



HUMBOLDT COUNTY DEPARTMENT OF
HEALTH & HUMAN SERVICES - BEHAVIORAL HEALTH
Policy & Procedure

Policy Number	0704.0341
Policy Title	Medi-Cal Site Certifications and Recertifications
Program	Performance Management Unit – Quality Improvement
Affects	QUALITY IMPROVEMENT, ORGANIZATIONAL PROVIDERS, CLAIMS DATA MANAGEMENT, COUNTY-OWNED & OPERATED PROVIDERS
Effective date	08/07/2006
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PURPOSE

The California Department of Health Care Services (DHCS) requires medical site certifications and recertifications to ensure that healthcare providers meet established standards for quality, compliance, and safety. These processes are essential for maintaining the integrity of public health programs, such as Medi-Cal and Drug Medi-Cal (DMC), and for safeguarding patient care.

DEFINITION(S)

Satellite Site: A site that is owned, leased or operated by a provider at which Specialty Mental Health Services (SMHS) are delivered less than 20 hours per week or if located at multiagency site, at which SMHS are delivered by no more than 2 employees or contractors of the provider.

Operations Manual: A collection of all required documents for Medi-Cal site certification based on the DHCS Certification Protocol. It includes things such as a copy of the fire clearance, a copy of Head of Service’s license, and copies of relevant policies and procedures.

POLICY

Humboldt County Department of Health and Human Services-Behavioral Health (DHHS-BH) will ensure all county owned and operated and contracted Medi-Cal providers are Medi-Cal certified and that all certifications and re-certifications are completed within the timeline prescribed by the California Department of Health Care Services (DHCS).

PROCEDURE

1. General

- 1.1. DHHS-BH will utilize the DHCS Certification/Recertification Protocol as a guideline for program standards, including the required posted materials. All onsite certification reviews conducted by DHHS-BH include an onsite walk-through, a review of the Operations Manual, and verification that the required [Humboldt County Behavioral Health Sites Brochure and Posting Requirements \(Form QI-79\)](#) are met.
- 1.2. If a site review by either DHHS-BH or DHCS determines that not all certification requirements are met, a Plan of Correction (POC) will be issued by the reviewing body. The provider has 30 days to make and submit corrections to the reviewer. Once all requirements are met, certification can be granted.
- 1.3. All county owned and operated, and all contracted Medi-Cal providers will be reviewed by QI for recertification every three years, based on the provider’s most recent certification date, unless there are significant programmatic changes (see Section 5 for details).
 - 1.3.1. **Exception:** Standard recertification reviews for 23-Hour Crisis Stabilization Units (CSU), Psychiatric Health Facilities (PHF), Day Treatment Intensive providers, and Day Rehabilitation providers must be conducted by DHCS.
- 1.4. QI reserves the right to review providers annually to ensure their compliance with DHCS standards.

2. County Owned and Operated Providers

2.1. Creation of a New County Owned and Operated Program

- 2.1.1. When a new County-run Medi-Cal program/clinic is created, the Senior Program Manager (SRPM)/Program Manager (PM) will complete form [QI-111 Required Information for MHP Short-Doyle Medi-Cal Provider Certification Application](#) and send it to DHHS-BH Quality Improvement (QI) to inform them of the creation of the program. As part of the form QI-111, the SRPM/PM will provide a program description, a copy of the current fire clearance (within the last year), and a copy of the license of the head of service (the DHHS-BH Director or licensed designee as defined in Title 9 §622-§630). The SRPM/PM will also create an Operations Manual that includes all Medi-Cal certification requirements, including a copy of the fire clearance, a copy of Head of Service's license, and copies of relevant policies and procedures.
 - 2.1.1.1. If no current fire clearance exists, SRPM/PM will work with Risk Management to obtain clearance and will provide QI with a copy once acquired.
- 2.1.2. The QI Analyst will contact the billing department (Claims Data Management, CDM) to request an NPI number for the new program. CDM will inform QI when an NPI number is assigned.
- 2.1.3. QI Analyst will complete and submit form [DHCS 1736 County-Owned and Operated Provider Certification Application](#), along with supporting documents, to DHCS for the creation of the program in the State Provider File.
- 2.1.4. QI Analyst will work with DHCS to schedule an onsite review within 6 months of DHCS receipt of the complete application.
- 2.1.5. QI will perform a mock certification visit prior to the DHCS onsite review date. If any deficiencies are found, QI will communicate this to the SRPM/PM, who will ensure all corrections are made prior to the DHCS onsite review.
- 2.1.6. After the DHCS onsite review, DHCS determines if all regulatory standards are being met. If standards are met, DHCS grants a certification. If any deficiencies are found, DHCS will issue a plan of correction (POC). QI will work with SRPM/PM to make corrections and submit a response within 30 days of POC issuance. Once the response has been accepted, certification is granted via letter to BH Director, cc: QI.
- 2.1.7. Once certification has been granted, the SRPM/PM will coordinate with the Central Access Registry (CAR) Committee to identify the program codes and/or service codes for the Electronic Health Record System (EHR).

2.2. Standard Re-Certification of a County Owned and Operated Program

- 2.2.1. QI will contact the SRPM/PM approximately six months before the recertification due date to provide a reminder of the upcoming recertification date. QI will notify SRPM/PM of the protocol requirements, including the need to update the Program Operations Manual. QI will offer a meeting prior to the recertification visit to answer any questions to assist in ensuring all recertification requirements are met.
 - 2.2.1.1. In preparation for the site certification, QI will send the new SRPM/PM the DHCS Certification Protocol, the [QI-70 Site Certification Checklist](#), and the list of required [Humboldt County Mental Health Sites Brochure and Posting Requirements \(Form QI-79\)](#).
 - 2.2.1.2. SRPM/PM will provide QI with a copy of the Program Operations Manual 3 months prior to the expiration of the current site certification.
- 2.2.2. QI will contact the SRPM/PM to schedule a recertification visit approximately sixty (60) days prior to the expiration of the current site certification.
- 2.2.3. Once all certification standards are met, QI will submit [DHCS 1737 MHP Re-Certification of County-Owned and Operated Providers Self-Survey Form](#), along with supporting documents, to DHCS for recertification.

3. In-County Organizational Providers

3.1. Creation of a New In-County Organizational Provider Program

- 3.1.1. Site certification is a prerequisite for full execution of a contract between DHHS-BH and an organizational provider.
- 3.1.2. During the contract development process, QI 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 head of service application.
- 3.1.3. QI will submit a MC 5829 Provider File Update (PFU) Form to DHCS requesting a State Provider Number and activation of a new program.
- 3.1.4. In preparation for the site certification, QI will send the new organizational provider the DHCS Certification Protocol, the [QI-70 Site Certification Checklist](#), and the list of required [Humboldt County Behavioral Health Sites Brochure and Posting Requirements \(Form QI-79\)](#).
- 3.1.5. QI will contact the in-county organizational provider to conduct an onsite review. Once all certification standards are met, QI will submit [DHCS 1735 Medi-Cal Certification and Transmittal to DHCS for certification form](#).

3.2. Standard Re-Certification of an In-County Organizational Provider Program

- 3.2.1. QI will contact the provider approximately 3 months before the recertification due date to provide a reminder of the upcoming recertification date. QI will notify the provider of the protocol requirements, including the need to update the Program Operations Manual. QI will offer a meeting prior to the recertification visit to answer any questions to assist in ensuring all recertification requirements are met.
 - 3.2.2. In preparation for the site certification, QI will send the new organizational provider the DHCS Certification Protocol, the [QI-70 Site Certification/Recertification Checklist](#), and the list of required [Humboldt County Behavioral Health Sites Brochure and Posting Requirements \(Form QI-79\)](#).
 - 3.2.3. QI will contact the provider to schedule a recertification visit approximately sixty (60) days prior to the expiration of the current site certification.
 - 3.2.4. QI will request a copy of the Operations Manual and a list of all licensed staff be provided at least 2 weeks prior to the onsite visit, otherwise, site manual will be picked up on date of site visit and returned to site once reviewed.
 - 3.2.5. Once all certification standards are met, QI will submit [DHCS 1735 Medi-Cal Certification and Transmittal to DHCS for recertification](#).
 - 3.2.6. A QI letter of certification will be sent to Org Provider Designees once DHCS PIMS (provider information management system) has been verified.
- 4. Out-of-County Organizational Providers**
- 4.1. Creation of a New Out-of-County Organizational Provider Program**
 - 4.1.1. Site certification is a prerequisite for full execution of a contract between DHHS-BH and an organizational provider.
 - 4.1.2. During the contract development process, QI will contact the Provider and request proof of certification by Host County MHP (the county where the provider is located) for the same services the provider is requesting certification for DHHS-BH.
 - 4.1.2.1. If the provider is already certified by the Host County MHP, QI will request from the Provider a current copy of the Fire Clearance (within the last year), Head of Service License, and approval letter from Host County.
 - 4.1.2.2. QI will request from the Host County the [DHCS 1735 Medi-Cal Certification and Transmittal form](#) and a screenshot of the State Provider File.
 - 4.1.2.3. DHHS-BH may opt to use the Host County's site visit requirement in lieu of conducting its own at the discretion of the Quality Improvement Coordinator (QIC)/QIC designee. If a DHHS-BH site visit is determined to be necessary by the QIC/QIC designee, QI will contact the provider to schedule an onsite review.
 - 4.1.2.4. Once all certification standards are met, QI will submit [DHCS 1735 Medi-Cal Certification and Transmittal to DHCS for certification](#).
 - 4.1.3. If the Host County MHP does not certify the provider, QI will bring this to the attention of those participating in the contract development process. If DHHS-BH decides to continue the contract development process with this provider, QI will complete the site certification following steps in section 3.1 above.
 - 4.2. Standard Re-Certification of an Out-of-County Organizational Provider Program**
 - 4.2.1. QI will contact the Host County MHP approximately one month before the recertification due date to determine if the Host County MHP is recertifying or has recertified the provider.
 - 4.2.1.1. If the provider is already recertified, or in the process of recertification, by the Host County MHP, QI will request from the Provider a current copy of the Fire Clearance (within the last year), Head of Service License, and approval letter from Host County.
 - 4.2.1.2. QI will request from the Host County the [DHCS 1735 Medi-Cal Certification and Transmittal form and a screenshot of the State Provider File](#).
 - 4.2.1.3. DHHS-BH may opt to use the Host County's site visit requirement in lieu of conducting its own at the discretion of the Quality Improvement Coordinator (QIC)/QIC designee. If a DHHS-BH site visit is determined to be necessary by the QIC/QIC designee, QI will contact the provider to schedule an onsite review.

Once all certification standards are met, QI will submit [DHCS 1735 Medi-Cal Certification and Transmittal to DHCS for recertification](#).

 - 4.2.2. If the Host County MHP is not recertifying the provider, QI will bring this to the attention of those utilizing this contract provider. If DHHS-BH decides to continue the contract with this provider, QI will complete the site certification following steps in section 3.2 above.
- 5. Circumstances Requiring Re-Certification Outside of the 3 Year Period**
- 5.1.1. Additional certification reviews may become necessary when significant programmatic changes occur. These include the following:
 - 5.1.2. There is change of legal entity or ownership. This will require a new certification application process.

- 5.1.3. There is change of location. This will require a fire clearance for the new site. This also requires a certification site visit by DHCS for county-owned programs or QI officials for contract providers. DHCS must be notified in advance of the move.
 - 5.1.3.1. **Note:** Involuntary changes of location due to disasters must be reported to DHCS as soon as possible (see section 5.2 below).
 - 5.1.4. The provider makes organizational and/or corporate structure changes (example: conversion from non-profit status). This will require a new certification application process.
 - 5.1.5. 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.
 - 5.1.5.1. **Exception** - Activation of "Prescription Only" Med Support (15/60) does not require a DHCS onsite review. It is important to note "Prescription Only" Med Support does not allow for the dispensing, administering and/or storing of medications including samples.
 - 5.1.6. There are significant changes in the physical plant of the provider site.
 - 5.1.7. There are major staffing changes.
 - 5.1.8. There are significant complaints or concerns regarding the provider.
 - 5.1.9. There are unusual events, accidents, or injuries requiring medical treatment for clients, staff, or members of the community.
- 5.2. For recertification, a notification must be submitted to DHCS before a significant programmatic change takes place that requires recertification. QI shall be notified by the SRPM/PM or provider 60 days prior to the changes. The notification must include the effective date and a description of changes.
- 6. Notification of Certification Status – All Programs**
- 6.1. Upon completion of the necessary documents and after a certification site visit has been completed, the reviewing party will send a letter of certification citing the date, conditions and terms of certification to the MHP Director or contract provider. All records must be complete to assure a clear audit trail for DHCS officials or DHHS-BH risks denial of Medi-Cal claims. Subsequent communications to or from the DHCS or any external interested party should be copied to the Quality Improvement Coordinator in order to assure a complete record.
- 7. Adult Residential Treatment Services (Transitional and Long-Term)**
- 7.1. 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.
 - 7.2. This certification is an organizational certification that is provided by DHCS and **not** DHHS-BH. The provider must apply for this certification directly from DHCS.
 - 7.3. 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.
 - 7.4. When the provider has received both certifications for Adult Residential Treatment Services DHHS-BH is able to utilize the provider for SD/MC services and will follow the appropriate site certification procedure as outlined in the sections above.
- 8. Discontinuation of Medi-Cal Certification**
- 8.1. Notification is required when a program discontinues in its entirety, changes its NPI number, or discontinues a service (i.e. An outpatient clinic no longer provides Medication Support services, or a provider unbundles treatment services from Day Treatment). **QI will update DHCS and complete a PFU and DHCS form 1735 to deactivate the provider. Once deactivation occurs, a provider will not be able to receive Medi-Cal reimbursement for any services that have been provided past the date of deactivation.**
 - 8.2. **QI notifies CDM in order to deactivate relevant program codes.**

FORM(s)/ATTACHMENTS

DHCS 1735 Medi-Cal Certification Transmittal
 DHCS 1736 County-Owned and Operated Certification Application Form
 DHCS 1737 County-Owned and Operated Provider Self-Survey Form

REFERENCE

[DHCS 1735 Medi-Cal Certification Form Training Video](#)
[DHCS 1736 County-Owned and Operated Application Training Video](#)
[DHCS 1737 County-Owned and Operated Provider Self-Survey Training Video](#)
[Mental Health Plan: Certifications \(MHP-owned & operated Clinics\)](#)
https://www.dhcs.ca.gov/provgovpart/Pages/Residential_and_Outpatient.aspx