



**Shasta County Health and Human Services Agency
Managed Care, Compliance and Quality Management**

Provider Certification and Recertification

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

<input checked="" type="checkbox"/> All Staff	<input type="checkbox"/> All Managers	<input type="checkbox"/> 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 providers, including contracted providers and county owned and operated 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, once every three years or more often as determined by the MHP.

4.0 Procedure

Contracting applicants shall present a written request to become a Shasta County MPH provider. Contracting applicants and County owned and operated providers shall provide a written program description, which includes hours of operation and services provided, and evidence of:

- A. Any necessary license and/or certification to operate;
- B. Provider enrollment in the National Plan and Provider Enumeration System (NPPES) with a valid National Provider Identifier (NPI) matching the program and the address on the NPI number matches the address of the provider (NPI Number)
- C. Fire clearance, less than one year old from the date of the on-site certification/recertification review;
- D. A head of service, a licensed mental health professional or other appropriate individual;
- E. Appropriate liability insurance (Contracting applicant);
- F. A safe facility;
- G. Ability to store and dispense medications in compliance with all pertinent state and federal regulations (if applicable);



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- H. Treatment provided is at the same level as services provided to all other persons served;
- I. Beneficiaries will not be discriminated against in any manner;
- J. Records are available for authorized review for fiscal audits, program compliance and beneficiary complaints.

Initial Certifications for County owned and operated providers, will be submitted to California Department of Health Care Services (DHCS) for site review certification.

For initial certifications for contracting applicants and re-certifications for contracting applicants and county owned and operated providers, 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 using the most current California Department of Health Care Services (DHCS) Certification protocol, the most recent DHCS Annual Review Protocol and the MHP Agreement requirements and will verify all protocol requirements and additionally, at a minimum:

- A. Provider maintains policies and has a process in place to verify new and current staff are not on the Office of Inspector General List of Excluded Individuals/Entities (LEIE), DHCS Medi-Cal List of Suspended or Ineligible Providers or the Excluded Parties List System/System Award Management (EPLS/SAM);
- B. Provider is enrolled in the National Plan and Provider Enumeration System (NPPES) with a valid National Provider Identifier (NPI) matching the program and the address on the NPI number matches the address of the provider;
- C. Conducts a random chart audit of paid claims using the most recent DHCS Annual Review Protocol for compliance with applicable state and federal regulations (for re-certifications);
- D. Ensure Provider complies with Advance Directive requirements;
- E. Ensure Provider has Beneficiary Informing materials, including but not limited to, grievance, appeal and fair hearings, and Early & Periodic Screening, Diagnosis & Treatment (EPSDT) brochures available as required.



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Records of all certifications and on-site reviews are maintained by Managed Care.

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

Providers shall complete a plan of correction regarding any deficiencies within 30 days of receiving the results of the review.

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

Managed Care will track and reschedule re-certification site visits once every three years or more often as determined by the MHP.

Nothing in this policy shall limit the MHP from piggybacking on a host County Medi-Cal certification of a provider.

5.0 Attachments

NA

6.0 Revision History

Date	No.	Action:
05/27/14	2014-04	Adopted with revision to new format
05/05/2017	2014-04.2	Updated language; include both contracted and county-owned and operated sites

7.0. Other Agency Involvement

NA



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8.0 Authorization/Signatures

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

Donnell Ewert, M.P.H., Director
Shasta County Health and Human Services Agency

5/16/17

Date

Tracy Tedder, Compliance Officer
Director, Business & Support Services
Shasta County Health and Human Services Agency

5/16/17

Date