

**County of San Bernardino
Department of Behavioral Health**

Medi-Cal Site Certification Process

Effective Date 02/01/2007
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Allan Rawland, Director

Overview The Department of Behavioral Health's (DBH) Quality Management (QM) provides guidance Medi-Cal certified sites, both County and Contract. QM will ensure provider system information is updated timely and conduct provider triennial reviews in accordance with California Department of Mental Health (DMH) and Title 9 regulations.

Purpose To explain the stages involved in the Medi-Cal Certification, Re-certification, and update processes related to provider information.

Roles and Responsibilities The following table describes the roles and responsibilities of DBH staff involved in the certification process:

Roles	Responsibilities
Regional Program Manager (RPM)	<ul style="list-style-type: none"> • Performs oversight and coordinates the certification process • Performs initial verification and approval of submitted documents for clinics and contract agencies
Quality Management (QM)	<ul style="list-style-type: none"> • Reviews packet for completeness • Notifies DBH-Facilities and Project Management at least three weeks prior to conducting the on-site walkthrough • Performs site inspections for California Code of Regulations (CCR), Title 9 and DMH requirements • Facilitates internal/external certification processes with DMH and DBH staff • Maintains certification files for each clinic • Notifies RPM and Contract Provider to confirm conclusion of the process
Information Technology (IT)	<ul style="list-style-type: none"> • Assigns new reporting unit numbers • Updates system based on approved parameters • Communicates completed system updates to the following DBH units: <ul style="list-style-type: none"> – Administration – Billing Office – Contracts – Fiscal – Research & Evaluation (R&E) – Quality Management – RPM (to update contract providers)

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Medi-Cal Site Certification Process, Continued

**Request for
New Site**

The following describes the stages to initiate a request new Medi-Cal certified site:

Stage	Description						
1	Letter of Intent is prepared based on the origin of the request: <table border="1" style="margin-left: 40px;"> <thead> <tr> <th style="text-align: center;">Origin</th> <th style="text-align: center;">Who completes:</th> </tr> </thead> <tbody> <tr> <td>County Clinic</td> <td>Regional Program Manager</td> </tr> <tr> <td>Contract Agency</td> <td> <ul style="list-style-type: none"> • Provider, • Clinic supervisor, • Program Manager, or • Director </td> </tr> </tbody> </table>	Origin	Who completes:	County Clinic	Regional Program Manager	Contract Agency	<ul style="list-style-type: none"> • Provider, • Clinic supervisor, • Program Manager, or • Director
Origin	Who completes:						
County Clinic	Regional Program Manager						
Contract Agency	<ul style="list-style-type: none"> • Provider, • Clinic supervisor, • Program Manager, or • Director 						
2	Medi-Cal Certification Packet is completed as follows: <table border="1" style="margin-left: 40px;"> <thead> <tr> <th style="text-align: center;">Origin</th> <th style="text-align: center;">Who completes:</th> </tr> </thead> <tbody> <tr> <td>County Clinic</td> <td>Regional Program Manager</td> </tr> <tr> <td>Contract Agency</td> <td> <ul style="list-style-type: none"> • Provider, • Clinic supervisor, • Program Manager, or • Director </td> </tr> </tbody> </table>	Origin	Who completes:	County Clinic	Regional Program Manager	Contract Agency	<ul style="list-style-type: none"> • Provider, • Clinic supervisor, • Program Manager, or • Director
Origin	Who completes:						
County Clinic	Regional Program Manager						
Contract Agency	<ul style="list-style-type: none"> • Provider, • Clinic supervisor, • Program Manager, or • Director 						
3	RPM reviews all documents for thorough completion and compare request with Schedule A. Are all sections/fields completed? If yes , continue to Stage 5 If no , continue to Stage 4						
4	RPM assists and/or complete missing areas						
5	RPM completes and signs MC Certification Packet Approval Form						
6	RPM forwards packet to QM						

**Certification
Requiring DMH
Onsite Review**

The following describes the stages QM follows to certify or update site provider information request new Medi-Cal certified site:

Stage	Description
1	QM reviews the MC certification packet for completeness. Is all information complete? If yes , continue to Stage 3 If no , continue to Stage 2

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Medi-Cal Site Certification Process, Continued

**Certification
Requiring DMH
Onsite Review**
(continued)

Stage	Description						
2	QM contacts RPM to resolve issues						
3	QM verifies that the provider has passed the fire clearance. Does provider meet fire clearance requirements? If yes , continue to Stage 4 If no , RPM is notified and process is put on hold until fire clearance is obtained						
4	Is site county operated? If yes , QM submits appropriate documents to DMH for site inspection. If no , continue to stage 5						
5	For contract agencies, QM completes site inspection at the business location for compliance with regulations. <table border="1" style="width: 100%;"> <tr> <td colspan="2">If discrepancies exist:</td> </tr> <tr> <td style="width: 20%;">QM</td> <td>Provides a report of findings to the provider, identifying those areas of non-compliance.</td> </tr> <tr> <td>Provider</td> <td>Must complete and file a Plan of Correction, addressing concerns within a thirty (30) day time frame; however it is recommended that corrections be addressed immediately.</td> </tr> </table>	If discrepancies exist:		QM	Provides a report of findings to the provider, identifying those areas of non-compliance.	Provider	Must complete and file a Plan of Correction, addressing concerns within a thirty (30) day time frame; however it is recommended that corrections be addressed immediately.
If discrepancies exist:							
QM	Provides a report of findings to the provider, identifying those areas of non-compliance.						
Provider	Must complete and file a Plan of Correction, addressing concerns within a thirty (30) day time frame; however it is recommended that corrections be addressed immediately.						
6	Upon successful completion of corrections, QM completes the MC Transmittal form and a Change Order form						
7	QM submits forms to Deputy Director of Program Support Services for review and approval signatures.						
8	Deputy returns approved documents to QM for submission to DMH.						

Note: Clinics are certified/re-certified via guidelines included on [The Provider Site Re/Certification Protocol](#)

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Medi-Cal Site Certification Process, Continued

QM Onsite Reviews

Reviews that do not require DMH, are performed by QM staff. QM will complete the following steps when rectifying sites:

Step	Action
1	Performs site inspection for compliance
2	Completes MHP Re-Certification of County-Owned & Operated Providers Survey Form using the DMH approved protocol.
3	Fax completed form and required documents to DMH prior to recertification date.
4	Mails original documents to DMH

Note: For discrepancies, see *Stage 5 above*.

Required Documents

The following table indicates additional forms based on action. All forms must be accompanied by:

- Medi-Cal Certification Packet Approval, [BOP022](#)
- [The State Medi-Cal Certification packet](#)

Action	Documents
Add/Change Mode of Service	<ul style="list-style-type: none"> • Mode of Service/Procedure Code Change Form, QM045 • Mode of Service, BOP024 • Amended Schedule A
Change of Address	Current Fire Notice/Clearance
Site Closure	See BOP3033: Closure of DBH Contract Provider Procedure

Related Documents

DBH Standard Practice Manual - QM6017: Medi-Cal Site Certification Policy