

# Medi-Cal Certification Document Submission Checklist for Contracted Clinics

All documents requested are to demonstrate evidence for all required sections of the Orange County Behavioral Health Plan protocol. A copy of the protocol can be found here: [Medi-Cal Certification Protocol](#).

When naming documents, please start the name with the number in [brackets] next to each item below. If you have a P&P that covers more than one of the policies listed below, please highlight or notate which section applies to each requirement.

All submitted policies should have a date the policy went into effect.

**Section 1:** Grievance Forms, Appeal Forms, Expedited Appeal Forms

No documentation will be collected for this section; however, provider needs to ensure all informing materials are displayed with most up to date versions. Use this link to access updated informing materials: [Guide for Informing Materials – updated 11/2025](#)

(Note: grievance envelopes shall be stamped and addressed to HCA QMS Managed Care Support Team, 400 W. Civic Center Dr, 4<sup>th</sup> Floor. Santa Ana, CA 92701)

**Section 2:** Physical Plant

1. [2.1] The program's fire clearance must be completed ahead of the site visit; the certification team will support you with scheduling fire clearance 2-3 months ahead of the site visit. Final documentation will be obtained by the certification team from the appropriate fire department/authority.
2. [2.2] Current floor plan (if MC Certification team is coordinating fire clearance for your program)
3. [2.3] Complete the [Physical Plant Inspection Checklist](#) (within 6 weeks of site visit)

**Section 3:** Policies on Confidentiality, HIPAA, Protected Health Information

The following P&Ps are required for all Medi-Cal Certified Programs (program needs to understand how these P&Ps apply to their program).

1. [3.1] Contractor Notice of Privacy Practices P&P (County P&P example: [Notice of Privacy Practices](#)); include consideration of all threshold languages
  - a. [3.1a] NPP (both County Version and Contractor Version of NPP needed)
  - b. [3.1b] Acknowledgement form
2. [3.2] Contractor Use and Disclosure of PHI P&P (County P&P example: [Use and Disclosure of PHI](#))
3. [3.3] Contractor Authorization & Revocation of ATD P&P
  - a. (3.3a) Authorization to Use & Disclose PHI Form

4. [3.4] Contractor Telehealth Services P&P (County P&P example: Telehealth Services P&P)
5. [3.5] Contractor Accounting for Disclosures of PHI P&P (County P&P example: Accounting for Disclosures of PHI P&P)
6. [3.6] Contractor Tracking Disclosures of PHI P&P (County P&P example: Tracking Disclosures of PHI P&P
  - a. [3.6a] PHI Disclosure Tracking Log
7. [3.7] Patient Request for Accounting of Disclosures P&P
8. [3.8] Contractor Transportation of Clinical Records P&P (County P&P example: Transportation of Clinical Records P&P)
9. [3.9] Contractor Use of Electronic Signature P&P (County P&P example: Use of Electronic Signature P&P)
10. [3.10] Contractor Billing Compliance P&P (County P&P example: Billing Compliance P&P)
11. [3.11] Contractor Documentation Standards P&P (County P&P example: Documentation Standards P&P)
12. [3.12] Contractor Fraud Waste and Abuse P&P (County P&P example: Fraud Waste and Abuse P&P)
13. [3.13] Contractor Building Access P&P
14. [3.14] Contractor Missing/Lost Chart P&P (County P&P example: Missing/Lost Charts P&P)
15. [3.15] Key policy (who has access to chart room, med room, etc.)
16. [3.16] On site PHI management (two-lock policy for PHI, chart room, including fax, copier considerations if needed)

**Section 4:** Policies on Emergency Evacuation

1. [4.1] Emergency Evacuation P&P
2. [4.2] Emergency Action Plan (site specific)
3. [4.3] Evacuation Map (clearly labeled cross streets, exit doors and plan labeled, meeting spot named and show on map)

**Section 5:** Personnel Policies on Screening Licensed/Certified Providers and Checking the Excluded Provider Databases

1. [5.1] Contractor Screening for Ineligible Persons/Entities P&P
  - a. [5.1a] Attestation letter that all providers have been screened (Example: Sample Attestation Letter)
2. [5.2] Contractor Verification of NPI and Professional Licenses P&P (County P&P example: Verification of Individual NPI Numbers and Professional Licenses at Initial Medi-Cal Certification and Medi-Cal Re-Certification)
3. [5.3] Contractor Code of Conduct

- **Section 6:** General Operating Procedures, e.g. hours of operation, disaster preparedness

The following P&Ps are site/program specific and will need to be provided by program

1. [6.1] General Operating Procedures P&P; including crisis procedures
2. [6.2] Site specific operating procedures (include facility opening and closing times)
3. [6.3] List of all staff (including support staff that work on site), including names, credentials, and titles
4. [6.4] Staff schedule needed **for programs requiring 24-hour coverage only** (direct providers schedule should be separated from other staff)
5. [6.5] 2-week Group/Programming Schedule **DTI programs only**
  - a. 2-week schedule should include community meetings, process groups, skill building groups adjunctive therapies, psychotherapy, etc.; provider shall identify the location of the activity and the provider name for each group/activity
  - b. A 1-week schedule must be available to members and their families/support persons

- **Section 7:** Maintenance Policy and/or maintenance agreement for ongoing and emergency services

The following P&Ps are site/program specific and will need to be provided by program

1. [7.1] Lease Agreement (please highlight end date)
2. [7.2] Housekeeping & Maintenance Agreement(s) (name the housekeeping and/or maintenance company, contact information and identify how they gain access to the certified space(s))
3. [7.3] Facility Emergency Procedures (flooding, securing building if breached, etc.)

- **Section 8:** Policies for service delivery specific to the site (types of services, who provides the services, intake and assessment processes, referral and linkage, length of service, discharge, and discontinuation of service)

The following P&Ps are site/program specific and will need to be provided by program

1. [8.1] **Program Description**
  - What population is served? Adults? Children? What is the admission criteria? Age ranges?
  - Typical length of stay in your program
  - List and describe the types of services provided **using Medi-Cal language**
    - Certified for 15/01 Case Management/Brokerage? Describe the many ways your program provides Case Management services and/or Intensive Care Coordination (ICC) to clients.

- Certified for 15/30 Mental Health Services? Explain your assessment process and use of individual, rehab, group and/or family therapy.
  - Intake process including criteria for services
    - Where do you typically get clients from? Referral sources?
  - Discharge process, referrals and linkage
    - Where do clients get referred to when being discharged from care? What criteria do you look for?
2. [8.2] Complete the Pertinent information form
  3. [8.3] Language Translation P&P (County example: Meeting Client Beneficiary/Client Language Needs P&P)

**Section 9:** Policy on Unusual Occurrences

The following P&P is required for all Medi-Cal Certified Programs (program needs to understand how these P&Ps apply to their program).

1. [9.1] Reporting of Unusual Occurrences (county example: Reporting of Unusual Occurrences to Department of Health Care Services P&P)

**Section 10:** Psychiatric referral

The following P&P is site/program specific and will need to be provided by program

1. [10.1] Policy on how to refer individuals to a psychiatrist when necessary, along with the procedures to follow if the designated psychiatrist or physician is not available.

**Section 11:** Head of Service (HOS)

The following P&Ps are site/program specific and will need to be provided by program

1. [11.1] HOS contact information and schedule on site
2. [11.2] Copy of wall license or resume if not licensed
3. [11.3] Site specific schedule and coverage plan (must include covering HOS contact info: phone, email, office address)

**Section 12:** Policies on medication receipt, storage, dispensing, administering, and disposal (**for full-scope Medication Support Services only**)

The following P&P is required of all Medi-Cal Certified Programs (program needs to understand how these P&Ps apply to their program). Logs/Records are reviewed at the certification site visit. All P&Ps specific to the medication room must be kept in the medication room for reference

1. [12.1] Outpatient Clinic Medication Rooms: Receipt, Storage, Administration Disposal and Accountability of Medication
2. [12.2] Blank copy of medication receipt, storage and administration log (non-controlled)

3. [12.3] Blank copy of medication receipt, storage and administration log (controlled) -if applicable
4. [12.4] Daily Record of Medication Storage Log (controlled) -if applicable
5. Temp log (room and fridge) will be checked during DHCS site visit

☐ **Section 13:** Day Treatment Intensive (DTI)

The following P&P is required of all Medi-Cal Certified DTI Programs (program needs to understand how these P&Ps apply to their program).

1. [13.1] Client sign-in/sign-out policy;
2. [13.2] Mental Health Crisis Protocol

☐ **Section 14:** STRTP Programs (STRTP)

The following Documents are required of all Medi-Cal Certified STRTP Programs.

1. [14.1] CCL Mental Health Program Approval (yearly will have new date)
2. [14.2] DHCS License to operate Short Term Residential Therapeutic Program (used to be Department of Social services, will have original date)

Mental Health Crisis Protocol

**Resources:**

1. [Medi-Cal Certification | Orange County California - Health Care Agency](#)
2. [BHS Policies and Procedures | Orange County California - Health Care Agency](#)
3. [Behavioral Health Plan and Provider Information | Orange County California - Health Care Agency](#)

**Head of Service Attestation**

All of the above documents are available to all programs staff at each certified site.

\_\_\_\_\_  
Head of Service Signature

\_\_\_\_\_  
Date