



FRESNO COUNTY MENTAL HEALTH PLAN ORGANIZATIONAL PROVIDER SITE CERTIFICATION PROTOCOL

Provider Name: _____ Provider #: _____
Address: _____ NPI #: _____
City/State/ZIP: _____ Hours of Service: _____
Program Website: _____ Phone #: _____

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

☐ Yes ☐ No

Average Number of Beneficiaries Served: _____ Ages of Beneficiaries: _____

SERVICES PROVIDED

- | | | |
|---|---|--|
| <input type="checkbox"/> Mental Health Services 15/30 | <input type="checkbox"/> Crisis Residential Unit 05/40 | <input type="checkbox"/> Day Tx Intensive –Full Day 10/85 |
| <input type="checkbox"/> Medication Support 15/60 | <input type="checkbox"/> Adult Residential 05/65 | <input type="checkbox"/> Day Tx Intensive-Half Day 10/81 |
| <input type="checkbox"/> Non-Hospital PHF 05/20 | <input type="checkbox"/> Case Mgmt/Brokerage 15/01 | <input type="checkbox"/> Day Tx Rehab-Full Day 10/95 |
| <input type="checkbox"/> Crisis Intervention 15/70 | <input type="checkbox"/> Therapeutic Foster Care 15/95 | <input type="checkbox"/> Day Tx Rehab-Half Day 10/91 |
| <input type="checkbox"/> Crisis Stabilization-ER 10/20 | <input type="checkbox"/> Crisis Stabilization-UC 10/25 | <input type="checkbox"/> Therapeutic Beh Svcs 15/58 |

SITE CERTIFICATION SUMMARY

CORRECTIVE ACTION PLAN: A CAP is required for items where Federal and State criteria were not met.			
Is a Corrective Action Plan (CAP) required? Yes/No			
Date CAP Issued:		CAP Due Date:	
Date CAP Returned:		Date CAP Approved:	
NEW CERTIFICATION: Activation approval date is the latest date the following three (3) items are in place:			
1) Date provider was operational (Program staff credentialed; space allotted for services is ready; client received 1 st services):			
2) Date of fire clearance:			
3) Date the provider requested certification (Contract ratified; Request MOS; Complete request received by			
New Certification Activation/approval date:			
RECERTIFICATION: Triennial, Change of Address, and/or any significant changes to provider site.			
Fire Clearance Date:			
Date of onsite visit following desk review:			
Re-certification approval date: (Generally, this is the date of on-site review):			

REVIEWERS: _____ Title: _____ Date: _____
_____ Title: _____ Date: _____

**FRESNO COUNTY MENTAL HEALTH PLAN
SITE CERTIFICATION PROTOCOL
Organizational Provider Facility**

ORGANIZATION NAME: _____ **DATE OF REVIEW:** _____

BASIC SUPPORT DOCUMENTS					
		Criteria Met			Comments/Guidelines for Review
		Yes	No	N/A	
Head of Service Licensure/Evidence of Qualifications		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Either wall certificate or renewal certificate from the appropriate State licensing board. (BREEZE printouts are not accepted.)</i>
Fire Clearance (dated within past 12 months)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Signed STD 850 form/fire clearance certificate preferred. Fire inspection report is acceptable only if it contains local fire department logo, signature of fire marshal, and indication of no violations.</i>
Certificate of Residential Licensure (i.e., STRTP, PHF)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NPPES Check: Does the information on the NPI profile match exactly to site certification request?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Ensure program name is an exact spelling match to NPI, with no punctuation; Practice address matches exactly with 9-digit zip; MOS correct.</i>
DESK REVIEW DOCUMENTATION REQUIREMENTS					
I. POLICIES AND PROCEDURES - GENERAL		Criteria Met			Comments/Guidelines for Review
EVALUATION CRITERIA		Yes	No	N/A	
Does the provider have the following policies and procedures and are they being implemented:					
A.	Confidentiality and Protected Health Information, including: 1) Description of the organization's medical record keeping (type of medical record, security, and access). 2) Description of the organization's confidentiality and PHI/Release of Information process. 3) Description of the organization's process when a breach of information occurs. 4) Copy of program/agency's Notice of Privacy Practice 5) Copy of program's authorization of release of information template	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.	General operating procedures (e.g., hours of operation, disaster procedures, emergency evaluation process, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.	Maintenance policy to ensure the safety and well-being of beneficiaries and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E.	Service delivery policies specific to program design and target populations (e.g., referral and linkage process, intake and admission process, types of service and specification of practitioners eligible to provide, length of services, discharge, and discontinuation of services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.	Unusual occurrence reporting (UOR) procedures relating to health and safety issues (A.k.a. incident reporting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G.	Written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

H.	A written policy and procedure on timely and appropriate access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.	A written procedure on service coordination with other agencies (i.e., physical health care, Regional Center, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
K.	A written policy and procedure on case reviews.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M.	A written policy that verbal and written information regarding problem resolution is provided at the time of admission and periodically thereafter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
II. POLICIES AND PROCEDURES - PERSONNEL		Criteria Met			Comments/Guidelines for Review
EVALUATION CRITERIA		Yes	No	N/A	
A.	Personnel policies and procedures specific to screening licensed personnel/providers. Personnel policies and procedures include: 1. Verification that direct service providers and clinical supervisors are eligible to claim for and receive State and Federal funds; 2. Provider maintains copies of required licenses/certifications that are valid and current; 3. Staff members are not on any excluded provider lists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.	The qualifications and process of clinical supervision for waived/registered staff (i.e., waived psychologists, BBS-registered Associates, medical residents).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.	The qualifications and process of clinical supervision for non-licensed staff (i.e., case managers, mental health rehabilitation specialists, peer support specialists, graduate student trainees).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.	The oversight and clinical supervisor of both waived/registered staff and non-licensed staff when staff providing clinical supervision is ill or on vacation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E.	Credentialing/re-credentialing of licensed/waived/registered staff through the Fresno County MHP prior to the delivery and claiming of any SMHS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.	Policy of determining linguistic proficiency for staff that performs translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G.	There is a written policy regarding staff training on cultural issues of persons served as stated on the RFP and Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H.	Copy of program-specific staff list (include full legal name, professional title, NPI number)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All clinical staff – must have practice address listed on staff member's individual NPI registry profile. Any/all mental health program staff must be credentialed through the Fresno County MHP credentialing process prior to any claiming. Adequate number of mental health program staff must be credentialed prior to effective site certification date.

ON SITE REVIEW

III. POSTED BROCHURES AND NOTICES		Criteria Met			Comments/Guidelines for Review
EVALUATION CRITERIA		Yes	No	N/A	
1.	Regarding written information in English and the threshold languages to assist beneficiaries in accessing Specialty Mental Health Services, at a minimum, does the provider have the following information available:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.	The current Fresno County provider list is available onsite upon intake and upon request in English and in threshold languages (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.	Posted notice explaining grievance, appeal, expedited appeal, and fair hearings processes (posted in a visible location, freely accessible to persons served).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.	The grievance forms, appeal forms, expedited appeal forms, and self-addressed envelopes to the MHP are displayed and accessible to persons served without the need to make a verbal or written request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.	Change of provider forms are available and accessible to persons served without having to make a verbal or written request to anyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E.	Patient's Rights Advocate Information is posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.	Written information about emergency mental health care is posted in waiting areas and outside of program entrance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G.	If service delivery is primarily community-based and/or telehealth, all postings and brochures listed above are easily accessible via the provider's website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IV. PHYSICAL PLANT & SAFETY		Criteria Met			Comments/Guidelines for Review
EVALUATION CRITERIA		Yes	No	N/A	
A.	The facility and its property clean, sanitary, and in good repair; Free from hazards that might pose a danger to persons served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.	Fire exits clear and unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.	All confidential and PHI secure: There is evidence the organization follows medical record keeping and Release of Information process consistent with Federal and State regulations along with the provider's submitted policy and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.	Office/facility is wheelchair accessible. <ul style="list-style-type: none"> Handicapped accessible restroom is available. Designated handicapped parking is available. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E.	There is sufficient space allocated for beneficiary and office services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.	There is a site-specific emergency/disaster plan that includes the seven-digit telephone numbers of emergency personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

V. STAFFING AND PERSONNEL RECORDS REVIEW (WILL INCLUDE ONSITE REVIEW OF PERSONNEL RECORDS)		Criteria Met			Comments/Guidelines for Review
EVALUATION CRITERIA		Yes	No	N/A	
A.	Does the provider have as head of service a licensed mental health professional or other appropriate individual as described in CCR, Title 9, § 622-630?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.	Staff list: All licensed and unlicensed clinical staff are appropriately credentialed by the FCMHP to support immediate delivery of services and support operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.	Evidence that the organization conducts screening of licensed personnel/providers and is checking excluded provider lists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.	Evidence that the organization meets minimum educational requirements for non-licensed staff (i.e., TBS coach, case managers) as stated on submitted RFP and Agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E.	Evidence of background check, criminal record check of employees encompassing both the Dept. of Justice and Federal Bureau of Investigation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.	Documentation of DMV record for those employees transporting clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G.	The Personnel Manual contains accurate, up-to-date descriptions of each employee's job duties, responsibilities and privileges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H.	Evidence that organization meets staffing patterns as stated on submitted RFP and Agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I.	Evidence of employee training of abuse reporting requirements for children and older adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.	Evidence of staff training as relates to specific mental health needs of persons served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

APPENDIX 1: MEDICATION SUPPORT SERVICES

IV. MEDICATION SUPPORT: POLICIES AND PROCEDURES & ONSITE REVIEW (IF APPLICABLE) (TO BE COMPLETED BY URS RN)		Criteria Met			Comments/Guidelines for Review
EVALUATION CRITERIA		Yes	No	N/A	
Does the provider store or maintain medications on site?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the response is "No," indicate that in the "Criteria Met" column and skip the remaining category.
Are there policies and procedures in place for dispensing, administering, and storing medications for each of the following and do practices match policies and procedures:					
1. LABELING					
A.	Are medications obtained by prescription labeled in compliance with federal and state laws? Including but not limited to: <ul style="list-style-type: none"> Name of beneficiary Name of Prescriber Name of the medication 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ask how the Provider ensures prescriptions are labeled in compliance with federal and state laws. Check the medication labels for compliance. Determine how multi-dose vials are stored. Check the multi-dose vials to see if any opened multi-dose vials are dated, initialed and refrigerated

<ul style="list-style-type: none"> • Dosage/Strength • Route of administration • Frequency • Quantity of contents • Indications and Usage • Date of expiration 				(e.g., insulin, tuberculin). All multi-dose vials must be dated and initialed when opened.
2. INCOMING (RECEIPT) MEDICATION LOG A. Are all medications entering the facility logged? This includes: <ul style="list-style-type: none"> • Prescriptions for individual patients/clients • House supply • Sample medications 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review the Incoming (Receipt) medication log.
B. Does the Incoming (Receipt) medication log include the following information: <ul style="list-style-type: none"> • Medication name • Strength and quantity • Name of the Patient • Date ordered • Date received • Name of issuing pharmacy 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review the Incoming (Receipt) medication log.
3. MEDICATION STORAGE A. Are all medications stored at proper temperatures. <ol style="list-style-type: none"> Verify room and refrigerator temperatures: Refrigerated medications are stored at 36°–46° F? Room temperature meds are stored at 59° -86° F? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review temperature log-is it current? Check room and refrigerator thermometers to verify that they are at the appropriate temperatures.
B. Verify that food and other items are not stored in the same refrigerator as the medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No food should be stored in the same refrigerator as medications.
C. Are medications intended for external-use-only stored separately from oral and injectable medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ask to see medications for external use only-check labels & expiration dates. Verify external medications are stored separately from oral and injectable medications.
D. Are medications stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check the medication storage area and how the area is secured/locked. Identify who has access to the medication room.
4. MEDICATION DISPENSING LOG A) All medications dispensed must be logged, regardless of their source. The log should indicate: <ol style="list-style-type: none"> The date and time the medication was administered. The source of the medication The lot and/or vial number if the medication was dispensed from a multi-dose container or sample card. The name of the patient receiving the medication The dosage of the medication given The route of administration used. The signature of authorized staff who administered the medication. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review the medication log for the required documentation.
5. AUDITING SUPPLIES OF CONTROLLED SUBSTANCES A. Is a separate log maintained for Scheduled II, III and IV controlled drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify which staff the facility has designated access to the Schedule II, III, and IV controlled drugs.
B. Are records reconciled at least daily and retained at least one year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review the current controlled substances medication log to determine if appropriate licensed staff is reconciling the log at least daily or every shift.

<p>C. Does the controlled substance record include:</p> <ol style="list-style-type: none"> 1. Patient Name 2. Prescriber 3. Prescription number 4. Drug Name 5. Strength 6. Dose administered 7. Date and time of administration 8. Signature of person administering the drug 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Review the controlled substances medication record and verify the required information is documented.</p> <p>NOTE: If supplied as part of a unit dose medication system, it does not need to be separate from other medication records.</p>
<p>6. Are controlled drugs kept separate from non-controlled drugs?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7. MEDICATION DISPOSAL</p> <p>A. Are medications disposed of after the expiration date?</p> <p>Ask how expired medications are monitored and checked. Ask how the expired medications are disposed of at the site, the staff involved, and how often this occurs.</p> <p>Verify the location of where the expired medications are stored.</p> <p>Check the expiration dates of medications stored. For all medications expired and still on the shelf, list the name of the medication and date of the expiration in the POC.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>B. Is a medication log maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Ask how medications are disposed of. Ask to see the medication/dispensing log where the medications are recorded. Ask how Schedule II, III, or IV controlled drugs are handled.</p>
<p>C. When medication has reached its expiration date, the disposal of the medication must be logged. The log should include the following information:</p> <ol style="list-style-type: none"> 1. The name of the patient 2. Medication name and strength 3. The prescription number 4. Amount destroyed 5. Date of destruction 6. Name and signatures of witnesses <p>Logs are to be retained for at least three years.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Review the expired medication disposal log and verify the required information is documented.</p>

APPENDIX 2: INTENSIVE SERVICES (Crisis; PHF), ADDITIONAL MATERIAL

CRISIS STABILIZATION SERVICES		Criteria Met			Comments/Guidelines for Review
FEDERAL AND STATE CRITERIA		Yes	No	N/A	
A.	Is a physician on call at all times for the provision of those Crisis Stabilization Services that may only be provided by a licensed physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.	Does the provider have qualified staff available to meet the 4:1 (client:staff) ratio during times Crisis Stabilization services are provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review staff schedules/working hours, compare with the census to determine if ratio requirements are met.
C.	Does the provider have at least one RN, PT, or LVN on site at all times beneficiaries are receiving Crisis Stabilization services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The RN, PT or OVN on site when beneficiaries are receiving services <i>may be counted</i> as part of the 4:1 ratio.
D.	Does the provider have medical backup services available either on site or by written contract or agreement with a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E.	Does the provider have medications available on an as needed basis and the staffing available to prescribe and/or administer it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify who at facility can prescribe medications, and who can administer medications.
F.	Which categories of staff are assessing and determining the beneficiary diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G.	Do all beneficiaries receiving Crisis Stabilization services receive a physical and mental health assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review a sample of current client records to ensure beneficiaries are receiving both assessments.
H.	If a beneficiary is evaluated as needing service activities that can only be provided by a specific type of licensed professional, does the provider make such persons available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review a sample of client records to ensure this requirement is met.
I.	If Crisis Stabilization services are co-located with other SMHS, does the provider use staff providing Crisis Stabilization that are separate and distinct from persons providing other services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When the CSU is co-located with other Specialty Mental Health Services, <u>obtain a copy of the staffing for the day of the onsite visit.</u> Verify that staff listed are present. Verify that CSU staff are not responsible for providing non-CSU services.
J.	Are the beneficiaries currently in the Crisis Stabilization Unit (CSU) receiving Crisis Stabilization services longer than 23 hours and 59 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
K.	Evidence beneficiaries receive referrals to outside services as needed that correspond with needs identified in the physical and mental health assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CRISIS STABILIZATION SERVICES *Continued*. The following are questions to ask for clarification and may also point to potential quality of care and patient safety issues for consideration in conducting the review.

SURVEY THE ENVIRONMENT AS YOU TAKE A TOUR FOR THE FOLLOWING

EVALUATION CRITERIA	Yes	No	N/A	Comments/Guidelines for Review
1. Is the CSU an LPS-designated facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does it accept both adults and children/adolescents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If the answer to #2 above is "Yes," are the adults physically segregated from the children and adolescents? Are the minors under 1:1 supervision at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do the police transport patients to the CSU?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are there any types of patients which the CSU will not accept from the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is there suitable furniture in the CSU on which the beneficiaries can sit or recline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CRISIS STABILIZATION SERVICES – PSYCHIATRIC HEALTH FACILITY (PHF) – *In addition to environment survey above, the facility meets the following guidelines related to a PHF or other designated LPS facility with fewer than 16 beds.*

EVALUATION CRITERIA	Yes	No	N/A	Comments/Guidelines for Review
7. Are there any types of patients which the PHF will not accept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the CSU have seclusion and restraint (S & R) capability? (Review MHP's P & Ps regarding use of S & R).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are the S & R rooms clean and free from hazards that might pose a danger to a beneficiary confined in them (e.g., sharp edges, breakable glass, pointed corners).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are the beds in the S & R rooms securely bolted to the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are there sheets or similar materials (blankets, bedspreads) present in the seclusion rooms? (The presence of sheets or blankets in a seclusion room where beneficiaries are NOT restrained poses a potential risk to patient safety).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. How are patients monitored while in seclusion and restraints? (i.e., direct line-of-sight observation, via television monitor)? How does the facility ensure that staff is actually monitoring the patients if done via television monitor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are there "quiet rooms" which patients can use when they wish to have a reduced level of stimulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CRISIS STABILIZATION SERVICES – PSYCHIATRIC HEALTH FACILITY (PHF) <i>Continued</i>				
EVALUATION CRITERIA	Yes	No	N/A	Comments/Guidelines for Review
14. Where does staff interview/assess patients? Where does staff provide crisis intervention to patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. What procedures are in place when a patient experiences a medical emergency? How is medical emergency defined? Are there procedures which describe how a distinction is made between an emergency requiring attention by the on-call physician and an emergency requiring a call to 911? Who is authorized to make this determination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. What procedures are in place to handle a psychiatric emergency which is beyond the scope/capability of the CSU or its staff? For example, what would be done with a Patient who became seriously assaultive when all the seclusion/restraint rooms were in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. What procedures are followed when a non-English speaking patient is admitted? Is an interpreter brought to the facility? If not, why not?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. What arrangements or options are available for family members who wish to visit patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Which staff performs crisis intervention services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Which staff perform risk assessments (for DTS, DTO, GD)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. During the tour of the CSU, did you observe staff sitting and talking with patients or was staff exclusively sitting in the nursing station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. What dispositions are available if a patient is not appropriate for discharge home after 23 hours and 59 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. What dietary facilities are available for preparation/dispensing of patient meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Is the Fresno County Patient's Rights information clearly posted in patient areas, and in all 3 threshold languages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. PHF has 16 beds or less (List number of beds).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. There is a program description of services, rules, and program schedule for each inpatient psychiatric program/unit; patient handbooks; contraband policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. There is a Hospital Plan for Patient Care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Complaint and Grievance Forms, with policies & procedures, including Medi-Cal Beneficiary Handbooks (All threshold languages) are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Evidence of current roster of LPS Authorized Staff and Attending Staff list (psychiatry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY 7: CRISIS STABILIZATION SERVICES – PSYCHIATRIC HEALTH FACILITY (PHF) <i>Continued</i>					
EVALUATION CRITERIA		Yes	No	N/A	Comments/Guidelines for Review
31.	There are facility bylaws, and Rules and Regulations for Medical Staff (Psychiatry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32.	Evidence of Staffing Plan and Acuity Classification System for each inpatient psychiatry program as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33.	There is a Registry Orientation Checklist (to orient consumers to Patients' Rights, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34.	There is a current list of interpreters in facility with languages spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PHF POLICIES AND PROCEDURES REGARDING:					
35.	Non-Admitting LPS Authorized Staff (Access to Psychiatric MD consultation when evaluating patients for involuntary detention, and level/type of responsibility for detained patient's care and treatment after admission)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36.	Involuntary Detention (72-hour; 1 st ; 2 nd 14, 30 and 180-Day Certifications; LPS Conservatorship; Temporary Conservatorship; Probable Cause Hearings; Writs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37.	Admission criteria and admission policies for psychiatric inpatients (voluntary and involuntary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38.	Intake and initial assessment policies and forms (including accepting Out-of-County transfers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39.	Staffing Plan and acuity classification system for each inpatient psychiatric program; Registry Orientation Checklist form (oriented to Patients' Rights, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40.	Personal Searches; Room Searches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41.	Patient belongings (Safeguarding during admission, transfer and discharge).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42.	Patients' Rights Notification and Denial of Rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.	Child Abuse and Elder Abuse Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44.	Notification of Next of Kin Consent and form; (Voluntary) Consent for Treatment and form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45.	Discharge (Regular; AMA; AWOL) and forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46.	Discharge Plan and Aftercare Plan – policies and forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47.	Seclusion and Restraint Policies, procedures and forms; Time Out Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48.	Medication Consent Policy and Procedure (Voluntary & Involuntary) and Forms; Emergency Medications; Medication Capacity (Riese)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49.	Confidentiality Policy; Storage and Security of Medical Records; Authorization to Release Information form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50.	Firearms Prohibition Notification Policy, procedure and forms (including power of attorney)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51.	Electroconvulsive Therapy Policy and forms, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54.	Other policies: Advanced Directive; Tarasoff (Duty to Warn); Sentinel Events; Unusual Occurrences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	