

J. Facility Requirements

Programs shall provide all facilities, facility management, supplies and other resources necessary to establish and operate the program. The facility shall meet the BHSA Components and Requirements as described in HHS-ADS 1077. Programs licensed and/or certified by DHCS shall notify DHCS of facility relocation, change of ownership, or change in scope of services, and copy their program COR on such correspondence.

Facility Operations

- Accessibility: Program's business shall be accessible by public transportation in compliance with Americans with Disability Act (ADA) and California State Administrative Code Title 24.
- Child Care Space: Programs providing perinatal services shall establish and maintain appropriate space for childcare if serving pregnant and parenting women and their children. The childcare may be state-licensed or parent/childcare cooperative but must be supervised by an individual with at least one (1) year of experience in a state-licensed facility.
- Cultural Competency: In order to present a welcoming appearance to unique communities, providers are required to ensure that their facility is comfortable and inviting to the area's special cultural and linguistic populations. Program hours of operation must be convenient to accommodate the special needs of the service's diverse populations.
- Public Contact: Providers shall have sufficient staff with adequate knowledge, skills and ability available during operating hours specified in their contracts to ensure that all persons who contact the program in person or by phone during operating hours are quickly and appropriately served with information or a referral to appropriate services.
- Voicemail: All providers are required to maintain a functioning voicemail that operates twenty-four/ seven (24/7) for those times when a staff is not available to answer in person. Outgoing voicemail messages should include directions for accessing emergency services, as per community healthcare standards, including directing members to the Access and Crisis Line (888-724-7240) for 24/7 access to a counselor, or if in need of referrals.

Programs Serving Children, Youth & Families Program Requirements

- Smoking Prohibition Requirement: Providers shall comply, and require that subcontractors comply, with [Public Law 103-227](#), also known as the Pro-Children Act of 1994, which requires that smoking is not permitted in any portion of any indoor facility owned, leased, or contracted for or by an entity and used to provide services to children under the age of eighteen (18).
- Transportation of Minors: Minors shall always be escorted when being transported by any non-public, private, or commercial transportation service including but not limited to taxi and rideshare services.

Hours of Service Availability

In accordance with 42 CFR, providers serving Medi-Cal members must ensure service availability by offering hours of operation that are no less than the hours of operation offered to commercial members. If the provider serves only Medi-Cal members, the hours-of-service availability must be the same for fee-for-service and managed care members. Providers are also expected to ensure that hours of operation are convenient to the area's cultural and linguistic minorities and adhere to the specifics in the Statement of Work. The BHP QA Unit will document program service hours at annual site reviews and/or Medi-Cal Certifications/Recertifications.

For residential programs, services shall be available to residents seven (7) days a week, twenty-four (24) hours a day. Programs shall not change the hours of operation or location from those listed in their County contract without prior written approval from the Contracting Office Representative (COR). Non-residential programs shall be open no less than forty (40) hours per week and five (5) days per week, except County of San Diego Holidays. Weeks where there is a County of San Diego Holiday shall have regular business hours on all days except the County of San Diego Holiday.

When closed, programs shall provide information to members (i.e. outgoing voice mail message, signage on program door, reminders provided during services prior to the closure, etc.) concerning the availability of short-term emergency counseling or referral services, including, but not limited to, emergency telephone services.

Missed Appointment and Follow Up Standard

County of San Diego BHP has adopted a SOC average "No Show" rate for both licensed/registered/waivered clinicians and psychiatrists. The SOC average "No Show" rate is 15% for licensed/registered/waivered clinicians and 20% for psychiatrists. As data is collected, the County will continue to evaluate the SOC average "No Show" rates and consider adjustments to standards as necessary. "Missed Appointment" policies

and procedures shall cover both new referrals and existing members, and at minimum, include the following standards:

For new referrals: When a new member (and/or caregiver, if applicable) is scheduled for their first appointment and does not show up or call to reschedule (defined as a “No Show”). The member shall be contacted within one (1) business day by clinical staff. If the member has been identified as being at an elevated risk, the member (or caregiver, if applicable) will be contacted by clinical staff on the same day as the missed appointment. Additionally, the referral source, if available, should be informed.

For current members: When a member (and/or caregiver, if applicable) is scheduled for an appointment and does not show up or call to reschedule (defined as a “No Show”). The member shall be contacted within one (1) business day by clinical staff. If the member has been identified as being at an elevated risk, the member (or caregiver, if applicable) will be contacted by clinical staff the same day as the missed appointment. For members who are at an elevated risk and are unable to be reached on the same day, the program needs to document next steps, which may include consultation with a supervisor, contacting the member’s emergency contact, or initiating a welfare check.

Additionally, the policy shall outline how the program will continue to follow up with the member (or caregiver, if applicable) to re-engage them in services, and should include specific timeframes and specific types of contact (e.g., phone calls, letters). Staff should continue to monitor the members’ whereabouts and admittance to different levels of care throughout the County (e.g., hospital, PERT or jail admissions). All providers shall have policies and procedures in place regarding the monitoring of missed appointments for members (and/or caregivers, if applicable).

All attempts to contact a new referral and/or a current member (or caregiver, if applicable) in response to a missed appointment must be documented by the program. “Elevated risk” is to be defined by the program and/or referral source.

Promotional Materials and Advertising Requirements

All promotional materials for County funded programs shall include the HHS and the ‘Live Well’ San Diego logos, shall be provided to COR for review before distribution, and are subject to COR approval. Promotional materials shall include but not be limited to electronic and printed materials such as brochures, flyers, and other materials. As described in BHIN 22-022, SB 434 and SB 541 were passed to enhance the advertising requirements for mental health facilities and address certain fraudulent marketing practices. Mental Health facilities have been established by SB 434 - Health and Safety Code (HSC) § 11831.9.

BHIN 23-007 further clarifies these requirements were mirrored in W&I code Division 4, Part 1, Chapter 4, Section 4097. Allegations of violations of Section 11831.9 may be investigated by DHCS. Upon finding a violation of this section or related regulations, sanctions may be imposed by DHCS, as described in HSC Section 11831.7. In addition, DHCS may also investigate allegations of violations of W&I Section 4097c and may impose sanctions described in W&I Sections 4080 and 5675.1.

Licensed mental health facilities shall not do any of the following:

1. Make a false or misleading statement or provide false or misleading information about the entity's products, goods, services, or geographical locations in its marketing, advertising materials, or media, or on its internet website or on a third-party internet website.
2. Make a false or misleading statement or provide false or misleading information about medical treatments or medical services offered in its marketing, advertising materials, or media, or on its internet website, on a third-party internet website, or in its social media presence.
3. Include on its internet website a picture, description, staff information, or the location of an entity, along with false contact information that surreptitiously directs the reader to a business that does not have a contract with the entity.
4. Include on its internet website false information or an electronic link that provides false information or surreptitiously directs the reader to another internet website.

Medi-Cal Certification and Recertification

Contracted and County providers shall be familiar with the Short-Doyle/Medi-Cal delivery system and shall become Medi-Cal certified prior to commencing services and billing Medi-Cal. Providers who bill for Medi-Cal services will be recertified every three (3) years. Site reviews are conducted to ensure that providers comply with necessary licenses/certification requirements, maintain a safe facility, have appropriate fire clearance, and store and dispense medications in compliance with all pertinent Federal and State standards.

For contracted programs, the Medi-Cal Site Certification or Recertification Site Review is completed by BHS QA staff; for county-operated programs, these site reviews are completed by DHCS. DHCS will perform the on-site review for the activation of

County Mental Health staffed programs, and for the re-certification of a County Mental Health staffed provider site for CSUs, Day Treatment Intensive, Day Rehabilitation, and Juvenile Detention facility programs. DHCS also performs on-site reviews for the relocation of all County Mental Health staffed programs, and the addition of any

Medication Support for County Mental Health staffed provider sites when medications will be stored, dispensed, or administered on-site.

For County Mental Health staffed provider Medi-Cal activations, the MHP is required to submit the two (2) page form DHCS 1736 “County-Owned and Operated Provider Certification Application”, along with the program description, fire clearance, and head of service license. For County Mental Health staffed provider re-certifications performed by the MHP, the MHP is required to submit the two (2) page form DHCS 1737 “MHP Recertification of County-Owned and Operated Provider Self Survey Form”, along with the fire clearance and head of service license. For all contracted organizational providers, the MHP is required to submit form DHCS 1735 “Medi-Cal (M/C) Certification Transmittal” for activation, changes, re-certification, and termination of services.

Additional Resources: [Medi Cal Provider Certification Re-certification General Overview](#) and [DHCS: Licensing and Certification- Applications, Forms and Fees](#)

Site Reviews

Providers who bill for Medi-Cal services will typically be recertified every three (3) years. These certifications and re-certifications include a site visit, per DHCS regulations, conducted by a QA Specialist. Medi-Cal certification and recertification site reviews include a review of State and Federal standards and requirements including Short-Doyle Medi-Cal. Recertification site visits will be scheduled no less than thirty (30) days before the last Medi-Cal certification date. Providers will be notified of the recertification site visit no less than forty-five (45) days before the last Medi-Cal certification date. Providers must comply with all Federal and State regulatory requirements and BHP contract requirements with DHCS.

Review Categories

- Maintenance of current licenses, permits, notices and certifications
- Policies & Procedures or written process
- Compliance with standards in the Mental Health Plan’s Managed Care Contract with the State of California.
- Physical facility requirements
- Adherence to health and safety requirements
- Compliance with local fire authority requirements for fire inspections and clearances.
- Required program documents
- Medication services
- Cultural competence
- Consumer orientation
- Staff Training & Education

- Member Rights, Grievance & Appeals Process

Reviewed Policies & Procedures

Programs must submit their most current P&Ps prior to the site visit for review:

- Emergency Evacuation
- Confidentiality and Protected Health Information
- Personnel P&P's specific to screening licensed personnel/providers
- General operating procedures
- Maintenance policy
- Service delivery policies
- Incident Reporting
- Procedures for referring individuals to a psychiatrist, when necessary
- (Effective 1/1/25)- Policy for providing members with a notice that the Board of Behavioral Sciences responds to complaints about licensees and how to contact, prior to the provision of psychotherapy services. ([BBS Required Notice- SB1024](#))

Initial Certification

Providers seeking information on obtaining initial certification should read the instructions and procedures contained within the Initial Application for Certification (DHCS 6040). Applicants must complete the "Initial Application" form and submit all required documentation and fees specified in the application.

The steps for initial certification are outlined below:

1. Submit a complete application and supporting documents electronically via Provider Application and Validation for Enrollment (PAVE). More information is available on the DHCS website: PAVE - Provider Application and Validation for Enrollment and PAVE 101 Training Slides.
2. Complete the NPI Application via the National Plan and Provider Enumeration System (NPPES) website: <https://nppes.cms.hhs.gov/>.

3. Obtain a Provider Number from the State
4. Complete a site visit with COSD QA Specialist
5. Submit Required Documentation via PAVE
6. Complete Medi-Cal application via PAVE with fees

Re-certification

Certified providers shall submit to DHCS the “Application for Certification Renewal (DHCS 6043)”, biennial fees, and all required information at least ninety (90) days prior to the expiration of certification. Failure to submit the Application for Certification Renewal form and fees for certification renewal at least ninety (90) days prior to the expiration of certification shall result in automatic termination of the certification at the end of the three-year period. The steps for re-certification are outlined below:

1. Obtain a new fire clearance
2. A site visit with COSD QA Specialist
3. Complete the Application for Certification Renewal form and fees

Program Changes

- Adding or Revising Services: Certified providers seeking information on adding or revising services to an existing certified outpatient program should read the instructions and procedures contained within the Application for Certification Amendment(s) (DHCS 6042). Applicants must complete the Application for Certification Amendment(s) form and submit all required documentation and fees specified in the application.
- Location Changes: Prior to any change in location, the COR reserves the right to conduct a site visit(s), inspect the facility plans, and approve the location and any budget and/or service delivery impact which may result from the proposed move to a new location/facility.
- Relocation, Remodeling or Change in Ownership: Re-certification is required for program relocation, remodeling, or change of ownership of greater than 50%. Refer to the PAVE link above for information on the recertification process. Providers are required to contact the program COR regarding any event that

would trigger the need for re-certification. It is the responsibility of the contracted provider to provide updated certifications to the provider's assigned COR and at no time should certifications lapse. Providers shall notify the COR immediately upon notification from DHCS that its license, registration, certification or approval to operate a program or a covered service is revoked, suspended, modified, or not renewed by DHCS.

- Other Changes: For other changes (e.g., a change in ownership less than 50% and a change with the Medical Director, staff, and/or service modality), providers must complete and submit to DHCS form DHCS 6209: Medi-Cal Supplemental Changes electronically through the PAVE system.

Fire Clearance / Fire Safety Inspection

Provider sites are required to have a current Fire Clearance in order to be Certified or Re-Certified by the DHCS, per CCR Title 9, Section 1810.435 (b) (2). A current Fire Clearance is defined by DHCS as occurring "within one (1) year of the onsite review/visit" (DHCS 1735 form). Please note that the date the State utilizes to determine the one (1) year period is the date the Fire Clearance was granted. A valid and appropriate fire clearance is issued from the fire authority having jurisdiction over the area in which the facility is located. Fire clearances must be dated within one (1) year of the scheduled recertification site visit.

If the most recent fire clearance document has not been completed within a one (1) year period prior to the recertification, the program will receive a Plan of Correction (POC) requesting the appropriate action(s) to be taken by the provider. The action(s) will be included in the POC and sent to San Diego County Mental Health Service's QA Unit for review. For any questions on this process, please contact QIMatters.hhsa@sdcounty.ca.gov.

A new fire safety inspection may be required if the facility undergoes major renovations or other structural changes. Review local fire code requirements to determine reinspection schedule. Any efforts to schedule fire clearances should be maintained. All fire clearance documents must be kept at the program site and be available to reviewers.

New Programs: As part of the Short-Doyle Medi-Cal Certification process for new programs or Recertification of Short-Doyle Medi-Cal programs, the organizational provider will secure a new fire clearance document from their local fire code authority and submit a copy to the San Diego County Mental Health Service's Health Plan Organization Quality Assurance Unit prior to Certification/ Recertification site visit.

Established Programs: At the Short-Doyle Certification/Recertification site visit, the organizational provider must make available to the reviewer the most recent site fire clearance document. Fire clearances must be dated within one (1) year of the

scheduled recertification site visit. A new fire safety inspection may be required if the facility undergoes major renovations or other structural changes. Review local fire code requirements to determine reinspection schedule. Any efforts to schedule fire clearances should be maintained. All fire clearance documents must be kept at the program site and be available to reviewers.

School Based Programs: Per DHCS, all services are provided at a public school site and meet school fire safety rules and regulations.

Posted Brochures and Notices

All of the following brochures and notices below must be in all available threshold languages and prominently displayed unless otherwise stated. See the Optum website > “*Beneficiary*” tab for most up to date list of threshold languages. Please use the [Behavioral Health Plan Informing Materials](#)” to request hard copies of brochures and posters related to the Member Grievance and Appeal Processes as well as other Member Materials. Electronic versions of all materials are available to print on the Optum Website> *Beneficiary* tab.

All of the following brochures and notices must be clearly displayed in all available threshold languages:

- Behavioral Health Plan (BHP) Member Handbook
- Current Provider Lists with instructions for accessing in all languages
- Current Limited English Proficiency Posters
- Current Notice of Privacy Practices
- Current Problem Resolution Process brochures (locatable without requiring consumer to request from staff)
- Current Problem Resolution Process posters (with fair hearing process)
- Current grievance/appeal forms with self-addressed, stamped envelopes available (without requiring a consumer to request them from staff)
- Open Payments Database Notice- included on provider/legal entity’s website (if applicable).
- Physician Notice to Patients from the Medical Board of California (with QR Code)
- California Board of Psychology Consumer Statement

- BBS Notice Display of License/Registration Notice to Consumers ([SB 1024](#))
- BBS Notice- Updated Requirement to Provide Notice to Psychotherapy Clients ([Notice to Clients- AB 630](#))
- Human Trafficking Model Notice (For facilities that provide pediatric care)
 - More information on this notice can be located on the Optum Website and/or the DOJ Website

National Voter Registration Act (NVRA)

Per the National Voter Registration Act (NVRA) of 1993, providers are required to offer voter registration materials at intake (except in a crisis), renewal and anytime a change of address is reported. For Children's programs, voter registration services shall be offered to parents/guardians of members less than eighteen (18) years of age. For TAY and Adult programs, voter registration services shall be provided to members who are:

- A citizen.
- A California resident
- At least eighteen (18) years of age by the date of the next election; and
- Not currently on parole for a felony conviction or formally judged by a court to be mentally incompetent to vote.

Behavioral Health Programs shall have Voter Registration Forms and General Instruction Forms available to members in Spanish, Filipino, Vietnamese, and Chinese as required the County of San Diego Registrar of Voters.

The following shall be included in all intake/admission packets:

- Voter Registration Form
 - Paper Registration - To request a paper voter registration application be mailed to you, please call (800) 345-VOTE(8683) or email Elections Division staff.
 - Online Registration - Applications can also be submitted online: California Online Voter Registration.

- General and State Instructions -PDF instructions on how to complete the Voter Registration in English and other languages are available on [Voter Registration](#).
- [NVRA Voter Preference Form](#)

Additionally, the same level of assistance shall be provided to mental health consumers registering to vote as is provided for completing other forms for mental health services. When a member requests a form in a language other than those available from the County's Registrar of Voters, staff shall provide the member with the Secretary of State's toll-free number: 1-800-345- VOTE.

Emergency Critical Services

The Office of Emergency Services (OES) coordinates the overall county response to disasters. OES is responsible for alerting and notifying appropriate agencies when disaster strikes; coordinating all agencies that respond; ensuring resources are available and mobilized in times of disaster; developing plans and procedures for response to and recovery from disasters; and developing and providing preparedness materials for the public.

The County of San Diego, Behavioral Health Services, has identified, at a minimum, residential contracts as Emergency Critical. If designated and informed by the COR, providers must identify the primary program contact for emergency/disaster communication and any succession of authority should the primary contact be unavailable. Emergency/disaster contacts must be made known to the COR within fifteen (15) days of start or annual renewal of the contract, or whenever there is a change in contact person. If the need to evacuate the primary service site arises, residential program providers must have arrangements for either an alternate site to house program participants, or a plan to discharge members back to their own homes. The alternate site or plan to discharge to home must be made known to the COR within fifteen (15) days of start or annual renewal of contract.

To minimize disruption to member care and assist with continuity of treatment services during emergency situations, DHCS urges providers to reevaluate their policies and procedures surrounding emergency preparedness to ensure the safe evacuation and/or transfer of members when a situation arises that requires the immediate removal of members. An important aspect of this reevaluation is ensuring that emergency/disaster preparedness plans are up to date. Providers must follow their own relocation protocols to ensure member safety and to limit the disruption in services when possible. DHCS can assist providers with identifying alternative treatment sites for the relocation of members and will work collaboratively with providers to ensure the continuation of services.

Specific guidance for program types is expanded upon in BHIN 20-055: Disaster Management for Department of Health Care Services (DHCS) Licensed or Certified Behavioral Health Facilities

Disaster Preparedness & Response

In the event that a local, state, or federal emergency is proclaimed within San Diego County, contractors shall cooperate with the County in the implementation of a Behavioral Health Services response plan. Response may include staff being deployed to provide services in the community, out of county under mutual aid Contracts, in shelters, and/or other designated areas. Contractors' staff shall be available upon request of BHS to assist in any necessary tasks during a disaster or County emergency state of alert. Contractor shall provide BHS with a roster of key administrative personnel's after-hours phone numbers, pagers, and/or cell phone numbers to be used in the event of a regional emergency or local disaster. These numbers will be held confidential and never given out to other than authorized personnel.

Contractor shall identify twenty-five percent (25%) of direct service staff to prepare for and deploy (if needed and available) to a critical incident. These staff shall participate in County provided Disaster Training (or other approved training) and provide personal contact information to be included in the Disaster Personnel Roster maintained by the County. Contractor shall advise COR of subsequent year training needs to maintain twenty-five percent (25%) trained direct service staff in the event of staff turnover. Contractor shall always maintain twenty-five percent (25%) staff deployment capability. In the event that contractor's program site is closed due to disaster or emergency, contractor shall call the Access and Crisis Line and their COR to inform them of this.

Providers shall contact their COR if there is an evacuation or relocation of services during the provision of services. COR must grant approval for any discontinuation of services. Funding sources specify that funding can only be claimed for services in support of contracted activities. Redirection of staff to other non-evacuation/emergency activities during an emergency/disaster may cause their time to be non-reimbursable, depending on funding availability and regulations. Note that discontinuation of outpatient services shall, in cost reimbursement programs, result in staffing and other service costs being ineligible for reimbursement during the period of program closure. Fixed price and pay for performance contracts may also be reduced if pay points are not achieved or deliverables are interrupted