

**FRESNO COUNTY MENTAL HEALTH PLAN
INDIVIDUAL/ GROUP CONTRACT PROVIDER
SITE CERTIFICATION CHECKLIST**

Type of Review: ☐ Initial Certification ☐ Re-Certification ☐ Fire Clearance Date: _____

Provider Name: _____ Individual or Group: _____

Address: _____ Phone #: _____

City: _____ Fax #: _____

Hours of Service: _____ Associates utilized (Yes/No): _____

When you schedule appointments, do you place any restrictions on the times when Medi-Cal consumers can be seen? _____

Average number of Medi-Cal beneficiaries served/month: _____ Accepts persons served under 21: _____

Date Provider attended County's Documentation and Billing/Compliance Training: (For settings with multiple MHP authorized providers, date each attended training)

On-Site Review				
CRITERIA	PRESENT			COMMENTS
	YES	NO	N/A	
Section A – Record Keeping				
1. Client medical records are locked and secured. Access is limited to only MHP-credentialed staff of provider.				
2. Retrieval system exists so that a medical record can be produced on demand.				
3. Provider has a <i>Notice of Privacy Practices</i> posted and handouts available for clients				
4. Safeguards against unauthorized use of records are in place. Provider has standard <i>Authorization for Release of Information</i> form.				
5. Storage system maintains inactive medical records in a specific place separate from active medical records.				
6. If practice accepts beneficiaries under the age of 21, provider(s) have current CANS certification.				

Section B – Physical Environment				
1. Sufficient confidential space allocated for beneficiaries and office services, separate from waiting area and/or other providers that may share office space.				

2. Environment maintained in a manner to provide for physical safety of patients, visitors, and personnel (no exposed wires, frayed cords or torn carpet; recommend outlet caps).				
3. Office/Facility has FCMHP consumer handbooks, brochures, and self-addressed envelopes available for distribution if needed. (Should have Spanish, Hmong as appropriate for practice as it applies to provider's linguistic capabilities).				
4. Office/Facility has FCMHP posters on display that explain the grievance procedure. (Should have Spanish, Hmong as appropriate as it applies to provider's linguistic capabilities).				
5. Proof of professional licensure, waiver or registration for each MHP provider at the practice displayed in prominent area of office/facility.				
6. For group practices that includes Associates, the name and licensure of licensed supervisor also prominently posted. (Licensed supervisor must also be an MHP-credentialed provider within the Group Provider.)				
*Section C - ADA Standards				
1. Office is wheelchair accessible.				
2. Handicapped accessible restroom is available.				
3. Designated handicapped parking is available.				
Section D - Safety				
1. Written information about obtaining emergency care during non-office hours is posted and available for beneficiaries.				
2. <i>Fire clearance or fire inspection report dated within 12 months on onsite visit</i> - Building is fire safe as evidenced by certificate of Fire Department inspection and clearance.				
3. Fire extinguisher, in working order, is easily accessible.				
4. Smoke detector(s) installed and in working order.				

CRITERIA	PRESENT			COMMENTS
	YES	NO	N/A	
Section E – Medication Storage and Monitoring (Applies to MDs with medication stored onsite only)				
1. Prescription pads are inaccessible to beneficiaries/non-medical staff.				
2. All drugs are stored in a secure manner with access limited to those medical personnel authorized to prescribe, dispense, or administer medication.				
3. A policy and procedure is in place to check the expiration date of drugs.				
4. All drugs in office are within expiration date.				
5. All drugs obtained by prescription labeled and altered only by persons legally authorized to do so.				
6. Drugs intended for external use are stored separately.				
7. All drugs are stored at proper temperatures, room temperature drugs at 59-86 degrees F and refrigerated drugs at 36-46 degrees F.				
8. IM multi-dose vials dated and initialed when opened.				
9. A drug log maintained to ensure the provider disposed of expired, contaminated, deteriorated, and abandoned drugs.				
10. Evidence drugs dispensed only by person(s) legally authorized to do so.				

SITE CERTIFICATION SUMMARY

☐ Certification/Recertification approved effective _____ to _____

☐ Certification/Recertification approved effective _____ to _____
with recommendations below:

☐ Plan of Correction (POC) required (see "Comments" of any item checked "No").
A Plan of Correction (POC) must be submitted on the provided form within 30 days of the date of notification.

OTHER FINDINGS:

FOLLOW-UP:
|

DISTRIBUTION:

☐ Original to Provider ☐ Managed Care Folder ☐ Other _____

REVIEWER(S): _____ Title: _____ Date: _____
_____ Title: _____ Date: _____