

Medi-Cal Certification Document Submission Checklist

County-operated and Contracted Crisis Stabilization Unit (CSU) Programs

All documents requested are to demonstrate evidence for all required sections of the Orange County Behavioral Health Plan protocol. A copy of the protocol with the CSU section can be found here: [Medi-Cal Certification Protocol](#). We have sent a copy of the Protocol with Category 6, Crisis Stabilization Services. This document will help explore Category 6.

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.

- Section 15A.** Is a physician on call at all times for the provision of those Crisis Stabilization Services that may only be provided by a licensed physician?
 - [15A.1] Who is the on-call physician? Provide a copy of the on-call schedule.
 - [15A.2] What is their work schedule?
 - [15A.3] What coverage exists for the physician?
 - [15A.4] Are there policies related to this topic?

- Section 15B.** Does the provider have qualified staff available to meet the 4:1 (client: staff) ratio during times Crisis Stabilization services are provided?
 - [15B.1] What is the staff schedule over a 24 hour period for the last two weeks before the site review?
 - List specific names of staff and the days and times that they worked
 - [15B.2] What is the census on the day of the site review? Provide a copy of the census.
 - [15B.3] Identify licensed/registered/waivered individuals using a staff schedule over the last month.
 - Provide copies of the staff's licenses for all qualified staff.

- Section 15C.** Does the provider have at least one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on-site at all times members are receiving Crisis Stabilization services?
 - [15C.1] Provide proof that there is at least one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on-site at all times members are receiving CSU services.
 - These staff count towards the 4:1 ratio in 6B.
 - [15C.2] Adolescent CSU requires a 2:1 ratio.
 - [15C.3] If the CSU has both adults and adolescents, provide a separate staff schedule indicating that the adult and adolescent CSU's are staffed appropriately.

- Section 15D.** Does the provider medical backup services available either on site or by written contract or agreement with a hospital?
 - [15D.1] Provide proof in the form of a Policy & Procedure and, if necessary, a written contract or agreement with a hospital.

- Section 15E.** Does the provider have medications available on an as needed basis and the staffing available to prescribe and/or administer it?
 - [15E.1] Provide proof of who can prescribe medications at the facility. What about administering medications? Is the CSU staffed for these activities?

- Section 15F.** Which categories of staff are assessing and determining the member diagnosis?
 - [15F.1] Of the staff working at the CSU, who is establishing the diagnosis? What is the procedure for intake, assessment and establishing medical necessity?
 - [15F.2] Have a sample of client records available during the Site Review to verify appropriate staff are determining the diagnosis.

- Section 15G.** Do all members receiving Crisis Stabilization services receive a physical and mental health assessment?
 - [15G.1] What policies and procedure ensures members receive the above services?
 - [15G.2] Have a sample of client records available during the Site Review to verify that both physical and mental health assessments are being conducted.

- Section 15H.** If a member is evaluated as needing service activities that can only be provided by a specific type of licensed professional, does the provider make such persons available?
 - [15H.1] What policies and procedure ensures that providers are made available as described above?
 - [15H.2] Have a sample of client records available during the Site Review to verify.

- Section 15I.** If Crisis Stabilization services are co-located with other specialty mental health services, does the provider use staff providing Crisis Stabilization that are separate and distinct from persons providing other services?
 - [15I.1] What policies and procedures governs your program's staffing pattern? Are CSU and non-CSU roles clearly differentiated?
 - [15I.2] Provide a staffing schedule with CSU and non-CSU roles clearly differentiated.

- Section 15J.** Are the members currently in the Crisis Stabilization Unit (CSU) receiving Crisis Stabilization services longer than 23 hours and 59 minutes?
 - [15J.1] Provide an admission/discharge log and/or client records showing current members and admission dates. When did services begin and end? Has anyone been at the CSU longer than 24 hours? Is PHI protected if a board or display shows members present at the CSU?

- [15J.2] What procedures are followed when claiming for CSU services? What counts towards the minimum of 31 minutes required for one-hour billing? How are services claimed if members are at the CSU longer than 23 hours and 59 minutes?
- [15J.3] Provide the CSU's discharge planning procedure and for meeting members' needs within the 24 hour timeframe.

The following are questions to ask for clarification and may also point to potential quality of care and patient safety issues for consideration in conducting the review. Provide proof using policies & procedures, memos and other documentation to support your answers.

Documentation should be labeled according to the question being addressed. For example, [Q7], [Q16] or [Q22] in the name of the document.

SURVEY THE ENVIRONMENT AS YOU TAKE A TOUR FOR THE FOLLOWING

	Yes	No	Comments
1. Is the CSU a 5150-designated facility?			
2. Does it accept both adults and children/adolescents?			
3. If the answer to #2 above is "Yes", are the adults physically segregated from the children and adolescents? Are the minors under 1:1 supervision at all times?			
4. Do the police transport patients to the CSU?			
5. Are there any types of patients which the CSU will not accept from the police?			
6. Is there suitable furniture in the CSU on which the members can sit or recline?			
7. Does the CSU have seclusion and restraint (S&R) capability?			Provide policies and forms used for S&R
8. Are the S&R rooms clean and free from hazards that might pose a danger to a member confined in them (e.g., sharp edges, breakable glass, pointed corners)			
9. Are the beds in the S&R rooms securely bolted to the floor?			
10. Are there sheets or similar materials (e.g., blankets, bedspreads) present in the seclusion rooms? (The presence of sheets or blankets in a seclusion room			

where members are NOT restrained poses a potential risk to patient safety.			
11. How are patients monitored while in seclusion and restraints? (i.e., Direct line-of-sight observation, via television monitor?) How does the facility ensure that staff is actually monitoring the patients if this is done via television monitor?			
12. Are there “quiet rooms” which patients can use when they wish to have a reduced level of stimulation?			
13. Where does staff interview/assess patients? Where does staff provide crisis intervention to patients?			
14. What procedures are in place when a patient experiences a medical emergency? How is medical emergency defined? Are there procedures which describe how a distinction is made between an emergency requiring attention by the on-call physician and an emergency requiring a call to “911”? Who is authorized to make this determination?			Provide a policy on medical emergencies
15. What procedures are in place to handle a psychiatric emergency which is beyond the scope/capability of the CSU or its staff? For example, what would be done with a patient who became seriously assaultive when all of the seclusion/restraint rooms were in use?			
16. What procedures are followed when a non-English speaking patient is admitted? Is an interpreter brought to the facility? If not, why not?			Provide a policy on Interpreter Services
17. What arrangements or options are available for family members who wish to visit patients?			
18. Which staff performs crisis intervention services?			
19. Which staff perform risk assessments (e.g., for DTO, DTS, GD)?			
20. During the tour of the CSU, did you observe staff sitting and talking with patients or was staff exclusively sitting in the nursing station?			
21. What dispositions are available if a patient is not appropriate for discharge home after 23 hours and 59 minutes?			
22. What dietary facilities are available for preparation/dispensing of patient meals and snacks?			Provide a policy on preparation and dispensing of patient meals/snacks