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 HHSA-BHS-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.

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.

Programs Serving Children, Youth & Families Specific 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.

Promotional Materials and Advertising Requirements

All promotional materials for BHS-funded programs shall include the BHS logo, defined as the circular County of San Diego logo with "Behavioral Health Services" written underneath. The BHS logo should no longer be paired alongside the Live Well San Diego logo. Promotional materials shall be provided to COR for review before distribution, and are subject to COR approval. For initiatives involving multiple County groups, it is allowable to use the circular County logo without "Behavioral Health Services" written underneath. 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

Each County Behavioral Health Plan (BHP) is responsible for enrolling, certifying, recertifying, and monitoring all its Directly Operated Providers as well as Contract Legal Entity Provider. For a Provider to provide and be reimbursed for specialty mental health services delivered to a Medi-Cal member, the Provider must be certified by the Department of Health Care Services (DHCS) and be recertified every three (3) years.

Additional Resources: Medi Cal Provider Certification Re-certification General Overview and DHCS: Licensing and Certification- Applications, Forms and Fees

Requirements for Medi-Cal Certification

- Smartsheet notification
- NPI
- Program Name
- Location/address
- NPPES record matching NPI with anticipated Program Name and address
- Approved MOU with school/district (if applicable)
- Point of contact to work with QA to submit forms and evidence
- Fire clearance (less than 12 months old)
- Head of Service license
- P&P's
- Contract start date
- Site visit by MH QA
- DHCS approval

Site Reviews

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. Providers will typically be recertified every three (3) years**.** For contracted programs, the Site Review is completed by BHS QA staff. For County-operated programs, DHCS will perform on-site reviews. 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.

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.

Site Visit 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

The steps for initial certification are outlined below:

1. Have an active contract with the county's Behavioral Health Plan.

2. Complete the NPI Application via the National Plan and Provider Enumeration System (NPPES) website: https://nppes.cms.hhs.gov/ to obtain an Organizational **NPI (Type 2)** that exactly matches the legal entity name and physical site address across NPPES, the county, and DHCS systems.

3. Ensure full ADA compliance (wheelchair ramps, accessible restrooms, parking, and clear signage).

4. Clear evacuation maps, visible emergency exit signage, updated fire extinguishers, confidential record storage, and secure medication rooms (if providing Medication Support Services).

5. Obtain a valid fire safety clearance specifically approving the site for its intended healthcare/mental health occupancy (less than twelve (12) months old).

6. Designate a qualified, licensed mental health professional (e.g., Licensed Psychologist, LCSW, LMFT, LPCC, or Psychiatrist) to serve as Head of Service.

7. Maintain current copies of licenses, registrations, primary source verifications, resumes, and NPI (Type 1) numbers for all clinical staff.

8. Approved MOU for school services within a school district if applicable.

9. Develop written policies & procedures for program operations for the legal entity and site, including:

    a. Confidentiality and Protected Health Information
    b. Emergency Evacuation
    c. Personnel policies and procedures specific to screening licensed personnel/providers and checking the excluded provider lists
    d. General operating procedures
    e. Maintenance policy to ensure the safety and wellbeing of beneficiaries and staff
    f. Service delivery policies
    g. Incident Reporting (CIR & N-CIR) procedures relating to health and safety issues
    h. Written procedures for referring individuals to a psychiatrist when necessary, or to a physician who is not a psychiatrist, if a psychiatrist is not available

i. Policy and procedure for providing clients with a notice that the Board of Behavioral Sciences responds to complaints about licenses and how to contact, prior to the provision of psychotherapy services.

10. Prepare required member informing materials and post in the lobby/waiting areas for:

    a. Grievance & Appeal posters, along with physical copies of Grievance forms and pre-addressed envelopes in English and all county threshold languages.
    b. Member Handbook
    c. Provider Directory

11. Additional requirements may be needed depending on the type of services or level of care. See CSU MC Certification requirements

12. Complete a site visit with COSD QA Specialist

13. Obtain a Provider Number from the State

14. Receive Medi-Cal certification approval and state provider number

Re-certification

For most programs, recertification will occur every three (3) years. For contracted programs, the BHP will contact each provider to initiate the recertification process. For County owned/operated providers, DHCS will contact the BHP to coordinate recertifications.

The steps for re-certification are outlined below:

1. Program will obtain a new fire clearance
2. Program will have a site visit with COSD QA Specialist
3. Program will submit any revised Policies & Procedures
4. Program will submit any new or expired Head of Service Licenses.
5. Receive Medi-Cal certification approval

Program Changes

- Adding or Revising Services: All certification changes must be approved by the program COR. Once approved, BHP needs to report to DHCS for certification changes.

- Location Changes: Re-certification is required for program relocation. 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.

- Remodeling or Change in Ownership: Remodeling should be reported to the program COR and may impact the Medi-Cal certification and fire clearance. All changes in ownership, such as legal entity (LE), should be reported to the COR and BHP. The previous legal entity must be closed with DHCS and the new legal entity/ program needs to be established. This would require a new certification.

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.

Please note that not having an active fire clearance will impact program start date and/or ability to provide direct services at the location.

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. As of this date, there are ten (10) threshold languages: English, Spanish, Chinese, Tagalog, Vietnamese, Korean, Somali, Arabic, Persian (Farsi/Dari) and Russian. See the Optum website > "*Beneficiary*" tab for most up to date list of threshold languages and obtain information without needing to request from staff. 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 > BHS Provider Resources > MH & DMC-ODS Health Plans > *Beneficiary* Tab

Size Requirements

Programs may also can print brochures/notices independently, provided they meet any size requirements. Per APL 18-026, all written health education materials must use at least a 12-point font. DHCS encourages MCPs to use a larger point font (20- point font or larger) when doing so is considered best practice. Guidelines for written and alternative formats are described below.

Alternative Formats

Written health educational materials should take into account the specific needs of members such as Seniors and Persons with Disabilities (SPDs) and those who are visually impaired. Upon request by the member, family caregiver, or provider, MCPs are required to provide MCP-produced written health educational materials in alternative formats, including Braille, accessible PDFs, large-sized print, video-or audio-accessible materials online, a CD or DVD that is sent to the member (unencrypted) and/or other appropriate technologies and methods. If providing an alternative format causes undue hardship to the MCP, the MCP can provide the information in another reasonable format, such as by phone or in-person from a qualified health educator.

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

- Behavioral Health Plan (BHP) Member Handbook in all threshold languages
- Current Provider Lists with instructions for accessing in all languages
    - An updated *County of SD-HHSA-BHS Provider List* must be available. Updates are generally created monthly. It provides instructions for accessing the guide in all languages.
- Current Limited English Proficiency Posters- in all threshold languages
    - Posters must be displayed so all languages are clearly visible.
- Current Notice of Privacy Practices- in all threshold languages
    - Notices must be posted or displayed so all threshold languages are visible
    - Programs are required to provide members a copy of this document no later than the first date of service.
- Current Problem Resolution Process brochures - in all threshold languages
    - Brochures must be easy for members to see/obtain without having to ask staff.
- Current Problem Resolution Process posters (with fair hearing process)- in all threshold languages
    - Programs may print the posters themselves from Optum if they comply with the sizing requirements (8.5 x 14 paper and 12-point font).
- Current grievance/appeal forms with self-addressed, stamped envelopes available -in all threshold languages
    - Forms must be easy for members to see/obtain without having to ask staff.
    - Self-addressed stamped envelopes addressed to either CCHEA or JFS must be provided by the program.
- Open Payments Database Notice- included on provider/legal entity's website (if applicable).- Currently English is the only threshold language available

- If the program employs/contracts physicians/psychiatrists who prescribe medication, then this statement needs to be posted in a common area that is visible to all members.

- If the program employs/contracts physicians/psychiatrists who prescribe medication at **any** of their programs, the Open Payments Database statement (see above) needs to be posted, at minimum, on the legal entity's website with a link to the database to be in compliance.

- Physician Notice to Patients from the Medical Board of California (with QR Code) - in all threshold languages

  - Programs that have a Physician providing or monitoring services are required to post these statements in the office/area where MD services are provided. They do not need to be posted in the main common area.

- California Board of Psychology Consumer Statement- in all threshold languages

  - Business & Professional Code sec 2936 requires programs that have a Psychiatrist providing or monitoring services post these statements.

  - Statements may be displayed in the office/area where psychiatric services are provided. They do not need to be posted in the main common area.

- BBS Notice Display of License/Registration Notice to Consumers (SB 1024)

  - Effective January 1, 2025, licensees and registrants are only required to display their license or registration in a conspicuous place in their primary place of practice when rendering professional clinical services in person. The license or registration does not need to physically be on display when services are provided via telehealth.

- BBS Notice- Updated Requirement to Provide Notice to Psychotherapy Clients (Notice to Clients- AB 630)

  - Effective 7/1/25- mental health professionals licensed or registered with the Board of Behavioral Sciences (BBS), prior to providing psychotherapy, must give clients a notice in at least 12-point font telling them that BBS receives and responds to complaints about licensees and tells clients how to contact BBS to file complaints. This "Notice to Clients" must contain the licensee or registrant's full name, license or registration number, type of license or registration and expiration date. Licensees and registrants must also display their license or registration in a conspicuous location at your

primary place of practice. It **does not need** to be displayed when providing services via Telehealth.

- Human Trafficking Model Notice (For facilities that provide pediatric care) – At minimum posted in English, Spanish and a 3rd language that is most prevalent in the community being served.
    - More information on this notice can be located on the Optum Website and/or the DOJ Website

Electronic Display Options

Postings may also be displayed using video technology. Compliance will be determined on a case-by-case basis and will be evaluated by criteria including legibility, image size, and image residence time or scroll speed.

Legibility and Size: Documents are required to be printed/posted with at least 12-point font, but if displayed electronically, these documents may need to have a larger font so they can be seen from across the room.

Image Time or Scroll Speed: Images need to rotate at a slow enough speed that people can read everything before moving to the next document.

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 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.