



ADMINISTRATIVE/FISCAL/CLINICAL/PHF POLICY AND PROCEDURES

COUNTY OF SANTA BARBARA
ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

Section - QUALITY ASSURANCE	Effective: 3/25/2010
Policy - #58 SITE CERTIFICATION	Revised:
Director's Approval <u><i>Ann Detrick</i></u>	Date <u>3/25/10</u>
Deputy Director's Approval <u><i>Marianne Gentry</i></u>	Date <u>3/25/10</u>
Form Ref. -	Reviewed:

POLICY:

It is the policy of the Santa Barbara County Mental Health Plan (SBCMHP) to comply with all relevant state and federal laws, regulations, and guidelines regarding the certification of service sites certified by the SBCMHP, and to monitor service sites in order to ensure the safety and rights of MHP consumers are protected at those sites.

The service sites of both organizational providers and network providers will be certified at least every three years.

PROCEDURE:

- A. The service sites of all in-county network providers and organizational providers will be certified at least every three years.
 - 1. If consumer grievances, Compliance Hotline calls or e-mails, or other information is received by the MHP indicating a possible problem with the physical facility, availability of informing materials, confidentiality of Protected Health Information (PHI) including storage of confidential information, quality of documentation, or other issues related to compliance with laws, regulations, guidelines, MHP P&P's, or the provider's contract with the MHP, site visits will be conducted as appropriate, and may include re-certification of the site.
 - 2. For purposes of this P&P, a service site requiring certification is defined as any site with a DMH provider number.
 - a. If more than one physical site operates under a single provider number, each site requires separate certification unless the site is a "satellite site." "Satellite site" means a site owned, leased, or operated by a provider (MHP or contractor) at which specially mental health services are delivered to beneficiaries less than 20 hours per week, or, if located at a multiagency site, at which specially mental health services are delivered by no more than two

employees or contractors of the provider [DMH Contract with MHP, Exhibit A, Section K, and Exhibit E, Section B #17].

- B. Certification will involve at least one on-site inspection by Quality Assurance clinical staff. Additional certification activities may occur off-site as appropriate.
 - 1. For sites at which medications are stored or dispensed, a Quality Assurance staff licensed as an MD, DO, NP, PA, RN, LVN, or LPT will be involved in the certification process, including at least one on-site visit.
- C. Certification includes the following, using the most recent Site Certification protocol issued by DMH:
 - 1. Inspection of the physical facility to ensure:
 - a. the facility is accessible by individuals with physical handicaps or limitations
 - b. adequate exit routes exist in case of fire or other emergency, and are not obstructed
 - c. lighting is adequate
 - d. there are no apparent risks to physical safety
 - e. confidential consumer information is kept in secure, locked areas to prevent access by unauthorized individuals
 - f. confidential conversations cannot be overheard by individuals in waiting areas or other areas outside the room(s) where such conversations take place
 - g. required information and materials are readily available
 - h. medications are stored, handled, and dispensed according to relevant laws, regulations, and MHP P&P's
 - 2. Verification of a current fire inspection.
 - 3. Review of at least 3 charts for consumers receiving services within the previous 6 months, or all charts if the provider has provided services to fewer than 3 consumers during that period of time. Chart review will include verification that:
 - a. an appropriate assessment and client plan exist, were completed in a timely manner, and are signed as required by law, regulation, MHP policy, and MHP contract
 - b. progress notes are legible, signed, and describe mental health interventions congruent with the assessment and client plan and reimbursable by Medi-Cal
 - c. the chart includes a HIPAA verification, signed by the consumer or legal guardian at intake or at the time of the first mental health service
- D. If no deficiencies are identified, the provider will be notified in writing. A copy of the notification will be kept on file by QA, and the Compliance Committee will be notified.
- E. Any deficiencies identified during the certification process will be reported to the Compliance Committee and must be corrected. The correction process will be as follows:

1. The provider will be notified of any deficiencies in writing.
2. Any deficiency which QA staff consider to require immediate attention will be brought to the attention of the provider in person or by phone as soon as the deficiency is identified. The QA Manager will also be notified in person, by phone, or by e-mail of such deficiencies as soon as possible and will notify the MHP Compliance Officer.
 - a. Any deficiency which, in the opinion of the Compliance Officer, presents a potentially significant risk to the safety or confidentiality of consumers must be corrected, and the correction verified by QA staff, before the provider may provide further services to MHP beneficiaries.
3. For all other deficiencies, a written Plan of Correction (POC), or evidence that the deficiency has been corrected, must be submitted.
 - a. In general, the POC will be due 30 days after the date of written notification. However, if the QA Manager determines that a POC should be required more quickly due to the nature of the deficiency and its potential implications for consumer safety or confidentiality, or significant compliance issues, the QA Manager may specify that the POC be required more quickly.
 - b. If the provider states that the deficiency has already been corrected, QA staff will verify compliance.
4. If the Plan of Correction is not received, or actual corrections are not made, within the period of time specified in the notification of deficiencies, QA will notify the provider that the Plan is overdue.
 - a. If the POC or actual corrections were required to correct an error which is considered significant by the QA Manager, the MHP Compliance Officer will be notified. Any actions indicated by the Compliance Officer will be taken, with written notification to the provider. Such actions may include notification that corrections must be made within a specific period of time, suspension of the provider's provision of services to MHP beneficiaries, termination of the provider's contract with the MHP, or other actions considered appropriate by the Compliance Officer.
 - b. In all other circumstances, the notification to the provider will include a requirement that the POC be received, or the corrections completed, within 15 days of receipt of the notification.
 - c. If the POC is not received, or corrections are not made, within the time specified, the Compliance Officer will be notified. Any actions directed by the Compliance Officer will be taken, with written notification to the provider. Such actions may include notification that corrections must be made within a specific period of time, suspension of the provider's provision of services to MHP beneficiaries, termination of the provider's contract with the MHP, or other actions considered appropriate by the Compliance Officer.

5. Each step in the correction process will be reported to the Compliance Committee for review.
6. Upon correction of all identified deficiencies, QA will notify the provider in writing, and a copy of the notification will be filed by QA.

Assistance:

Reference:

Replaces: