | N/A |
|-----|----|-----|

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Are the charts kept in a locked file, room, cabinet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| In the charts room is it posted who has access to charts, and hours of operations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| In the staff's offices are the charts locked and out of sight? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| In staff's offices, when they are not present is the computer screen off? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Any confidential information laying on the desk or other areas unprotected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

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Attachment I

**DEFICIENCIES TO BE CORRECTED**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_