

**San Bernardino County
Department of Behavioral Health
Mental Health and Alcohol and Drug Services
Agency Evaluation**

AGENCY: _____

Date: _____

MODALITY: _____

REVIEWER (S): _____

ENTRANCE INTERVIEW ATTENDED BY: _____

This monitoring tool follows the same format and order as is written in the Department of Behavioral Health Contracts. For referencing the contract, the section numbers listed in Roman Numerals are the same as those in the contracts.

General Program Review

Performance (III)

Item	Y	NI	IA	NA	Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)
1					A. Provided Medi-Cal Services per applicable contractual provisions EPDST Services for full scope Medi-Cal children. Mental Health Services to adult Medi-Cal recipients. Drug and Alcohol Treatment services.
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					B. Compliance with System of Periods of Allowable Treatment (SPAT) & Practice Guidelines
6					C. Compliance with Compliance Unit monitoring of SPAT & Practice Guidelines
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8					D. Obtained Treatment Authorization Request (TAR) when applicable
9					E. Requested SPAT and Practice Guideline trainings in writing when needed
10					F. Participation with Research & Evaluation as requested
					G. Compliance with Cultural Competency Plan
					H. Cultural Competency
11					Program has current copy of DBH Cultural Competency Plan.
12					Staff knowledgeable of the DBH's Cultural Competence Plan and objectives.
13					Evidence that the Cultural Competency plan objectives are being implemented.
14					Evidence of consumer participation/input to policy/procedures and service protocol.
15					Evidence that staff is receiving cultural competency trainings.
16					Outreach to under-served populations, homeless, and hard-to-reach.
17					Evidence that the agency materials are being translated into the threshold language.
18					Evidence of on-going focus groups that reflect cultures served.
					H.1. Cultural and Linguistic Competency
19					Recruits diverse bilingual/specialty staff to reflect population served.
20					Evidence that bilingual staff is evaluated on language competencies.
21					Evidence that educational materials are available in the threshold language.
22					Does the agency have an after hour line in threshold language – Spanish.
23					Evidence staff attended Interpreter Training when applicable.

Funding (IV), Payment (V), Preliminary Settlement (VI), Final Settlement: Audit (VII), Single Audit Requirement (VIII), Accountability – Revenue (X), & Patient Client Billing (XI) are contained in the Fiscal Audit Section below.

Personnel (XII)

Item Y NI IA NA **Standard** (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)

24 **A. Maintains minimum staff as required by Title 9 and for participation in Short-Doyle/Medi-Cal Program**

Personnel Standards

- 25 Notices of provisions of Equal Opportunity Act conspicuously posted.
- 26 Equal Opportunity Act available to employees/employment applicants.
- 27 Job descriptions clearly define minimum qualifications including education/work experience.
- 28 Annual written performance evaluations for all staff.
- 29 Recruitment process not limited to recovering individuals only, nor targeted solely toward program participants or alumni.
- 30 Provider notified ADS/MH when reduction/elimination in full time staff.

Personnel Policies & Procedures

- 31 Personnel policies/procedures in accord with Fair Labor Standards Act.
- 32 Personnel Policies/Procedures Manual and/or Employees Handbook developed and current/readily accessible to all paid/volunteer staff.
- 33 Manual and/or Handbook addresses at least the following:
- 34 Job descriptions for all staff.
- 35 Work hours (overtime/compensatory time).
- 36 Scheduled time off/leave (vacation/sick/holiday).
- 37 Benefits (health/worker's compensation/unemployment).
- 38 Hiring practices.
- 39 Discipline procedures.
- 40 Discharge procedures.
- 41 Promotion procedures.
- 42 Training requirements.
- 43 Affirmative action plan/recruitment policies.
- 44 Employee grievance procedure.
- 45 Drug free workplace policy.
- 46 Code of conduct, including confidentiality; drug free workplace policy; professional ethics, conflict of interest policy; sexual harassment policy; prohibition against personal/financial/sexual relationships with program participants.
- 47 Violence in the workplace policy.

Personnel Records

- 48 Files maintained for all paid/volunteer staff.
- 49 Personnel records for paid staff shall include at least the following:
- 50 Application.
- 51 Resume.
- 52 Date hired.
- 53 Pay rate.
- 54 Position/Title.
- 55 Reference check documented.
- 56 Current License/Associate Number/Intern Number as applicable.
- 57 Current signature and initials on file (signature card).
- 58 Current ADS certification where applicable. **ADS Only**
- 59 Lat performance evaluation (annual).
- 60 CPR/First Aid Training where applicable.
- 61 Last TB test date/result (required annually). **ADS Only**
- 62 Health Questionnaire Record. **ADS Only**

Personnel (XII) – Continued

A. Maintains minimum staff as required by Title 9 and for participation in Short-Doyle/Medi-Cal Program

Personnel Records (Continued)

Item	Y	NI	IA	NA	Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)
63					Training appropriate to job assignment.
64					Training appropriate to program goals/philosophy.
65					Followed disciplinary and dismissal policies/procedures as applicable.
66					Signed code of conduct statement.
67					Volunteer staff files contain signed code of conduct statements indicating that they understand/agree to comply with said statements.
68					Procedures consistently adhere to.
69					Provided list of employees hired for contracted program services during current fiscal year, as well as documented efforts to recruit diverse staff.
70					Signed Conflict of Interest forms collected annually (Title 9, 400)
71					Staff sign statement acknowledging receiving/understanding Confidentiality Policy.
72					B. Provided information former county administrative officials employed by contractor when applicable

Licensing and Certification (XIII)

Item	Y	NI	IA	NA	Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)
73					Current Fire Clearance.
74					Zoning: conditional use permit (outpatient).
75					State Certification (residential and outpatient).
76					Drug Medi-Cal Certification (outpatient).
77					Current general Medi-Cal Certification.

Administrative Procedures (XIV)

Item	Y	NI	IA	NA	Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)
78					A1. Complies with State DMH Information Notices
79					A2. Complies with DBH Standard Practice Manual (SPM) <u>Outpatient Chart Manual (Mental Health Only)</u>
80					Has current copy of Outpatient Chart Manual.
81					Complies with Outpatient Chart Manual policies and procedures.
82					Trains staff on Outpatient Charting Procedures.
83					Routinely audits charts for compliance and quality care.
84					Uses current Quality Assurance chart auditing tool for internal audits.
85					Ensures billing accuracy by comparing with chart documentation.
86					Promptly addresses charting errors and retrains staff when necessary.

Laws and Regulations (XV)

Item	Y	NI	IA	NA	Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)
87					A1. Complies with CCR, Title 9 See Specific Contractual Program Review for Title 9 Requirements
88					A2. Complies with CCR, Title 22 See Specific Contractual Program Review for Title 22 Requirements
89					A3. Complies with W & I Code, Division 5 See Specific Contractual Program Review for W & I Code Division 5 Requirements
90					A4. Complies with State Policy letters and Cost Reporting/Data Collection (CD/DC) Manual, latest edition
91					B. Complies with HIPAA regulations (See Confidentiality Section Below)

Patients' Rights (XVI)

Item	Y	NI	IA	NA	Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)
92					Steps taken to fully protect Patients' Rights.

Confidentiality (XVII)

Item	Y	NI	IA	NA	Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)
					A. Records are kept confidential (W & I 5328 and HIPAA)
93					Written Consents are obtained prior to release of information except where authorized by law
94					Release of information forms are HIPAA-compliant
95					Releases of information are documented
					B. Complies with HIPAA regulations
96					B1. Complies with Program Integrity Requirements (Title 42, CFC Section 438.608)
97					Procedures and a mandatory compliance plan, designed to prevent fraud and abuse.
					B2. Specific Standards
98					a. Written policy/procedures stating compliance to Federal and State standards.
99					b. Designated Compliance Officer and Compliance Committee that are accountable to senior management
100					c. Effective training and education for the Compliance Officer and staff.
101					d. Effective communications between Compliance Officer and staff
102					e. Enforcement of standards well publicized in guidelines.
103					f. Provision of internal monitoring.
104					g. Prompt response to offenses and for corrective action
105					Staff/volunteers' actions in lobby/clerical area are consistent with maintenance of confidentiality.

Admission Policies (XVIII)

Item	Y	NI	IA	NA	Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)
					A. Admission and Discharge criteria (Title 9, 525.3)
106					Written and consistent with program goals and available to public prior to admission.
107					Exclusion criteria in writing and clearly defined.
108					Orientation of new clients to services.
109					B. Contractor's admission policies consistent with DBH policies and timeframes

Medical Records (XIX)

Item	Y	NI	IA	NA	Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)
					A. Medical Records are retained for minimum legal requirements
110					1. Adults and Emancipated Minors – Seven (7) years from discharge date
111					2. Unemancipated Minors – One (1) year after age 18 but not less than seven (7) years after discharge date.
					B. Compliance with applicable State and Federal Requirements
112					Client records stored according to State regulations.
113					Access to records controlled/recorded.
114					Written policy regarding maintenance/disposal of client records complies with County/Department policies.

Quality Assurance/Utilization Review (XX)

Item	Y	NI	IA	NA	Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)
115					Submitted Plan of Corrections to Compliance Unit for Quality of Care issues found by DBH

Indemnification and Insurance (XXI)

Item Y NI IA NA Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)

Item	Y	NI	IA	NA	Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)
					B. Insurance
116					1. <u>Worker's Compensation</u> – Insurance coverage Employer's Liability with \$250,000 limit covering all persons providing services for contractor.
117					2. <u>Comprehensive General and Automotive Liability Insurance</u> a. Combined liability single limits for bodily injury and property damage of not less than \$1,000,000.
118					b. If transporting clients (at any time) – Combined liability single limits for bodily injury and property damage of not less than \$2,000,000.
119					3. <u>Errors and Omission Liability Insurance</u> Combined liability single limits of \$1,000,000 bodily injury and property damage and \$3,000,000 in the aggregate <u>or</u>
120					4. <u>Professional Liability</u> – Professional liability insurance with limits of at least \$1,000,000 per claim or occurrence.
121					C. Additional Named Insured – Policy names County and its employees, agents, volunteers, and officers for items B1, B3, & B4 in this section as insured
122					D. Waiver of Subrogation Rights – Except items B3 & B4, coverages waive all rights of subrogation against the County, and its employees, agents, volunteers, and officers

Nondiscrimination (XXI)

Item Y NI IA NA Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)

Item	Y	NI	IA	NA	Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)
123					A. General – Serves all clients without regard to race, color, sex, religion, sexual preference, marital status, national origin or ancestry
124					B. Handicapped – Complies with Americans with Disabilities Act of 1990 Policy to admit/serve physically/mentally disabled, conforming to Americans with Disabilities Act.
125					Procedure for assessing client access to services.
126					Procedure for acquiring resources (Braille, interpreters, etc.) when requested or needed for treatment.
127					Physical plant is accessible to persons with handicaps (ramps, wide doors, etc.).
128					Restrooms and water fountains accessible.
129					Agency materials available for the visually impaired (i.e. large print, tapes, disks).
130					Consumer Guide, Grievance and Beneficiary Brochures available in large print for the visually impaired.
131					After hour line offers services for the hearing impaired.
132					Evidence that the agency offers on-going services for the hearing impaired.
133					Community presentations have services available for persons with disabilities and large print when requested.
134					Community presentation announcements have a contact person and number for special needs.
135					Staff trained in use of TDD/TTY, Location: _____.
136					Staff trained in use of California Relay Service.
137					Staff trained in proper etiquette for persons with disabilities.
138					Mechanism for reporting problem and resolving ADA accessing services/facilities by disabled persons.
139					C. Employment and Civil Rights – Complies with County's Equal Employment Opportunity Program and Civil Rights Compliance requirements

Specific Contractual Program Review (Residential Services)

I. Organization and Administration

Governing Body: Board of Directors or Advisory Counsel

Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)

Item	Y	NI	IA	NA
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- Current list of members' names/addresses, with Chairperson/officers identified.
- Meets at least quarterly.
- Meeting minutes for last four quarters.
- Assignments/committees/subcommittees.
- Written policy regarding recruitment/orientation of Board Members.

Organizational and Administrative Documents

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- Articles of Incorporation.
- Program must be certified by DMH (Title 22, Section 81001)
- MHP Claims Certification & Program Integrity (Title 9, Section 1840)
 - “Medical Necessity” documented.
 - EPSDT Qualifications.
 - Posted “State-Informing” Materials (cf. MHP for Medi-Cal Patients)
- Program must be compatible with County Plan (Title 9, Section 523).
- RCL classification to be maintained (SBC Contract Req)
- Program Capacity (no more patients than licensed) Title 9, Section 787.27.
- Current Bylaws.
- Business license to be publicly posted.
- Major duties/authority of CEO/Executive Director.
- Executive Director’s performance evaluated annually.
- Program must have adequate staffing (Title 9, Section 784.10).
 - 1 FTE Staff to 2.5-2.8 patients served.
 - Minimum: 1 Direct Services Staff on duty 24 hours/day/7 days/week.
 - Staff on call within 60 minutes as needed.
- Staff patterns show FTE’s/Contract/Volunteers by gender and ethnicity (Title 9, Section 531).
- Direct Staff Requirements (Title 9, Section 532.2 & 532.6).
 - Staff Training and documentation (Title 9, Section 784.10).
 - 1 Hour each (development and preparation of admission assessment, treatment plan, and discharge summary).

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- Administrator (communicates with licensing agency)
 - 1 yr FT as an administrator (Title 22, Section 81064)
 - 15 college units/CEU’s or 3 years FT as an Administrator
 - 20 Hours CEU
- All Social Rehab Facilities shall have a Program Director (Title 9, Section 532.6)
 - On premises as necessary to manage and administer
 - Bachelor degree (min. 24 semester units in Behavioral Sciences)
 - 1 Year FT “direct Service” work experience in MH Comm Programs or
 - 3 Years work experience in MH Comm Program with 6 months supervisor experience
- Current organizational chart, including program’s placement in agency/lines of authority/reporting relationships.

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- Fiscal Operations Manual/State CADDs Manual
- Policies/procedures reviewed/updated by Board last year.
- Program philosophy and/or mission statement.
- Written agency goals/measurable objectives.
- Goals/objectives support program’s philosophy.
- Measurable process outcome objectives.
- Sets/approves hours of operation.

Operations

Item	Y	NI	IA	NA	Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)
					Program Operations Manual (cf. Title 9, Section 532)
183					Posted emergency medical care policies/procedures.
184					Posted client grievance policy.
185					Posted Patient/Client Admission Policies/Compatible with DBH Service Priorities.
186					Posted Non-discriminatory/County contract compliant policy.
187					Posted emergency medical care policies/procedures.
188					Posted Fire Department-approved emergency/evacuation procedures
189					Posted Client Rights
190					Posted HIPAA Information
191					Posted Patients' Rights (Title 22, Section 1072, Title 9, Section 784, W & I Section 5453-5458)
192					Pre-visit of facility/Program.
193					Needs & Assessment Services plan to family/rep by patient's permission.
194					Family questions answered promptly.
195					Visitation by patient's family or Patients Rights Advocate.
196					Rights to wear own clothes.
197					Rights to control own money.
198					Right to possess own personal items.
199					Right to have individual storage space.
200					Right to telephone access (Program may request reimbursement/put pay phones)
201					Right to mail and receive unopened mail.
202					Right to move from facility/program
203					Posted hours of operation.
204					Hours meet client needs.
205					Director revised program schedule in last year.
206					When closed, program provides information in a crisis response.
207					CPR/Red Cross trained staff are on duty all hours of operation/shifts.
					Reporting Requirements
					DMH
208					Procedures for Reporting Unusual Occurrences (Title 9, Section 784)
209					Restraint & Seclusion Procedures/Log
210					Changes in Administration & Staffing (Title 22, Section 81061)
211					10 working days
212					Name/address/qualifications of new administrator/director
213					Changes in staff qualifications/positions/staffing patterns
214					Sufficient clerical/accounting staff to maintain adequate records (525)
					Physical Plant (Title 9, Article 7)
215					Physical Environment (Title 22, Section 80076-80087, 81088)
216					Bedrooms – 2 patients per room (more if approved by licensee)
217					Privacy
218					Patient's room specifically identified
219					Toilet/Bath/Shower
220					1 toilet/shower per 6 patients.
221					Privacy and locks accessible to staff for safety.
222					No common use of towels, etc.
223					Change of linen per week.
224					Common Areas
225					Stairways, etc. well lighted.
226					Laundry areas (separate and adequate).
227					Indoor Activity area (at least 1 room for visits).

Operations (Continued)

Physical Plant (Continued)

Item	Y	NI	IA	NA
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Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)

Fire Safety – No smoking within center (787.00)

Emergency lighting.

No open –flame lights.

Night lights in hallways.

Smoke detectors.

Special equipment for physically challenged patients.

Designated smoking areas.

No-smoking signs clearly posted.

Construction/remodeling completed to local building codes (787.10)

Housekeeping (787.13)

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Notice to DMH of new construction within 5 days (Title 9, Section 787.12).

Routine cleaning of articles and surfaces including furniture, walls, vents, etc.

Posted cleaning schedules for which areas are cleaned daily, weekly, and monthly.

Cleaning supplies available to housekeeping properly stored.

Posted housekeeping schedules.

Commercial detergent germicide used for all cleaning.

Facility maintained in safe, clean, orderly, and attractive manner.

Janitorial area and sinks and storage areas clean and maintained to meet facility needs.

General Maintenance (787.15)

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Maintained in a clean, sanitary, and safe condition.

All building, fixtures, equipment, and spaces maintained in operable condition.

Maintenance personnel hired to carry out repairs and preventative maintenance.

Equipment meets CalOSHA requirements.

Center is free from vermin/rodents through operation of a pest control program.

Air filters are inspected and cleaned regularly.

Updated Operations Manual

Program and services description

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Target population identified.

Shows scheduled program activities/description.

Activities support stated program goals/objectives.

Documented client participation.

Evaluates activities/participation.

Maintains/adheres to specific emergency medical care procedures

Contains phone numbers and addresses of closest hospitals.

Contains after-hour and emergency numbers of psychiatrist/MDs.

Contains after-hour and emergency numbers of On-Call staff and Program Director.

Contains poison control phone number.

Fire Department-approved emergency/evacuation procedures.

Staff trained in emergency medical and evacuation procedures regularly.

Participants informed of client grievance policy.

Policies/Procedures for resolving client grievances.

Policies/procedures for reporting suspected child/abuse (i.e., Tarasoff Act).

Annually updated MSDS Manual.

Staff knowledgeable of location and use of manual.

II. Service Delivery

Service Requirements (Title 9, Sections 532, 1840 and 786)

Item	Y	NI	IA	NA	Standard (Ratings: Y-Yes, NI-Needs Improvement, IA-Immediate Action, NA-Not Applicable)
267					<p>Individual & Group counseling</p> <p>Crisis Intervention.</p> <p>Planned Activities.</p> <p>Counseling with available family when indicated on treatment plan</p> <p>Development of Community Support Systems.</p> <p>Pre-vocational & Vocational Training.</p> <p>Client advocacy and training to develop own advocacy skills.</p> <p>Encourage socialization skills in residential environment.</p> <p>Acquisition of community living and interpersonal skills.</p>
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276					<p>Basic Services & Fees (SSI & SSP Recipients) Title 22, Section 81060</p> <p>Base rate/no additional charge (does not preclude family contributions)</p>
277					<p>Medical/Dental/Emergency Requirements (Title 9, Section 532.1)</p> <p>Plan and implementation for meeting patient's medical and dental needs.</p> <p>Physician services within 72 hours of admission (Title 9, Section 785.11).</p> <p>Nursing Services (Title 9, Section 785.12).</p> <p>Documentation (adverse reactions, meds, change in health/weight).</p> <p>Staffing Minimum: 1 FTE 24 hours/day/7 days per week (Programs < 41 patients).</p> <p>Plan for monitoring meds by licensed dispenser/monitor (Title 9, Section 785.20).</p> <p>Screening for medical complications (within 30 days of admission).</p> <p>Client education regarding meds.</p> <p>Documentation of all meds in patient's chart.</p> <p>Process for discussion regarding meds issues (staff and licensed dispenser).</p> <p>Encourage patients to hold and manage own needs.</p>
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286					<p>Care & Supervision (per Needs & Services Plan – Title 22, Section 81078)</p> <p>Food Service (Title 22, Section 81076)</p> <p>Dining areas near kitchen.</p> <p>Tray service.</p> <p>Storage (food stuffs).</p> <p>One (1) week non-perishables.</p> <p>Perishables two (2) days minimum.</p> <p>Working freezers and refrigerators.</p>
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Number of Needs Improvements: _____

Number of Immediate Actions:
(If yes enumerate; if no, enumerate) _____

Program meets contractual requirement/goals? _____

Agency Evaluation Summary:

Program Name: _____

Entrance Interview Date: _____

Staff Attending Interview:

Name:	Title:
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_____	_____
_____	_____
_____	_____
_____	_____

Comments:

Exit Interview Date: _____

Staff Attending Interview: _____

Name:	Title:
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Comments:

Compliant: _____

Non-Compliant: _____

Letter of Correction Needed: _____

Submitted By: _____