

Medi-Cal Certification Document Submission Checklist for County-operated 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.

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, 4th 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 BHS P&Ps apply for all Medi-Cal Certified Programs (program needs to understand how these P&Ps apply to their program).

1. [3.1] [Notice of Privacy Practices](#)
 - a. [3.1a] NPP (both County Version and Contractor Version of NPP needed)
 - b. [3.1b] Acknowledgement form
2. [3.2] [Use and Disclosure of PHI](#)
3. [3.3] [Authorization & Revocation of ATD](#) (County Link Only)
 - a. [3.3a] [Authorization to Use & Disclose PHI Form](#) (County Link Only)
4. [3.4] [Telehealth Services](#)
5. [3.5] [Accounting for Disclosures of PHI](#)
6. [3.6] [Tracking Disclosures of PHI](#)
 - a. [3.6a] [PHI Disclosure Tracking Log](#) (County Link Only)
7. [3.7] [Patient Request for Accounting of Disclosures](#) (County Link Only)
8. [3.8] [Transportation of Clinical Records](#)
9. [3.9] [Use of Electronic Signature](#)

10. [3.10] Billing Compliance
11. [3.11] Documentation Standard
12. [3.12] Fraud Waste and Abuse
13. [3.13] Building Access (County Link Only)
14. [3.14] Missing/Lost Charts

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

15. [3.15] Key policy (who has access to chart room, med room, etc.)
16. [3.16] On site PHI management (demonstrate 2 locks for chart room, including fax/copier considerations if needed)

Section 4: Policies on Emergency Evacuation

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

1. [4.1] Emergency Evacuation P&P (County Link Only)

The following items are site/program specific and will need to be **provided by program**.

2. [4.2] Emergency Action Plan
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

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

1. [5.1] Screening for Ineligible Persons/Entity (County Link Only)
2. [5.2] Verification of Individual NPI Numbers and Professional Licenses at Initial Medi-Cal Certification and Medi-Cal Re-Certification
3. [5.3] Code of Conduct (County Link Only)

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
2. [6.2] Site specific operating procedures (including the time the facility opens and closes)
3. [6.3] List of all staff, including their names, credentials, job titles and job numbers
4. [6.4] Staff schedule needed **for programs requiring 24-hour coverage only**

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 (name and contact information for the company 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 your 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] Pertinent information form

- Section 9:** Policy on Unusual Occurrences

The following BHS P&Ps apply 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 to Department of Health Care Services P&P

- Section 10:** Psychiatric referral

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

1. [10.1] Policy regarding the referral of 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) license

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

1. [11.1] Head(s) of Service contact information and schedule(s) for this program
2. [11.2] Copy of HOS wall license or resume, if not licensed
3. [11.2] Site specific coverage plan (must include HOS contact info: phone, email, office address, and name covering individual with contacts)

- Section 12:** Policies on medication receipt, storage, dispensing, administering, and disposal

The following BHS P&Ps apply for all Medi-Cal Certified Programs (program needs to understand how these P&Ps apply to their program). Logs/Records will be reviewed at the

site visit. The medication room must keep copies of relevant P&Ps and logs for their reference.

1. [12.1] Outpatient Clinic Medication Rooms - Receipt, Storage, Administration, Disposal and Accountability of Medication

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

2. [12.2] Blank copy of Medication receipt, storage and administration log (for non-controlled medications)
3. [12.3] Temperature log (room and fridge) will be checked during DHCS site visit
4. [12.4] Blank copy of Medication receipt, storage and administration log (for *controlled* medications)- If applicable
5. [12.5] Daily Record of Medication Storage Log (for *controlled* medications)

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.

HOS Signature

Date