

## Facility Site Review Survey Substance Use Disorder (SUD) Treatment Services

Site ID	Phone:	Fax:	Review Date:
Facility Name:		Contact Name/Title:	
Full Address:			
Reviewer Name/Title:			
Staff on site: ___ CADC I/II/III ___ LAADC ___ SUDCC ___ LCSW ___ LMFT ___ ASW ___ MFTI ___ RADT ___ RADT II ___ MD ___ NP ___ RN ___ LVN ___ Clerical Other _____			

Visit Purpose	Certifications	Clinic type	
<input type="checkbox"/> Initial Full Scope <input type="checkbox"/> Monitoring <input type="checkbox"/> Periodic Full Scope <input type="checkbox"/> Follow-up <input type="checkbox"/> Focused Review <input type="checkbox"/> Ed/TA <input type="checkbox"/> Other _____	Most current DMC Certification Number _____ Issuance Date: _____	<input type="checkbox"/> Outpatient (1) <input type="checkbox"/> Perinatal Outpatient (1) <input type="checkbox"/> Intensive Outpatient (2.1) <input type="checkbox"/> Intensive Perinatal Outpatient (2.1) <input type="checkbox"/> Youth/Adolescent	Residential <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.7 <input type="checkbox"/> 4.0 Perinatal Residential <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.7 <input type="checkbox"/> 4.0 <input type="checkbox"/> OTP/NTP <input type="checkbox"/> Withdrawal Management (3.2)

Site Review Scores						Scoring Procedure	Compliance Rate
	Pts. poss.	Yes Pts. Given	No's	N/A's	Section Score %	1) Add points given in each section. 2) Add total points given for all six sections. 3) Adjust score for "N/A" criteria (if needed). Subtract "N/A" points from total points possible. 4) Divide total points given by "adjusted" total points. 5) Multiply by 100 to get the compliance (percent) rate.  $\frac{\text{Points given}}{\text{Total/ Adjusted points}} = \frac{\text{Decimal Score}}{\text{Compliance Rate}} \times 100 = \text{\%}$	Note: Any section score of < 80% requires a CAP for the entire FSR, regardless of the Total FSR score. <b>Any deficiency in SABG or ASAM requirements requires a CAP.</b>  _____ <b>Exempted Pass: 90% or above:</b> (Total score is $\geq$ 90% and all section scores are 80% or above)  _____ <b>Conditional Pass: 80-89%:</b> (Total FSR is 80-89% OR any section(s) score is < 80%)  _____ <b>Not Pass: Below 80%</b>  _____ CAP Required  _____ Other follow-up  <b>Next Review Due:</b> _____
<b>I. Access/Safety</b>	<b>13</b>						
<b>II. Personnel</b>	<b>12</b>						
<b>III. SABG Requirements</b>	<b>40</b>						
<b>IV. Office Management</b>	<b>44</b>						
<b>V. Perinatal Services</b>	<b>5</b>						
<b>VI. Pharmaceutical/Laboratory</b>	<b>7</b>						
	<b>121</b>						
	<b>Total Pts. Poss.</b>	<b>Total Yes Pts.</b>	<b>Total No Pts.</b>	<b>Total N/A Pts.</b>			

# Facility Site Review Guidelines for Substance Use Disorder (SUD) Treatment Services

California Department of Health Services  
Medi-Cal Managed Care Division

**Purpose:** Site Review Guidelines provide the standards, directions, instructions, rules, regulations, perimeters, or indicators for the site review survey. These Guidelines shall be used as a gauge or touchstone for measuring, evaluating, assessing, and making decisions.”

**Scoring:** Site survey includes on-site inspection and interviews with site personnel. Reviewers are expected to use reasonable evidence available during the review process to determine if practices and systems on site meet survey criteria. Compliance levels include: 1) Exempted Pass: 90% or above, 2) Conditional Pass: 80-89%, and 3) Not Pass: below 80%. Compliance rates are based on total possible points, or on the total “adjusted” for Not Applicable (N/A) items. “N/A” applies to any scored item that does not apply to a specific site as determined by the reviewer. Survey criteria to be reviewed *only* by a R.N. or physician or LPHA are labeled “📁 RN/MD/LPHA Review only”.

**Directions:** Score full point(s) if survey item is met. Score zero (0) points if item is not met. Do not score partial points for any item. Explain all “N/A” and “No” (0 point) items in the comment section. Provide assistance/consultation as needed for corrective action plans, and establish follow-up/verification timeline.

- 1) Add the points given in each section.
- 2) Add points given for all six (6) sections to determine total points given for the site.
- 3) Subtract all “N/A” items from total possible points to determine the “adjusted” total possible points. If there are no “N/A” items, calculation of site score will be based on the total points possible.
- 4) Divide the total points given by the total points possible or by the “adjusted” total. Multiply by 100 to calculate percentage rate.

Scoring Example:

<p><b>Step 1:</b> Add the points given in each section.</p>	<p><b>Step 2:</b> Add points given for all six (6) sections.</p> <p style="text-align: center;">13 (Access/safety) 12 (Personnel) 40 (SABG Requirements) 44 (Office Management) 5 (Perinatal Services) 7 (Pharmaceutical/Laboratory)</p> <p style="text-align: center;"><b>121 (POINTS)</b></p>
<p><b>Step 3:</b> Subtract “N/A” points from 121 total points possible.</p> $\begin{array}{r} 121 \text{ (Total points possible)} \\ - \quad 5 \text{ (N/A points)} \\ \hline 116 \text{ (“Adjusted” total points possible)} \end{array}$	<p><b>Step 4:</b> Divide total points given by 116 or by the “adjusted” points, then multiply by 100 to calculate percentage rate.</p> $\frac{\text{Points given}}{116 \text{ or “adjusted” total}} \quad \text{or} \quad \frac{107}{116} = .9224 = 92\%$

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Criteria	Access/Safety Reviewer Guidelines
<p><b>A.</b> Site is accessible and useable by individuals with physical disabilities.</p>	<p><b><u>A1. ADA Regulations:</u></b> Site must meet city, county and state building structure and access ordinances for persons with physical disabilities. A site/facility includes the building structure, walkways, parking lots, and equipment. All facilities designed, constructed; or altered by, on behalf of, or for the use of a public entity must be readily accessible and usable by individuals with disabilities, if the construction or alteration was begun after January 26, 1992 (28 CFR 35.151). Any alteration to a place of public accommodation or a commercial facility, after January 26, 1992, must be made to ensure that, to the maximum extent feasible, the altered portions of the facility are readily accessible to and useable by individuals with disabilities, including individuals who use wheelchairs (28 CFR 36.402).</p> <p><b><u>Parking:</u></b> Parking spaces for persons with physical disabilities are located in close proximity to handicap-accessible building entrances. Each parking space reserved for the disabled is identified by a permanently affixed reflectorized sign posted in a conspicuous place. If provider has no control over availability of disabled parking lot or nearby street spaces, provider must have a plan in place for making program services available to persons with physical disabilities.</p> <p><b><u>Ramps:</u></b> A clear and level landing is at the top and bottom of all ramps and on each side of an exit door. Any path of travel is considered a ramp if its slope is greater than a 1-foot rise in 20 feet of horizontal run.</p> <p><b><u>Exit doors:</u></b> The width of exit doorways (at least 32-in.) allows for passage clearance of a wheelchair. Exit doors include all doors required for access, circulation, and use of the building and facilities, such as primary entrances and passageway doors. Furniture and other items do not obstruct exit doorways or interfere with door swing pathway.</p> <p><b><u>Elevators:</u></b> If there is no passenger elevator, a freight elevator may be used to achieve program accessibility if it is upgraded for general passenger use and if passageways leading to and from the elevator are well-lit, neat, and clean.</p> <p><b><u>Clear Floor Space:</u></b> Clear space in waiting/exam areas is sufficient (at least 30-in. x 48-in.) to accommodate a single, stationary adult wheelchair and occupant. A minimum clear space of 60-in. diameter or square area is needed to turn a wheelchair.</p> <p><b><u>Sanitary Facilities:</u></b> Restroom and hand washing facilities are accessible to able-bodied and physically disabled persons. A wheel-chair accessible restroom stall allows sufficient space for a wheelchair to enter and permits the door to close. If wheelchair accessible restrooms are not available within the office site, reasonable alternative accommodations are provided. Alternatives may include: grab bars located behind and/or along the sides of toilet with assistance provided as needed by site personnel; provision of urinal, bedpan, or bedside commode placed in a private area; wheelchair accessible restroom located in a nearby office or shared within a building. Sufficient knee clearance space underneath the sink allows wheelchair users to safely use a lavatory sink for hand washing. A reasonable alternative may include, but is not limited to, hand washing items provided as needed by site personnel.</p> <p><b><u>AOD 12000,</u></b> “Each program shall comply with all applicable local, state, and federal laws and regulations. The program shall develop written procedures to ensure that the program is maintained in a clean, safe, sanitary, and alcohol and drug-free environment.”</p> <p><b><u>A2. Note:</u></b> A public entity may not deny the benefits of its program, activities, and services to individuals with disabilities because its facilities are inaccessible (28 CFR 35.149-35.150). Every feature need not be accessible, if a reasonable portion of the facilities and accommodations provided is accessible (Title 24, Section 2-419, California Administrative Code, the State Building Code). Reasonable Portion and/or Reasonable Alternatives are acceptable to achieve program accessibility. Reasonable Portion applies to multi-storied structures and provides exceptions to the regulations requiring accessibility to all portions of a facility/site. Reasonable Alternatives are methods other than site structural changes to achieve program accessibility, such as acquisition or redesign of equipment, assignment of assistants/aides to beneficiaries, provision of services at alternate accessible sites, and/or other site specific alternatives to provide services (ADA, Title II, 5.2000). Points shall not be deducted if Reasonable Portion or Reasonable Alternative is made available on site. <b>Specific measurements are provided strictly for “reference only” for the reviewer. Site reviewers are NOT expected to measure parking areas, pedestrian path of travel walkways and/or building structures on site.</b></p>

# I. Access/Safety

 RN/MD/LPHA Review only

Site Access/Safety Survey Criteria	Wt	Yes	No	NA	Score
<b>A. Site is accessible and useable by individuals with physical disabilities</b> CCR §504; 24 CCR (CA Building Standards Code); 28 CFR §35 (American Disabilities Act of 1990, Title II, Title III)					
1) Site is accessible and useable by individual with physical disabilities	1	1)___	1)___	1)___	
2) If the site is NOT accessible, are reasonable alternatives available?	1	2)___	2)___	2)___	

This page= 2 points

Criteria	I. Access/Safety Reviewer Guidelines (Continued)
<p><b>B.</b> Site environment is maintained in a clean and sanitary condition.</p>	<p><b>B1.</b> The physical appearance of floors/carpets, walls, furniture, patient areas and restrooms are clean and well maintained.</p> <p><b>B2.</b> Appropriate sanitary supplies, such as toilet tissue, hand washing soap, cloth/paper towels, or antiseptic towelettes are made available for restroom use. Environmental safety includes the “housekeeping” or hygienic condition of the site. Clean means unsoiled, neat, tidy, and uncluttered. Well maintained means being in good repair or condition.</p> <p><b>B3. AOD 12000,</b> “Each program shall comply with all applicable local, state, and federal laws and regulations. The program shall develop written procedures to ensure that the program is maintained in a clean, safe, sanitary, and alcohol and drug-free environment.”</p>
<p><b>C.</b> Site environment is safe for all patients, visitors, and personnel.</p>	<p><b>Ordinances:</b> Sites must meet city, county, and state fire safety and prevention ordinances. Reviewers should be aware of applicable city and county ordinances in the areas in which they conduct reviews.</p> <p><b>C6. Evacuation Routes:</b> Clearly marked, easy-to-follow escape routes are posted in visible areas, such as hallways, exam rooms and patient waiting areas. The minimum clear passage needed for a single wheelchair is 36 inches along an accessible route, but may be reduced to a minimum of 32 inches at a doorway.</p> <p><b>C2. Non-medical emergency procedures:</b> Non-medical emergencies include incidents of natural disaster (e.g. earthquakes), workplace violence, etc. Specific information for evacuation procedures is available on site to staff. Personnel know <i>where to locate</i> information on site, and <i>how to use</i> information. Evidence of training must be verifiable, and may include informal in-services, new staff orientation, external training courses, educational curriculum and participant lists, etc.</p> <p><b>C3. Illumination:</b> Lighting is adequate in patient flow working and walking areas such as corridors, walkways, waiting and exam rooms, and restrooms to allow for a safe path of travel.</p> <p><b>C4. Access Aisle:</b> Accessible pedestrian paths of travel (ramps, corridors, walkways, lobbies, elevators, etc.) between elements (seats, tables, displays, equipment, parking spaces, etc.) provide a clear circulation path. Means of egress (escape routes) are maintained free of obstructions or impediments to full instant use of the path of travel in case of fire or other emergency. Building escape routes provide an accessible, unobstructed path of travel for pedestrians and/or wheelchair users at all times when the site is occupied. Cords (including taped cords) or other items are not placed on or across walkway areas.</p> <p><b>C5. Exits:</b> Exit doorways are unobstructed and clearly marked by a readily visible “Exit” sign.</p> <p><b>C7. Electrical Safety:</b> Electrical cords are in good working condition with no exposed wires, or frayed or cracked areas. Cords are not affixed to structures, placed in, or across walkways, extended through walls, floors, and ceiling or under doors or floor coverings. Extension cords are not used as a substitute for permanent wiring. All electrical outlets have an intact wall faceplate. Sufficient clearance is maintained around lights and heating units to prevent combustible ignition.</p> <p><b>C1. C8. Fire Fighting/Protection Equipment:</b> There is firefighting/protection equipment in an accessible location on site at all times. An accessible location is reachable by personnel standing on the floor, or other permanent working area, without the need to locate/retrieve step stool, ladder, or other assistive devices. At least one of the following types of fire safety equipment is on site:</p> <ol style="list-style-type: none"> <li>1) Smoke Detector with intact, working batteries</li> <li>2) Fire Alarm Device with code and reporting instructions posted conspicuously at phones and employee entrances</li> <li>3) Automatic Sprinkler System with sufficient clearance (10-in.) between sprinkler heads and stored materials.</li> <li>4) Fire Extinguisher in an accessible location that displays readiness indicators or has an attached current dated inspection tag.</li> </ol> <p>Specific information for handling fire emergency procedures is available on site to staff.</p> <p><b>Note: Specific measurements are provided strictly for “reference only” for the reviewer. Site reviewers are NOT expected to measure parking areas, pedestrian path of travel walkways and/or building structures on site.</b></p>

# I. Access/Safety

 RN/MD/LPHA Review only

Site Access/Safety Survey Criteria (Continued)	Wt	Yes	No	NA	Score
<p><b>B. Site environment is maintained in a clean and sanitary condition.</b> 8 CCR §5193; 28 CCR §1300.80</p> <p>1) All patient areas including floor/carpet, walls, and furniture are neat, clean, and well maintained.</p> <p>2) Restrooms are clean and contain appropriate sanitary supplies</p> <p>3) The program is maintained in a clean, safe, sanitary, and alcohol/drug-free environment.</p>	<p>1</p> <p>1</p> <p>1</p>	<p>1)___</p> <p>2)___</p> <p>3)___</p>	<p>1)___</p> <p>2)___</p> <p>3)___</p>	<p>1)___</p> <p>2)___</p> <p>3)___</p>	
<p><b>C. Site environment is safe for all patients, visitors, and personnel.</b> 8 CCR §3220; 22 CCR §53230; 24 CCR, §2, §3, §9; 28 CCR §1300.80; 29 CFR §1910.301, §1926.34 <b>There is evidence that staff has received safety training and/or has safety information available in the following:</b></p> <p>1) Fire safety and prevention</p> <p>2) Emergency non-medical procedures (e.g. site evacuation, workplace violence)</p> <p>3) Lighting is adequate in all areas to ensure safety.</p> <p>4) Exit doors and aisles are unobstructed and egress (escape) accessible.</p> <p>5) Exit doors are clearly marked with “Exit” signs.</p> <p>6) Clearly diagramed “Evacuation Routes” for emergencies are posted in a visible location.</p> <p>7) Electrical cords and outlets are in good working condition.</p> <p>8) At least one type of firefighting/protection equipment is accessible at all times.</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>1)___</p> <p>2)___</p> <p>3)___</p> <p>4)___</p> <p>5)___</p> <p>6)___</p> <p>7)___</p> <p>8)___</p>	<p>1)___</p> <p>2)___</p> <p>3)___</p> <p>4)___</p> <p>5)___</p> <p>6)___</p> <p>7)___</p> <p>8)___</p>	<p>1)___</p> <p>2)___</p> <p>3)___</p> <p>4)___</p> <p>5)___</p> <p>6)___</p> <p>7)___</p> <p>8)___</p>	
<p><b>Comments:</b> Write comments for all “No” (0 points) and “N/A” scores. 11 points possible this page</p>	<p>Total</p>				

13 points possible this section.

Criteria	II. Personnel Reviewer Guidelines		
<p><b>A.</b> 1) Professional health care personnel have current California licenses and certifications.</p>	Medical Professional	License/Certification	Issuing Agency
	Doctor of Medicine	Physician’s & Surgeon’s Certificate DEA Registration	Medical Board of CA Drug Enforcement Administration
	Psychiatrist/Psychologist	Physician’s & Surgeon’s Certificate with specialty training	Medical Board of California
	Nurse Practitioner (NP)	RN License w/NP Certification and Furnishing Number	CA Board of Registered Nursing
	Registered Nurse (RN)	RN License	CA Board of Registered Nursing
	Registered Pharmacist	Pharmacist License	CA State Board of Pharmacy
	Physicians’ Assistant (PA)	PA License. DEA Registration	Medical Board of CA DEA
	Licensed Practitioner Healing Arts	LPHA	Board of Behavioral Sciences
	Marriage and Family Therapist	MFT	Board of Behavioral Sciences
	Licensed Clinical Social Worker	LCSW	Board of Behavioral Sciences
	Licensed Professional Clinical Counselor	LPCC	Board of Behavioral science
	Psychiatric Technician	Psychiatric Technician	CA Board of Vocational Nursing and Psychiatric Technicians
	Licensed Vocational Nurse (LVN):	LVN License	CA Board of Vocational Nursing and Psychiatric Technicians
<p><b>Note:</b> All medical professional licenses and certifications must be current and issued from the appropriate agency for practice in California. Any license/certification that has been approved during the current re/credentialing process need not be re-checked during the site review. Any licenses/certifications not included in the re/credentialing process must be checked for current status as part of the site review process. Although sites with centralized personnel departments are not required to keep documents or copies on site, copies and/or lists of currently certified or credentialed personnel must be readily available when requested by reviewers.</p>			
<p>2) The Substance Abuse Clinic has a Licensed Physician designated as Medical Director.</p>	<p>Per <b>Title 22, E.IV.A</b>, it is mandatory to have a Licensed Physician designated as Medical Director of the Substance Abuse Clinic.</p>		
<p>3) The program/facility has a written plan for training staff that is updated annually.</p>	<p><b>Title 22, C-19020-</b> The program must have a written plan that is updated annually for the training needs of staff. Site personnel have received information and/or training about member rights. Evidence is verifiable for any occurrences of staff training which may include informal in-services, new staff orientation, external training courses, educational curriculum and participant lists, etc. If there is no verifiable evidence of staff training, staff is able to locate written member rights information on site and explain how to use information.</p>		
<p>4) Professional staff (LPHA’s) receive a minimum of 5 hours continuing education related to addiction medicine each year.</p>	<p>Professional staff (LPHA’s) receive a minimum of <b>5 hours</b> continuing education related to addiction medicine each year.</p>		
<p>5) At least 30% of staff providing counseling, are licensed or certified as Drug &amp; Alcohol Counselors.</p>	<p><b>Title 22, D-13010-</b> There has to be at minimum 30% of staff who are certified or licensed to be providing Drug/Alcohol Counseling.</p>		



## II. Personnel

 RN/MD/LPHA Review only

Site Personnel Survey Criteria	Wt	Yes	No	NA	Score
<b>A. Professional health care personnel have current California Licenses and Certifications.</b>					
CA Business & Professional (B&P) Code §2050, §2585, §2725, §2746, §2834, §3500, §4110					
1. All required Professional Licenses and Certifications, issued from the appropriate licensing/certification agency, are current.	1	1)___	1)___	1)___	
2. The Substance Abuse Clinic has a <u>Licensed Physician</u> designated as Medical Director.	1	2)___	2)___	2)___	
3. The program/facility has a written plan for training staff that is updated annually.	1	3)___	3)___	3)___	
4. Professional staff (LPHA's) receive a minimum of 5 hours continuing education related to addiction medicine each year	1	4)___	4)___	4)___	
5. At least 30% of staff providing counseling are licensed or certified as Drug & Alcohol Counselors.	1	5)___	5)___	5)___	

This page = 5 points

Criteria	II. Personnel Reviewer Guidelines
<p><b>6)</b> All providers and staff conducting ASAM assessments/medical necessity have completed the two e-Trainings. <b>(Automatic CAP if “no”)</b></p>	<p><u>Intergovernmental Agreement Exhibit A, Attachment I, III, GG, 3,ii, a</u> The Contractor shall ensure that, at minimum, providers and staff conducting assessments are required to complete the two e-Training modules entitled “ASAM Multidimensional Assessment” and “From Assessment to Service Planning and Level of Care”. A third module entitled, “Introduction to The ASAM Criteria” is recommended for all county and provider staff participating in the Waiver.</p> <ul style="list-style-type: none"> <li>• Applies to all providers who co-sign or conduct medical necessity assessments.</li> </ul>
<p><b>7)</b> All employees have mandatory training on annual DMC-ODS requirements.</p>	<p>All Employees must complete mandatory DMC-ODS training, provided by PHC on an annual basis.</p>
<p><b>8)</b> All appropriate staff have received regular training on evidence based practices (EBP)</p>	<p>Providers will implement and train appropriate staff on at least two of the following EBPs based on the timeline established in the county implementation plan. The required EBP’s include: Motivational Interviewing, Cognitive-Behavior Therapy, Relapse Prevention, Trauma-Informed Treatment, and Psycho-Education.</p>
<p><b>9)</b> Tuberculosis (TB) Testing is offered and performed for all staff.</p>	<p>Tuberculosis testing must be offered to all staff onsite, and documented.</p>
<p><b>10)</b> For Residential Detoxification there is adequate staff on duty at all times with CPR certificate and current first aid training.</p>	<p>AOD 11040- During the provision of detoxification services, the minimum staffing or volunteer ratios and health-related requirements shall be as follows:</p> <ul style="list-style-type: none"> <li>• In a program with 15 or fewer clients who are receiving detoxification services, there shall be at least one staff member or volunteer on duty and awake at all times with a current cardiopulmonary resuscitation certificate and current first aid training.</li> <li>• In a program with more than 15 clients who are receiving detoxification services, there shall be at least two staff members or volunteers, per every 15 clients, on duty and awake at all times, one of whom shall have a current cardiopulmonary resuscitation certificate and current first aid training.</li> <li>• Clients shall not be used to fulfill the requirements of this section.</li> </ul>
<p><b>11)</b> Staff files maintained for required length of time.</p>	<p>Site must maintain staff files for 6 years.</p>
<p><b>B.</b> Counseling services are only provided by registered or certified individuals.</p>	<p>According to <b>AOD 8000 b.</b>, “Counseling services may only be provided by individuals registered or certified pursuant to California Code of Regulations, Title 9, Division 4, and Chapter 8 or by a licensed professional acting within their scope of practice.” 8 Hour class at hire should be done on <b>day one</b> (Reviewer to Obtain copies of licenses)</p>

## II. Personnel continued

RN/MD/LPHA Review only

Site Personnel Survey Criteria	Wt	Yes	No	NA	Score
<b>A. Professional health care personnel have current California Licenses and Certifications.</b> CA Business & Professional (B&P) Code §2050, §2585, §2725, §2746, §2834, §3500, §4110					
6. All providers and staff conducting ASAM assessments have completed the two e-Trainings.	1	6)___	6)___	6)___	
7. All employees have mandatory training on annual DMC-ODS requirements.	1	7)___	7)___	7)___	
8. All appropriate staff have received regular training on evidence based practices (EBP)	1	8)___	8)___	8)___	
9. Tuberculosis (TB) Testing is offered and performed onsite for all staff.	1	9)___	9)___	9)___	
10. There is adequate staff on duty at all times with CPR certificate and current first aid training.	1	10)___	10)___	10)___	
11. Staff files are maintained for the required length of time.	1	11)___	11)___	11)___	
<b>B. Counseling services are only provided by registered or certified individuals.</b>	1	1)___	1)___	1)___	
<b>Comments:</b> Write comments for all “No” (0 points) and “N/A” scores. 7 points possible this page 12 points possible this section.	<b>Total</b>				

Criteria	III. SABG Requirements Reviewer Guidelines
<b>A. Compliance with the following Minimum Quality Treatment Standards is required for all SUD treatment programs funded by Substance Abuse and Prevention Treatment Block Grant (SABG).</b>	
<p><b>1.</b> Personnel files are maintained on all employees, volunteers/interns and contain the following required documentation:</p>	<p>Personnel files must contain the following:</p> <ul style="list-style-type: none"> <li>a) Application for employment and/or resume;</li> <li>b) Signed employment confirmation statement/duty statement;</li> <li>c) Job description;</li> <li>d) Performance evaluations;</li> <li>e) Health records/status as required by program or Title 9;</li> <li>f) Other personnel actions (e.g. Commendations, disciplines, status change, employment incidents and/or injuries);</li> <li>g) Training documentation relative to substance use disorders and treatment;</li> <li>h) Current registration, certification, intern status, or licensure;</li> <li>i) Proof of continuing education required by licensing or certifying agency and program;</li> <li>j) Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying body’s code of conduct as well.</li> </ul>
<p><b>2.</b> Job descriptions are developed, revised as needed, and are approved by the program’s governing body.</p>	<p>The job descriptions shall include:</p> <ul style="list-style-type: none"> <li>a) Position title and classification;</li> <li>b) Duties and responsibilities;</li> <li>c) Lines of supervision;</li> <li>d) Education, training, work experience, and other qualifications for the position.</li> </ul>
<p><b>3.</b> Written code of conduct for employees, volunteers/interns is established; and addresses the required topics.</p>	<p>Written code of conduct addresses at least the following:</p> <ul style="list-style-type: none"> <li>a) Use of drugs and/or alcohol;</li> <li>b) Prohibition of social/business relationship with clients or their family members for personal gain;</li> <li>c) Prohibition of sexual contact with clients;</li> <li>d) Conflict of interest;</li> <li>e) Providing services beyond scope;</li> <li>f) Discrimination against clients or staff;</li> <li>g) Verbally, physically, or sexually harassing, threatening, or abusing clients, family members or other staff;</li> <li>h) Protection of client confidentiality;</li> <li>i) The element found in the code of conduct(s)for the certifying organization(s) the program’s counselors are certified under;</li> <li>j) Cooperation with compliant investigations.</li> </ul>

### III. SABG Requirements

 RN/MD/LPHA Review only

SABG Requirements Survey Criteria	Wt	Yes	No	NA	Score
<p><b>A. Compliance with the following Minimum Quality Treatment Standards is required for all SUD treatment programs funded by Substance Abuse and Prevention Treatment Block Grant (SABG).</b></p> <p><b>1. Personnel files maintained on all employees and volunteers/interns contain the following:</b></p> <ul style="list-style-type: none"> <li>a) Application for employment and/or resume</li> <li>b) Signed employment confirmation statement/duty statement</li> <li>c) Job description</li> <li>d) Performance evaluations</li> <li>e) Health records/status as required by program or Title 9</li> <li>f) Other personnel actions</li> <li>g) Training documentation relative to substance use disorders and treatment</li> <li>h) Current registration, certification, intern status, or licensure</li> <li>i) Proof of continuing education required by licensing or certifying agency and program</li> <li>j) Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying body's code of conduct as well.</li> </ul>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>1a) _____</p> <p>1b) _____</p> <p>1c) _____</p> <p>1d) _____</p> <p>1e) _____</p> <p>1f) _____</p> <p>1g) _____</p> <p>1h) _____</p> <p>1i) _____</p> <p>1j) _____</p>	<p>1a) _____</p> <p>1b) _____</p> <p>1c) _____</p> <p>1d) _____</p> <p>1e) _____</p> <p>1f) _____</p> <p>1g) _____</p> <p>1h) _____</p> <p>1i) _____</p> <p>1j) _____</p>	<p>1a) _____</p> <p>1b) _____</p> <p>1c) _____</p> <p>1d) _____</p> <p>1e) _____</p> <p>1f) _____</p> <p>1g) _____</p> <p>1h) _____</p> <p>1i) _____</p> <p>1j) _____</p>	
<p><b>2. Job descriptions shall be developed, revised as needed, approved by the program's governing body, and include:</b></p> <ul style="list-style-type: none"> <li>a) Position title and classification;</li> <li>b) Duties and responsibilities;</li> <li>c) Lines of supervision;</li> <li>d) Education, training, work experience, and other qualifications for the position.</li> </ul>	<p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>2a) _____</p> <p>2b) _____</p> <p>2c) _____</p> <p>2d) _____</p>	<p>2a) _____</p> <p>2b) _____</p> <p>2c) _____</p> <p>2d) _____</p>	<p>2a) _____</p> <p>2b) _____</p> <p>2c) _____</p> <p>2d) _____</p>	
<p><b>3. Written code of conduct for employees and volunteers/interns shall be established, which address at least the following:</b></p> <ul style="list-style-type: none"> <li>a) Use of drugs and/or alcohol;</li> <li>b) Prohibition of social/business relationship with clients or their family members for personal gain;</li> <li>c) Prohibition of sexual contact with clients;</li> <li>d) Conflict of interest;</li> <li>e) Providing services beyond scope;</li> <li>f) Discrimination against clients or staff;</li> <li>g) Verbally, physically, or sexually harassing, threatening, or abusing clients, family members or other staff;</li> <li>h) Protection of client confidentiality;</li> <li>i) The element found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under</li> <li>j) Cooperation with compliant investigations.</li> </ul>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>3a) _____</p> <p>3b) _____</p> <p>3c) _____</p> <p>3d) _____</p> <p>3e) _____</p> <p>3f) _____</p> <p>3g) _____</p> <p>3h) _____</p> <p>3i) _____</p> <p>3j) _____</p>	<p>3a) _____</p> <p>3b) _____</p> <p>3c) _____</p> <p>3d) _____</p> <p>3e) _____</p> <p>3f) _____</p> <p>3g) _____</p> <p>3h) _____</p> <p>3i) _____</p> <p>3j) _____</p>	<p>3a) _____</p> <p>3b) _____</p> <p>3c) _____</p> <p>3d) _____</p> <p>3e) _____</p> <p>3f) _____</p> <p>3g) _____</p> <p>3h) _____</p> <p>3i) _____</p> <p>3j) _____</p>	

24 points possible this page

Criteria	III. SABG Requirements Reviewer Guidelines
<p>4. Compliance with the following Minimum Quality Treatment Standards is required for all SUD treatment programs funded by Substance Abuse and Prevention Treatment Block Grant (SABG).</p>	<p>Personnel Files:                      If a program utilizes the services of volunteers and or interns, procedures shall be implemented which address:</p> <ul style="list-style-type: none"> <li>a) Recruitment;</li> <li>b) Screening;</li> <li>c) Selection;</li> <li>d) Training and orientation;</li> <li>e) Duties and assignments;</li> <li>f) Scope of practice;</li> <li>g) Supervision;</li> <li>h) Evaluation;</li> <li>i) Protection of client confidentiality.</li> </ul>
<p>5. Compliance with the following Minimum Quality Treatment Standards is required for all SUD treatment programs funded by Substance Abuse and Prevention Treatment Block Grant (SABG).</p>	<p>Written roles and responsibilities and a code of conduct for the following staff (if applicable) shall be clearly documented, signed, and dated by an authorized program representative and the medical director.</p> <ul style="list-style-type: none"> <li>a) All Staff</li> <li>b) Certified Staff</li> <li>c) Medical Director</li> <li>d) Volunteers/Interns</li> </ul>
<p>6. Staff will receive Cultural and Linguistic training. Annually</p>	<p>The program shall promote the delivery of services in a culturally competent manner to all clients, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity.                      (Notate the topic of trainings conducted, including if they are in-house, outside or PHC)</p>
<p>7. Proof that staff have received education on the Trafficking Victims Protection Act of 2000</p>	<p>Staff shall be trained on the Trafficking Victims Protection Act of 2000.                      Trafficking Victims Act: “Shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702”</p>
<p>8. All staff will sign confidentiality agreements and/or have proof of training annually.</p>	<p>All employee files shall contain either a new confidentiality agreement signed each year or proof of annual training.</p>

### III. SABG Requirements

 RN/MD/LPHA Review only

SABG Requirements Survey Criteria		Wt	Yes	No	NA	Score
<b>A. Compliance with the following Minimum Quality Treatment Standards is required for all SUD treatment programs either partially or fully funded by Substance Abuse and Prevention Treatment Block Grant (SABG).</b>						
4.	If a program utilizes the services of volunteers and or interns, procedures shall be implemented which address:					
	a) Recruitment;	1	4a) _____	4a) _____	4a) _____	
	b) Screening;	1	4b) _____	4b) _____	4b) _____	
	c) Selection;	1	4c) _____	4c) _____	4c) _____	
	d) Training and orientation;	1	4d) _____	4d) _____	4d) _____	
	e) Duties and assignments;	1	4e) _____	4e) _____	4e) _____	
	f) Scope of practice;	1	4f) _____	4f) _____	4f) _____	
	g) Supervision;	1	4g) _____	4g) _____	4g) _____	
	h) Evaluation;	1	4h) _____	4h) _____	4h) _____	
	i) Protection of client confidentiality.	1	4i) _____	4i) _____	4i) _____	
5.	Written roles and responsibilities and a code of conduct for the following staff (if applicable) shall be clearly documented, signed, and dated by an authorized program representative and the medical director.					
	a) All Staff	1	5a) _____	5a) _____	5a) _____	
	b) Certified Staff	1	5b) _____	5b) _____	5b) _____	
	c) Medical Director	1	5c) _____	5c) _____	5c) _____	
	d) Volunteers/Interns	1	5d) _____	5d) _____	5d) _____	
6.	Staff will receive Cultural and Linguistic training annually.	1	6) _____	6) _____	6) _____	
7.	Proof that staff have received education on the Trafficking Victims Protection Act of 2000	1	7) _____	7) _____	7) _____	
8.	All staff will sign confidentiality agreements, and/or have proof of training annually.	1	8) _____	8) _____	8) _____	
<b>Comments:</b> Write comments for all “No” (0 points) and “N/A” scores.						
16 points possible this page. 40 points possible this section.						
<b>Total</b>						

Criteria	IV. Office Management Reviewer Guidelines
<p><b>A.</b> Medical records are available for the Provider at each scheduled patient encounter.</p>	<p><b>A1.</b> The process/system established on site provides for the availability of medical records, including outpatient, inpatient, referral services, and significant telephone consultations for patient encounters.  <b>A2.</b> Medical records are filed that allows for ease of accessibility within the facility, or in an approved health record storage facility off the facility premises (22 CCR, § 75055).</p>
<p><b>B.</b> Medical record confidentiality is maintained according to State and Federal guidelines.</p>	<p><b>B1. Privacy:</b> Patients have the right to privacy for dressing/undressing, physical examination and medical consultation. Practices are in place to safeguard patient privacy. Because dressing areas and examination room configurations vary greatly, reviewers will make site-specific determinations.  <b>B2. Confidentiality:</b> Personnel follow site policy/procedures for maintaining confidentiality of individual patient information. Individual patient conditions or information is not discussed in front of other patients or visitors, displayed, or left unattended in reception and/or patient flow areas.  <b>B4. Electronic records:</b> Electronic record-keeping system procedures have been established to ensure patient confidentiality, prevent unauthorized access, authenticate electronic signatures, and maintain upkeep of computer systems. Security protection includes an off-site backup storage system, an image mechanism with the ability to copy documents, a mechanism to ensure that recorded input is unalterable, and file recovery procedures. Confidentiality protection may also include use of encryption, detailed user access controls, transaction logs, and blinded files.  <b>B3. Record release:</b> Medical records are not released without written, signed consent from the patient or patient’s representative, identifying the specific medical information to be released as well as an end date for the authorization. The release terms, such as to whom records are released and for what purposes, should also be described. This does not prevent release of statistical or summary data, or exchange of individual identifiable medical information between individuals or institutions providing care, fiscal intermediaries, research entities and State or local official agencies.  <b>B5. Record retention:</b> Hospitals, acute psychiatric hospitals, skilled nursing facilities, <i>primary care clinics</i>, psychology, psychiatric clinics, and SUD facilities must maintain medical records and exposed x-rays for a minimum of 10 years following patient discharge, except for minors (Title 22, CCR, and Section 75055). Records of minors must be maintained for at least one year after a minor has reached age 17, but in no event for less than 7 years (Title 22, CCR, and Section 75055). Each Plan must maintain all records and documentation (including medical records) necessary to verify information and reports required by statute, regulation or contractual obligation for 5 years from the end of the fiscal year in which the Plan contract expires or is terminated (Title 22, CCR, Section 53761).                      PER THE <b>INTERGOVERNMENTAL AGREEMENT:</b> DHCS AND CMS MAY AUDIT <b>10 YEARS</b> FROM THE DATE THE STATE PREPAID HEALTH INSURANCE PROGRAM (PHIP) INTERGOVERNMENTAL AGREEMENT EXPIRES, OR FROM THE DATE OF THE COMPLETION OF ANY AUDIT, WHICHEVER IS LATER.  <b>B6. Adequacy of Medical Record/treatment record keeping:</b> The reviewers must discuss office documentation practices with the practitioner or practitioner staff. This discussion must include the forms and methods used to keep the information in a consistent manner. It must also include how the practice insures the confidentiality of records. The reviewers must assess the record for orderliness of the record and documentation practices. To ensure member confidentiality the reviewer may review “blinded” medical/treatment records or a model instead of an actual record.</p>



## IV. Office Management

 RN/MD/LPHA Review only

Office Management Survey Criteria	Wt	Yes	No	NA	Score
<p><b>A. Medical records are available for the Provider at each scheduled patient encounter.</b> 22 CCR §75055; 27 CCR §1300.70</p> <p>1) Medical records are readily retrievable for scheduled patient encounters.</p> <p>2) Medical documents are filed in a timely manner to ensure availability for patient encounters.</p>	<p>1</p> <p>1</p>	<p>1)___</p> <p>2)___</p>	<p>1)___</p> <p>2)___</p>	<p>1)___</p> <p>2)___</p>	
<p><b>B. Confidentiality of personal medical information is protected according to State and federal guidelines.</b> 22 CCR §51009, §53761, §75055; §27 CCR §1300.70; CA Civil Code §56.10 (Confidentiality of Medical Information Act) 42CFR</p> <p>1) Substance Use Disorder consult and therapy rooms safeguard patients’ right to privacy.</p> <p>2) Procedures are followed to maintain the confidentiality of personal patient information.</p> <p>3) Medical record release procedures are compliant with State and federal guidelines.</p> <p>4) Storage and transmittal of medical records preserves confidentiality and security.</p> <p>5) All patient's health service records must be retained for a minimum of ten (10) years from the patient's discharge date or seven years after a minor patient reaches the age of eighteen.</p> <p>6) Site has a system in place to ensure medical records are maintained in a consistent manner.</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>1)___</p> <p>2)___</p> <p>3)___</p> <p>4)___</p> <p>5)___</p> <p>6)___</p>	<p>1)___</p> <p>2)___</p> <p>3)___</p> <p>4)___</p> <p>5)___</p> <p>6)___</p>	<p>1)___</p> <p>2)___</p> <p>3)___</p> <p>4)___</p> <p>5)___</p> <p>6)___</p>	

This page = 8pts

Criteria	IV. Office Management Reviewer Guidelines (Continued)
<p>C. All program policies and procedures shall be contained in a manual that is located at each certified site and that shall be available to staff and volunteers.</p>	<p><b>AOD 12010</b> Program Policies                      All program policies and procedures shall be contained in a manual that is located at each certified site and that shall be available to staff and volunteers.                      The policies and procedures shall contain, but not be limited to, the following:</p> <ol style="list-style-type: none"> <li>1. Program mission and philosophy statement(s).</li> <li>2. Program description, objectives, and evaluation plan</li> <li>3. Admission and readmission; including client assignment to counselor and contact information</li> <li>4. Intake, discharge, and Recovery Services</li> <li>5. Individual and group sessions;</li> <li>6. Alumni involvement and use of volunteers</li> <li>7. Recreational activities;</li> <li>8. Detoxification services, if applicable;</li> <li>9. Program administration and personnel practices</li> <li>10. Client grievances/complaints</li> <li>11. Fiscal practices and budget mechanisms</li> <li>12. Continuous quality improvement;</li> <li>13. Client rights</li> <li>14. Medical Policies</li> <li>15. Nondiscrimination in provision of employment and services;</li> <li>16. Community relations;</li> <li>17. Confidentiality;</li> <li>18. Maintenance of program in a clean, safe and sanitary physical environment;</li> <li>19. Maintenance and disposal of client files;</li> <li>20. Drug screening;</li> <li>21. Staff code of conduct as specified in section 13020 of these Standards;</li> <li>22. Client code of conduct</li> <li>23. Care Coordination/Case Management</li> </ol> <p><b>CCR Title 9, Division 4</b> NTP/OTP Policies</p> <ol style="list-style-type: none"> <li>24. All NTP/OTP medical policies shall conform to CCR, Title 9, and Division 4 with regard to medication practices.</li> </ol>

## IV. Office Management

 RN/MD/LPHA Review only

Office Management Survey Criteria	Wt	Yes	No	NA	Score
<b>C. All program policies and procedures shall be contained in a manual that is located at each certified site and that shall be available to staff and volunteers. The policies and procedures shall contain, but not be limited to, the following:</b>					
1) Program Mission and Philosophy Statement	1	1)___	1)___	1)___	
2) Program Description, objectives, and evaluation plan.	1	2)___	2)___	2)___	
3) Admission and Re-admission	1	3)___	3)___	3)___	
4) Intake, Discharge, and Recovery Services	1	4)___	4)___	4)___	
5) Individual and Group Sessions	1	5)___	5)___	5)___	
6) Alumni involvement and Use of volunteers	1	6)___	6)___	6)___	
7) Recreational activities	1	7)___	7)___	7)___	
8) Detoxification Services (if applicable)	1	8)___	8)___	8)___	
9) Program administration and personnel practices	1	9)___	9)___	9)___	
10) Client grievances/complaints	1	10)___	10)___	10)___	
11) Evidence of fiscal practices and budget mechanisms	1	11)___	11)___	11)___	
12) Continuous quality improvement	1	12)___	12)___	12)___	
13) Client rights	1	13)___	13)___	13)___	
14) Medical policies	1	14)___	14)___	14)___	
15) Nondiscrimination in provision of employment and services;	1	15)___	15)___	15)___	
16) Community Relations	1	16)___	16)___	16)___	
17) Confidentiality	1	17)___	17)___	17)___	
18) Maintenance of program in a clean, safe, and sanitary physical environment;	1	18)___	18)___	18)___	
19) Maintenance and disposal of client files	1	19)___	19)___	19)___	
20) Drug screening	1	20)___	20)___	20)___	
21) Staff code of conduct as specified in section 13020 of these Standards	1	21)___	21)___	21)___	
22) Client code of conduct	1	22)___	22)___	22)___	
23) Care Coordination/Case Management	1	23)___	23)___	23)___	
24) All NTP/OTP medical policies shall conform to CCR, Title 9, Division 4, Chapter 4 with regard to medication practices	1	24)___	24)___	24)___	

This page = 24pts

Criteria	IV. Office Management Reviewer Guidelines (Continued)
<p><b>D.</b> There is 24-hour access to interpreter services for non-or limited-English proficient (LEP) members.</p>	<p><b>D1.</b> All sites must provide 24-hour interpreter services for all members either through telephone language services or interpreters on site. Site personnel used as interpreters have been assessed for their medical interpretation performance skills/capabilities.  <u>Note:</u> <a href="https://lep.gov/commonly-asked-questions">https://lep.gov/commonly-asked-questions</a></p> <p><b>D2.</b></p> <ul style="list-style-type: none"> <li>• If bilingual staff are asked to interpret or translate, they should be qualified to do so. Assessment of ability, training on interpreter ethics and standards, and clear policies that delineate appropriate use of bilingual staff, staff or contract interpreters and translators, will help ensure quality and effective use of resources.</li> <li>• Those utilizing the services of interpreters and translators should request information about certification, assessments taken, qualifications, experience, and training. Quality of interpretation should be a focus of concern for all recipients.</li> <li>• Family or friends should not be used as interpreters, unless specifically requested by the member.</li> <li>• ACA 2010 § 1557: prohibits from using low-quality video remote interpreting services or relying on unqualified staff, translators when providing language assistance services.</li> <li>• A request for or refusal of language/interpreter services must be documented in the member’s medical record.</li> </ul>
<p><b>E.</b> Copies of the following shall be provided to the beneficiary or posted in a prominent place accessible to all beneficiaries.</p>	<p>Copies of the following should be available to beneficiaries:</p> <ol style="list-style-type: none"> <li>1) Statement of nondiscrimination,</li> <li>2) PHC grievance phone number and packet,</li> <li>3) Appeal process for involuntary discharge,</li> <li>4) Program rules and expectations</li> </ol>
<p><b>F.</b> Group sign in sheets include the printed names, signatures, dates, start and end times and topic of discussion.</p>	<p>Sign in sheets MUST include all of these components:</p> <ol style="list-style-type: none"> <li>1) Printed name and signature of the client</li> <li>2) Printed name, title and signature of the counselor</li> <li>3) Date of session</li> <li>4) Start and end times</li> <li>5) Topic</li> </ol>
<p><b>G.</b> Counseling Groups consist of between 2 and 12 clients.</p>	<p>The Counseling Group must consist of between 2 and 12 clients per Title 22:  “(B) For day care habilitative services, group counseling shall be conducted with no less than two and no more than twelve clients at the same time, only one of whom needs to be a Medi-Cal beneficiary.”</p>

## IV. Office Management

RN/MD/LPHA Review only

Office Management Survey Criteria	Wt	Yes	No	NA	Score
<p><b>D. There is 24-hour access to interpreter services for non- or limited-English proficient (LEP) members.</b> 22 CCR §53751; 27 CCR 1300.67.04</p> <p>1) Interpreter services are made available in identified threshold languages specified for location of site.</p> <p>2) Persons providing language interpreter services, including sign language on site, are trained in medical interpretation.</p>	1  1	1)____  2)____	1)____  2)____	1)____  2)____	
<p><b>E. Copies of the following shall be provided to the beneficiary or posted in a prominent place accessible to all beneficiaries.</b></p> <p>1) A statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability to pay</p> <p>2) Complaint process and grievance procedures</p> <p>3) Appeal process for involuntary discharge</p> <p>4) Program rules and expectations</p>	1  1  1  1	1)____  2)____  3)____  4)____	1)____  2)____  3)____  4)____	1)____  2)____  3)____  4)____	
<p><b>F. Group sign in sheets include required elements below:</b></p> <p>1) Printed name and signature of the client</p> <p>2) Printed name, title and signature of the counselor</p> <p>3) Date of session</p> <p>4) Start and end times</p> <p>5) Topic</p>	1  1  1  1  1	1)____  2)____  3)____  4)____  5)____	1)____  2)____  3)____  4)____  5)____	1)____  2)____  3)____  4)____  5)____	
<p><b>G. Counseling Groups consist of between 2 and 12 clients.</b></p>	1	1)____	1)____	1)____	
<p>This page = 12pts</p> <p><b>Comments:</b> Write comments for all “No” (0 points) and “N/A” scores.</p> <p style="text-align: right;">Total</p>					

44 points possible

<b>Criteria</b>	<b>V. Perinatal Services Reviewer Guidelines</b>
<p><b>A.</b> Relevant services offered to perinatal patients.</p>	<p>Per Title 22 (page 11-12 Documentation, Modalities, and Services) these services must be offered to perinatal patients under DMC-ODS services. Relevant services include:</p> <ol style="list-style-type: none"> <li>1) Mother/child rehabilitative services.</li> <li>2) Education provided on the harmful effects of drug and alcohol on the mother and fetus or infant.</li> <li>3) Evidence of coordination of ancillary services in the case management note.</li> </ol>
<p><b>B.</b> Daycare facilities are available to Outpatient Perinatal Patients.</p>	<p>In a perinatal program, daycare is a service that needs to be available for clients while receiving treatment.</p>
<p><b>C.</b> Perinatal/Pediatric Patient Care</p>	<p>Immunizations, pediatric care, transportation to appointments, monitored and documented while mother is in treatment if baby is with her.</p>

## V. Perinatal Services

 RN/MD/LPHA Review only

Perinatal Services Survey Criteria	Wt	Yes	No	NA	Score
<b>A.</b> Relevant services offered to perinatal patients. Per Title 22 (page 11-12 Documentation, Modalities, and Services) these services must be offered to perinatal patients under DMC-ODS services. Relevant services include: <ul style="list-style-type: none"> <li>1) Mother/child rehabilitative services.</li> <li>2) Education provided on the harmful effects of drug and alcohol on the mother and fetus or infant.</li> <li>3) Evidence of coordination of ancillary services in the case management note.</li> </ul>	1  1  1	1)____  2)____  3)____	1)____  2)____  3)____	1)____  2)____  3)____	
<b>B.</b> Daycare facilities are available to Outpatient Perinatal Patients.	1	1)____	1)____	1)____	
<b>C.</b> Perinatal/Pediatric Patient Care	1	1)____	1)____	1)____	
This page = 5pts <b>Comments:</b> Write comments for all “No” (0 points) and “N/A” scores.	Total				

5 points possible

Criteria	VI. Pharmaceutical/Laboratory: Pharmaceutical/Laboratory Services Reviewer Guidelines
<p><b>A.</b> Drugs and medication supplies are maintained secured to prevent unauthorized access.</p>	<p><b>Deficiencies:</b> All deficiencies related to Pharmaceutical Services (e.g. medication maintenance, storage, safety, distribution, etc.) must be addressed in a corrective action plan.</p> <p><b>IV.A.1) Drugs are stored in specifically designated cupboards, cabinets, closets, or drawers.</b>  <b>Security:</b></p> <ul style="list-style-type: none"> <li>• All drugs for dispensing are stored in an area that is secured at all times (CA B&amp;P Code, §4172). The Medical Board defines “area that is secure” to mean a locked storage area within a physician’s office.</li> <li>• Keys to locked storage area are available only to staff authorized by the physician to have access (16 CCR, Chapter 2, Division 13, Section 1356.3)</li> <li>• The Medical Board of California interprets “all drugs” to also include both sample and over-the-counter drugs (22 CCR §75032 and §75033)</li> </ul> <p><b>IV.A.2) Controlled substances</b>  Controlled substances are stored separately from other drugs in a securely locked, substantially constructed cabinet (Control Substances Act, CFR 1301.75). Control substances include all Schedule I, II, III, IV, and V substances listed in the CA Health and Safety Code, Sections 11053-11057, and do not need to be double locked. Personnel with authorized access to controlled substances include physicians, dentists, podiatrists, physician’s assistants, licensed nurses, and pharmacists.</p> <p><b>IV.A.3)</b> Written records are maintained including all medications (inclusive of controlled substances) and include inventory list(s) that have: provider’s name, name of medication, original quantity of drug, dose, date, name of patient receiving drug, name of authorized person dispensing drug, and number of remaining doses.</p> <p><b>Note:</b> During business hours, the drawer, cabinet, or room containing drugs, medication supplies, or hazardous substances may remain unlocked <i>only</i> if there is no access to area by unauthorized persons. Whenever drugs, medication supplies, or hazardous substances are unlocked, authorized clinic personnel must remain in the immediate area <i>at all times</i>. At all other times, drugs, medication supplies and hazardous substances must be securely locked. Controlled substances are locked at all times.</p> <p><b>IV.A.4</b> There must not be any expired medications on site.  <b>IV.A.5</b> Site has a procedure to check expiration date and a method to dispose of expired medications.  <b>IV.A.6</b> Site has a procedure to check expiration date and a method to dispose of expired lab test supplies.  <b>IV.A.7</b> For MAT Treatment Only: Where medications are a part of the beneficiary’s treatment, provider practices conform to medical policies with regard to different dosing levels, administration and take home practices.</p>



## VI. Pharmaceutical/Laboratory

 RN/MD Review only

Pharmaceutical/Laboratory Services Survey Criteria	Wt	Yes	No	NA	Score
<b>A. Drugs and medication supplies are maintained securely to prevent unauthorized access.</b> CA B&P Code §4051.3, §4071, §4172; 22 CCR §75037(a-g), §75039; 21 CFR §1301.75, §1301.76, §1302.22					
1) Drugs are stored in specifically designated cupboards, cabinets, closets, or drawers.	1	1)___	1)___	1)___	
2) Controlled drugs are stored in a locked space accessible only to authorized personnel.	1	2)___	2)___	2)___	
3) A dose-by-dose medication log is maintained.	1	3)___	3)___	3)___	
4) There are no expired medications on site.	1	4)___	4)___	4)___	
5) Site has a procedure to check expiration date and a method to dispose of expired medications.	1	5)___	5)___	5)___	
6) Site has a procedure to check expiration date and a method to dispose of expired lab test supplies.	1	6)___	6)___	6)___	
7) For MAT Treatment Only: Where medications are a part of the beneficiary’s treatment, provider practices conform to medical policies with regard to different dosing levels, administration and take home practices.	1	7)___	7)___	7)___	
<b>Comments:</b> Write comments for all “No” (0 points) and “N/A” scores.					
<b>Total</b>					

7 points possible

Reviewer Comments:

If more than one Reviewer, both must sign here.

Reviewer Signature: _____	Reviewer Signature: _____
Reviewer Name: _____	Reviewer Name: _____
Reviewer Title: _____	Reviewer Title: _____