



County of Humboldt
 Department of Health and Human Services
 Behavioral Health

QI-70 Site Certification/Recertification Protocol

County-Owned and Operated Organizational Provider

Certification Recertification Date of Site Review: _____

Site Review Staff: _____

Name of Provider: _____

Address: _____

Hours of Operation: _____

Phone Number: _____ Provider Number: _____

Type of Services:

- | | |
|--|--|
| <input type="checkbox"/> Adult Residential | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Day Rehabilitative (Full Day) |
| <input type="checkbox"/> Day Rehabilitative (Half Day) | <input type="checkbox"/> Intensive Care Coordination |
| <input type="checkbox"/> Intensive Home Based Services | <input type="checkbox"/> Medication Support |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Therapeutic Behavioral Services |
| <input type="checkbox"/> Therapeutic Foster Care | |

Evaluation Criteria	Criteria Met? Y/N/NA	Comments
A. Fire Safety		
1. Does the facility have a current fire safety clearance?		
2. Are the fire extinguishers visible and checked at least annually?		
3. Are evacuation maps posted?		
4. Are exits clearly marked and unlocked from the inside?		
B. Physical Plant		
1. Is there a written building maintenance policy?		
2. Are facility and grounds clean and well-maintained?		
3. Is furniture over 5 feet high secured to walls?		
4. Are any hazardous materials, including chemical cleaners, kitchen knives, etc., accessible by clients?		
5. Are portable heaters UL certified?		
6. Are multiple plug outlets and use of extension cords kept to a minimum?		



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7. For areas where children are seen, are electrical plugs covered?		
8. Are walkways clear of obstructions?		
9. Are heavy items kept off high shelves?		
10. Is the facility ADA accessible? If not, what provisions are made for clients who require them?		
11. If client food is stored on site is:		
A. The refrigerator temperature kept at or below 40° F?		
B. The freezer at or below 0° F?		
C. There an ongoing log documenting these temperatures daily?		
D. There a P&P on what to do if the refrigerator and/or freezer fall out of range?		
12. Are client interview areas confidential?		
C. Posted Brochure and Notices		
1. Is the Client Problem Resolution Process posted in both English and threshold language(s)?		
2. Are Client Problem Resolution Request Forms and Guides available with self-addressed envelopes (without clients having to ask for them)?		
3. Are other client brochures available (Request to Change Provider, Request for Second Opinion)?		
4. Is the provider list sign posted, and are hard copies of the list made available upon request?		
5. If the facility requires licensure or certification by another agency, is it current?		
6. Are the tan Information About HCMH brochure and the Beneficiary Handbook available (without clients having to ask for them)?		



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D. Policies and Procedures-Confidentiality of Client Information		
Are there P&Ps for the following areas?		
1. Storage, maintenance, and retention of records.		
2. Transmittal and release of records.		
3. Staff accessibility to records—who has access, where are keys kept, etc.		
4. Rule of 3 locks (building, room, cabinet).		
5. HIPAA compliance.		
6. Written safety procedures, evacuation, and/or disaster plans.		
7. Maintenance and cleaning procedures and schedule.		
F. Policies and Procedures – General Operating Procedures		
Are there P&Ps for the following areas?		
1. Hours of operation.		
2. Admission and discharge criteria.		
3. Description of services and programs.		
4. Cultural and linguistic competency.		
5. Crisis/emergency procedures for clients (medical and psychiatric).		
6. Access to physician or psychiatrist.		
7. Consent to treat – for minors and adults.		
8. Unusual occurrences/Incident Reports.		
G. Policies and Procedures – Personnel and Staffing		
Are there P&Ps for the following areas?		
1. Nondiscrimination in employment.		
2. Description of staff orientation and training.		
3. Job description for all staff (review lists of staff).		
4. Description of supervision of pre-licensed and non-licensed staff.		
5. Are all staff licenses and registrations current?		
6. Is a signed Behavioral Health Code of Conduct on file for all staff?		



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7. Does the Head of Service meet Title 9, Section 622-630 requirements (licensed in California)?		
8A. Is there evidence that the program has a process in place to verify new and current providers and contractors are not on the Office of Inspector General Exclusion List and Medi-Cal List of Suspended or Ineligible Providers?		
8B. When an excluded provider/contractor is identified by the program, what action is taken by the site?		
H. Day Rehabilitation Program Components (if applicable)		
Does the program include the following elements?		
1. Community meetings that:		
A. Occur at least once a day.		
B. Include a qualified staff (physician, LCSW, MFT, RN, PT, LVN, licensed/waivered/registered psychologist, or MHRS).		
C. Address relevant items including the day's schedule, current events, individual issues that clients or staff wish to discuss to elicit support of the group, conflict resolution, planning for the day, week, or special events old business, and wrap-up.		
2. Therapeutic milieu that :		
A. Meets minimum program hours per day requirements (half day=3 hours/day; full day=4 hours/day).		
B. Is continuous (except for lunch and short breaks, which do not count in the program time).		
C. Includes skill building groups, adjunctive therapies, and process groups (or psychotherapy) for 2 hours/half day and 3 hours/full day program.		
3. Protocol for responding to clients to experiencing a mental health crisis.		
4. Detailed written weekly schedule showing when and where service components will be		



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provided and by whom, as well as staff name, qualifications, and responsibilities.		
5. Staffing ratio is 10 clients to 1 qualified staff. If over 12 clients, there must be at least 2 qualified staff providing services. Qualified staff disciplines are: physician, RN, LVN, PT, OT, licensed/waivered/ registered psychologist, LCSW, LMFT, or MHRS.		
6. Description of how at least 1 staff person will be present and available to the group in the therapeutic milieu for all scheduled hours of operation.		
I. Pharmaceutical Services (if applicable)		
Are there P&Ps in place that address the following?		
1. Medication obtained by prescription is labeled in compliance with federal and state laws.		
2. Medications intended for external use only are stored separately		
3. Medications are stored at proper temps (room temp at 59-86° and refrigerated at 34-46°F)		
4. Medications are stored separately from food items and clearly labeled.		
5. Medications are stored in a locked area with access limited to authorized medical personnel who are authorized to prescribe, dispense, or administer medications.		
6. Medications are <u>not</u> retained after expiration date.		
7. IM multi-dose vials are dated and initialed when opened.		
8. There is a medication log that documents disposal of expired or contaminated medications in a manner consistent with state and federal laws.		
9. Does the medication storage area(s) meet the above criteria?		



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10. Is there a policy and procedure in place for dispensing, administering, and storing medications?		



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Exit Interview Date: _____

Provider Staff Present: _____

Deficiencies discussed (if they are corrected immediately, no plan of correction is needed):

Category (A,B,C, etc)	Deficiency	Corrected?

If applicable, **date plan of correction due:** _____

If applicable, date plan of correction received: _____

Certification approved: Yes No

Report completed by: _____ Date completed: _____
(Name and Title)