	Shasta County Health and Human Services Agency Managed Care, Compliance and Quality Management
	Organizational Provider Certification

1.0 Persons/Programs Affected *(Check all that apply)*

☒ All Staff	☐ All Managers	☐ All Supervisors	

*Each branch to have unique Persons/Programs Affected

**All employees include all employees--full-time, part-time and extra-help.*

2.0 Definitions

NA

3.0 Policy

Shasta County Health and Human Services Agency, through its Mental Health Plan (MHP) will certify that organizational providers are in compliance with CCR Title 9, Chapter 11, Section 1810.435 prior to the provision of specialty mental health services for any MHP beneficiary.

4.0 Procedure

Applicants shall present a written request to become a Shasta County MPH organizational provider. Applicants shall present a written program description which shall include evidence that the organization:

A. Possesses the necessary license to operate;
B. Can provide for appropriate supervision of staff;
C. Has as head of service, a licensed mental health professional or other appropriate individual;
D. Possesses appropriate liability insurance;
E. Maintains a safe facility;
F. Stores and dispenses medications in compliance with all pertinent state and federal regulations;
G. Meets the MHPs Quality Management Program standards and requirements;
H. Has accounting and fiscal practices that are sufficient to comply with its obligations;
I. Ensures that treatment provided is at the same level as services provided to all other persons served;
J. Assures that beneficiaries will not be discriminated against in any manner;

K. Will make records available for authorized review for fiscal audits, program compliance and beneficiary complaints.

MHP staff (which may include but is not limited to Quality Assurance/Managed Care Program Manager, Quality Assurance/Managed Care Clinical Program Coordinator, Adult or Children's Branch Clinical Division Chief, medical personnel or designees) shall conduct an on-site review prior to initial certification and every three years thereafter to verify:

A. Provider has a fire clearance no more than three years old;
B. Building services are provided and maintained in a manner to provide for physical safety of clients, visitors and personnel;
C. Temperature of refrigerated food for client use remains between 36-46 degrees F;
D. Facility is clean and sanitary;
E. Provider complies with personnel policies and maintains appropriate records;
F. Provider maintains client records in accordance with MHP standards and state and federal confidentiality laws;
G. Provider has operating procedures in place;
H. Provider has policies describing service delivery;
I. Provider reports unusual occurrences relating to health and safety to MHP and to other appropriate agencies;
J. Provider has appropriate psychiatric/physician services available onsite or by referral;
K. Provider has a "Head of Service" whom meets the CCR Title 9, Section 622 requirements;
L. Provider maintains appropriate staffing ratio for day treatment intensive, day rehabilitation or crisis stabilization;
M. All drugs obtained by prescription are labeled and altered only by persons legally authorized to do so;
N. Drugs intended for external use only are stored separately;
O. Drugs are stored at proper temperatures (Room temperature 59-86 degrees F, refrigerated drugs at 36-46 degrees F);
P. Drugs are stored in a manner separate from foodstuff and clearly labeled;
Q. Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense, or administer medication;
R. Drugs are not retained after the expiration date;

S. No contaminated or deteriorated drugs are available for use;
T. IM multi-dose vials are dated and initialed when opened;
U. A drug log is maintained to ensure disposal of expired, contaminated, deteriorated and abandoned drugs;
V. Policies and procedures are in place for dispensing, administering and storing medications.

Records of all certifications and on-site review are maintained by Managed Care. Records include:

A. A completed Short-Doyle/Medi-Cal Provider Certification Application;
B. A completed Short-Doyle/Medi-Cal Program Provider Agreement Claim Certification;
C. A completed Medi-Cal Provider Data Form
D. A completed Medi-Cal Provider Disclosure Statement of Significant Beneficial Interests;
E. A completed Shasta County MHP Site Certification Checklist for Organizational Providers form.

Providers will be notified of results of certification reviews in writing within 30 days of review.

Providers shall complete a plan of correction regarding any deficiencies within 60 days of receiving the review.

Managed Care will complete a Medi-Cal Certification and Transmittal Form and submit to the appropriate state agency for each new certification, recertification, provider address change, provider name change or inactivation.

Managed Care will track and reschedule certification site visits at three year intervals.

5.0 Attachments

NA

6.0 Revision History

Date	No.	Action:
05/27/14	2014-04	Adopted with revision to new format

7.0. Other Agency Involvement

NA

8.0 Authorization/Signatures

The above policy and procedure has been reviewed and is authorized for immediate implementation:

Donnell Ewert, MPH, Director
Health and Human Services Agency

5/30/14
Date

Micki Mills, Program Manager, Compliance Officer
Managed Care/Compliance Program

5/29/2014
Date