

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: <input type="checkbox"/> CADC I/II/III <input type="checkbox"/> LAADC <input type="checkbox"/> SUDCC <input type="checkbox"/> LCSW <input type="checkbox"/> LMFT <input type="checkbox"/> ASW <input type="checkbox"/> MFTI <input type="checkbox"/> RADT <input type="checkbox"/> RADTII <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> 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) Residential <input type="checkbox"/> Perinatal Outpatient (1) <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"/> Intensive Outpatient (2.1) Perinatal Residential <input type="checkbox"/> Intensive Perinatal Outpatient (2.1) <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"/> Youth/Adolescent <input type="checkbox"/> OTP/NTP <input type="checkbox"/> Withdrawl 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 ten 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. _____ / _____ = _____ X100= _____ % Pts. Total/ Decimal Comp. given Adj. Score Rate	
I. Access/Safety	16						
II. Office Management	5						
III. Policy/Procedures	20						
IV. Program Policy Book	27						
V. Intake Packet	9						
VI. Interpreter Services	6						
VII. Staff Requirements	30						
VIII. Detox Facility	7						
IX. Perinatal Services	19						
X. Pharmaceutical /Laboratory	8						
XI. Telehealth	2						
XII. Peer Support	4						
XIII. Adolescent	6						
	159						
	Total Pts. Poss.	Total Yes Pts.	Total No Pts.	Total N/A Pts.		Note: Any deficiency requires a CAP for the entire FSR, regardless of the total FSR score. _____ Exempted Pass _____ Conditional Pass _____ Not Pass _____ CAP Required _____ Other Follow-Up Next Review Due:	

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

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: 100%, 2) Conditional Pass: 80-99%, 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 ten (10) 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>Step 1: Add the points given in each section.</p>	<p>Step 2: Add points given for all thirteen (13) sections.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">(16) Access/Safety</td> <td style="width: 50%;">(7) Detox Facility</td> </tr> <tr> <td>(5) Office Management</td> <td>(19) Perinatal Services</td> </tr> <tr> <td>(20) Policy/Procedures</td> <td>(8) Pharmaceutical/Laboratory</td> </tr> <tr> <td>(27) Program Policy Booklet</td> <td>(2) Telehealth</td> </tr> <tr> <td>(9) Intake Packet</td> <td>(4) Peer Support</td> </tr> <tr> <td>(6) Interpreter Services</td> <td>(6) Adolescent</td> </tr> <tr> <td>(30) Staff Requirements</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">159 Points</td> </tr> </table>	(16) Access/Safety	(7) Detox Facility	(5) Office Management	(19) Perinatal Services	(20) Policy/Procedures	(8) Pharmaceutical/Laboratory	(27) Program Policy Booklet	(2) Telehealth	(9) Intake Packet	(4) Peer Support	(6) Interpreter Services	(6) Adolescent	(30) Staff Requirements		159 Points	
(16) Access/Safety	(7) Detox Facility																
(5) Office Management	(19) Perinatal Services																
(20) Policy/Procedures	(8) Pharmaceutical/Laboratory																
(27) Program Policy Booklet	(2) Telehealth																
(9) Intake Packet	(4) Peer Support																
(6) Interpreter Services	(6) Adolescent																
(30) Staff Requirements																	
159 Points																	
<p>Step 3: Subtract "N/A" points from 159 total points possible.</p> <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="text-align: right;">159 (Total points possible)</td> </tr> <tr> <td style="text-align: right;">- 6 (N/A points)</td> </tr> <tr> <td style="text-align: right; border-top: 1px solid black;">153("Adjusted" total points possible)</td> </tr> </table>	159 (Total points possible)	- 6 (N/A points)	153("Adjusted" total points possible)	<p>Step 4: Divide total points given by 159 or by the “adjusted” points, then multiply by 100 to calculate percentage rate.</p> <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="text-align: center;">Points Given</td> <td style="width: 20px;"></td> <td style="text-align: center;">146</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center; border-top: 1px solid black;">159 or "adjusted" total</td> <td style="text-align: center;">or</td> <td style="text-align: center; border-top: 1px solid black;">159</td> <td style="text-align: center;">=0.91823</td> <td style="text-align: center;">=91%</td> </tr> </table>	Points Given		146			159 or "adjusted" total	or	159	=0.91823	=91%			
159 (Total points possible)																	
- 6 (N/A points)																	
153("Adjusted" total points possible)																	
Points Given		146															
159 or "adjusted" total	or	159	=0.91823	=91%													

I. Access/Safety

RN/MD/LPHA Review only

Site Access/Safety Survey Criteria	Yes	No	N/A	wt
A. Site is accessible and useable by individuals with physical disabilities.				
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
2. If the site it NOT accessible, are reasonable alternatives available?				1
B. Site environment is maintained in a clean and sanitary condition.				
8 CCR §5193; 28 CCR §1300.80				
1. All patient areas including floor/carpet, walls, and furniture are neat, clean and well maintained.				1
2. Restrooms are clean and contain appropriate sanitary supplies.				1
3. The program is maintained in a clean, safe, sanitary, and alcohol/drug-free environment.				1
4. The program is free from all the following (AOD 20000) <ul style="list-style-type: none"> a. Broken Glass, filth, litter or debris b. Flies, insects, or other vermin c. Toxic Chemicals or noxious fumes and odors d. Exposed electrical wiring e. Other health or safety hazards 				1
5. Program equipment and supplies shall be stored in an appropriate space and shall not be stored in a space designated for other activities				1
6. The program shall safely dispose if contaminated water and chemicals used for cleaning purposes				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 8 points possible on this page.				

Comments:

I. Access/Safety

RN/MD/LPHA Review only

Site Access/Safety Survey Criteria (Continued)	Yes	No	N/A	wt
C. Site environment is safe for all patients, visitors and personnel.				
8 CCR §3220; 22 CCR §53230; 24 CCR, §2, §3, §9; 28 CCR §1300.80; 29 CFR §1910.301, §1926.34				
There is evidence that staff has received safety training and/or has safety information available in the following:				
1. Fire safety and prevention				1
2. Emergency non-medical procedures (e.g. site evacuation, workplace violence)				1
3. Lighting is adequate in all areas to ensure safety.				1
4. Exit doors and aisles are unobstructed and egress (escape) accessible.				1
5. Exit doors are clearly marked with "Exit" signs.				1
6. Clearly diagramed "Evacuation Routes" for emergencies are posted in a visible location				1
7. Electrical cords and outlets are in good working condition.				1
8. At least one type of firefighting/protection equipment is accessible at all times.				1
Total				
Note: Write comments for all "No" (0 points) and "N/A" scores. 8 points possible on this page. 16 points possible in this section.				

Comments:

II. Office Management

RN/MD/LPHA Review only

Office Management Survey Criteria	Yes	No	N/A	wt
A. Confidentiality of personal medical information is protected according to State and federal guidelines.				
22 CCR §51009, §53761, §75055; §27 CCR §1300.70; CA Civil Code §56.10 (Confidentiality of Medical Information Act) 42CFR				
1. Substance Use Disorder consult and therapy rooms safeguard patients' right to privacy.				1
2. Procedures are followed to maintain the confidentiality of personal patient information.				1
3. Medical record release procedures are compliant with State and federal guidelines.				1
4. Copies of the following shall be posted in a prominent place accessible to all beneficiaries: a. Statement of non-Discrimination b. PHC grievance policy and phone number c. Appeal process for involuntary discharge d. Program rules and expectations				1
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.				1
Total				
Note: Write comments for all "No" (0 points) and "N/A" scores. 5 points possible on this section.				

Comments:

III. Policy/Procedure

RN/MD/LPHA Review only

Site Specific Policy/Procedure Survey Criteria	Yes	No	N/A	wt
A. Site has a policy/procedure that addresses each of the following:				
(each policy in this section should be obtained for evidence)				
1. Obtaining appropriate documentation of admission and readmission criteria				1
2. Determining appropriate Medical Necessity				1
3. Proof of MediCal eligibility as payment				1
4. Completing ASAM, how is criteria used to determine medical necessity				1
5. Completion of all appropriate and required documentation during intake				1
6. Completion of initial Problem list and/or Treatment plan				1
7. Notification to clients of their right to services from an alternative service provider if they object to the religious character of the program				1
8. Does the program adhere to priority administration requirements and provides interim services when required				1
9. Maintaining confidentiality				1
10. Missed appointments				1
11. Progress note requirements				1
12. Process for self-administered medications				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 12 points possible on this page.				

Comments:

III. Policy/Procedure

RN/MD/LPHA Review only

Site Specific Policy/Procedure Survey Criteria (Continued)	Yes	No	N/A	wt
A. Site has a policy/procedure that addresses each of the following:				
(each policy in this section should be obtained for evidence)				
13. Case management/care coordination referrals for education, vocation, counseling, job referral, legal, medical, and dental, social and recreational				1
14. Clients to obtain or have access to MAT				1
15. Fraud, Waste and Abuse				1
16. Medical record release procedures are compliant with State and federal guidelines				1
17. 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				1
18. Serving Co-Occurring clients.				1
19. Program policy on group counseling- List EBPs used: _____, _____,				1
20. Providers will implement and deliver to fidelity at least two of the following Evidence Based Practices				1
Total				
Note: Write comments for all "No" (0 points) and "N/A" scores. 8 points possible on this page. 20 points possible in this section.				

Comments:

IV. Program Policy Booklet

RN/MD/LPHA Review only

Program Policy Booklet Survey Criteria	Yes	No	N/A	wt
A. Site has a program policy booklet that is available to all employees and volunteers that includes the following, but not limited to:				
(A copy of this booklet should be obtained, location should be noted AOD 12010 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)				
1. Program Mission and Philosophy Statement				1
2. Program Description, objectives, and evaluation plan.				1
3. Admission and Re-admission; including client assignment to counselor and contact information				1
4. Intake Services				1
5. Discharge Services				1
6. Recovery Services				1
7. Individual and Group Sessions				1
8. Alumni involvement and use of volunteers				1
9. Recreational activities				1
10. Detoxification Services (if applicable)				1
11. Program administration and personnel practices				1
12. Client grievances/complaints				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 12 points possible on this page.				

Comments:

IV. Program Policy Booklet

RN/MD/LPHA Review only

Program Policy Booklet Survey Criteria (Continued)	Yes	No	N/A	wt
A. Site has a program policy booklet that is available to all employees and volunteers that includes the following, but not limited to:				
(A copy of this booklet should be obtained, location should be noted)				
13. Fiscal practices and budget mechanisms				1
14. Continuous quality improvement				1
15. Client rights				1
16. Medical policies				1
17. Nondiscrimination in provision of employment and services				1
18. Community Relations				1
19. Confidentiality				1
20. Maintenance of program in a clean, safe, and sanitary physical environment				1
21. Maintenance and disposal of client files				1
22. Drug screening				1
23. Staff code of conduct as specified in section 13020 of these Standards				1
24. Client code of conduct				1
25. Care Coordination/Case Management				1
26. Continuing Services				1
27. Cultural Competency Program around CLAS standards (inclusive of all 15 standards)				1
Total				
Note: Write comments for all "No" (0 points) and "N/A" scores. 15 points possible on this page. 27 points possible in this section.				

Comments:

V. Intake Packet

RN/MD/LPHA Review only

Intake Packet Survey Criteria	Yes	No	N/A	wt
A. At a minimum, the following shall be included during the intake process IV. OM E1-E4 (A-D). These formally stated copies of the following shall be provided to the beneficiary or posted in a prominent place accessible to all beneficiaries.				
(A copy of this packet should be obtained, if posted photo should be taken)				
1. A statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability				1
2. Complaint process and grievance procedures				1
3. Appeal process for involuntary discharge				1
4. Program rules and expectations				1
5. Client rights and responsibilities				1
6. Consent to release information				1
7. HIPAA notification				1
8. Consent to treat				1
9. Admission agreement				1
Total				
Note: Write comments for all "No" (0 points) and "N/A" scores. 9 points possible in this section.				

Comments:

VI. Interpreter Services

RN/MD/LPHA Review only

Interpreter Services Survey Criteria	Yes	No	N/A	wt
A. Interpreter services				
(A copy of policy should be obtained)				
1. 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.				1
2. 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.				1
3. 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.				1
4. Family or friends should not be used as interpreters, unless specifically requested by the member.				1
5. ACA 2010 § 1557: prohibits from using low-quality video remote interpreting services or relying on unqualified staff, translators when providing language assistance services.				1
6. A request for or refusal of language/interpreter services must be documented in the member's medical record.				1
Total				
Note: Write comments for all "No" (0 points) and "N/A" scores. 6 points possible in this section.				

Comments:

VII. Staff Requirements

RN/MD/LPHA Review only

Staff Requirements Survey Criteria	Yes	No	N/A	wt
A. Personnel files maintained on all employees, LPHA, Medical Director and volunteers/interns contain the following: CA Business & Professional (B&P) Code §2050, §2585, §2725, §2746, §2834, §3500, §4110				
(Obtain a complete copy of all documents)				
1. Application for employment and/or resume				1
2. Signed employment confirmation statement/duty statement				1
3. Job description includes all of the following: Position title and classification; Duties and responsibilities; Lines of supervision; Education, training, work experience, and other qualifications for the position.				1
4. Performance evaluations				1
5. Health records/status as required by program or Title 9				1
6. Other personnel actions				1
7. Training documentation relative to substance use disorders and treatment				1
8. Current registration, certification, intern status, or licensure				1
9. Proof of continuing education required by licensing or certifying agency and program				1
10. Program Code of Conduct and for registered, certified, and licensed staff				1
11. Signed annual confidentiality agreement (if not available, a yearly training can meet this requirement)				1
12. For registered and certified counselors, a copy of registration or certification				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 12 points possible on this page.				

Comments:

VII. Staff Requirements

RN/MD/LPHA Review only

Staff Requirements Survey Criteria (Continued)	Yes	No	N/A	wt
B. Program/Facility has a written plan for training staff that is updated annually				
(Proof of training should be readily available)				
1. The program/facility has a written plan for training staff that is updated annually				1
2. All providers and staff conducting, reviewing, using ASAM assessments have completed the two e-Trainings.				1
3. All employees have mandatory training on annual DMC-ODS requirements				1
4. All appropriate staff have received regular training on evidence based practices (EBP)				1
5. Staff are trained in the CalOMS treatment data collection and reporting methods				1
6. Staff are trained in the DATAR reporting methods				1
7. Cultural and Linguistic training annually				1
8. Title 22 training				1
9. Education on the Trafficking Victims Protection Act of 2000				1
10. Annual confidentiality training				1
11. ONLY MEDICAL DIRECTOR minimum of five hours of continuing medical education related to addiction medicine each year for medical director				1
12. ONLY LPHA minimum of five hours of continuing medical education related to addiction medicine each year for LPHA				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 12 points possible on this page.				

Comments:

VII. Staff Requirements

RN/MD/LPHA Review only

Staff Requirements Survey Criteria (Continued)	Yes	No	N/A	wt
B. Program/Facility has a written plan for training staff that is updated annually				
(Proof of training should be readily available)				
13. Tuberculosis (TB) Testing is offered and performed onsite for all staff who have contact with food preparation and/or any clients.				1
14. A code of conduct for the Medical Director shall be clearly documented, signed and dated by a provider representative and the physician.				1
C. Professional health care personnel have current California Licenses and Certifications.				
CA Business & Professional (B&P) Code §2050, §2585, §2725, §2746, §2834, §3500, §4110				
1. All staff have received appropriate credentialing				1
2. At least 30% of staff providing counseling are licensed or certified as Drug & Alcohol Counselors.				1
3. Staff files are maintained for the required length of time. (6 years current)				1
4. NTP/OTP program only Facility must provide policy showing conforming to CCR, Title 9, and Division 4 with regard to medication practices				1
Total				
Note: Write comments for all "No" (0 points) and "N/A" scores. 6 points possible on this page. 30 points possible in this section.				

Comments:

VIII. Detox

RN/MD/LPHA Review only

Detox Survey Criteria	Yes	No	N/A	wt
A. During the provision of detoxification services, the minimum staffing or volunteer ratios and health-related requirements shall be as follows:				
(Clients shall not be used to fulfill the requirements of this section.)				
1. 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.				1
2. 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.				1
B. A full ASAM Criteria assessment shall not be required as a condition of admission to a facility providing Withdrawal Management. To facilitate an appropriate care transition, a full ASAM assessment, brief screening, or other tool to support referral to additional services is appropriate.				1
C. Evidence of personnel training shall be implemented and maintained by the licensee pursuant to CCR, Title 9, Section 10564(k).				
1. Evidence of eight (8) hours of training annually that covers the needs of residents who receive Withdrawal Management services in personnel files.				1
2. Evidence of repeated orientation training within 14-days for returning staff following a 180 continuous day break in employment personnel files.				1
3. Evidence of six (6) hours of orientation training for all personnel providing WM services, monitoring and supervising the provision of Withdrawal Management services				1
4. Naloxone training policy and completion of naloxone training				1
Total				
Note: Write comments for all "No" (0 points) and "N/A" scores. 7 points possible in this section.				

Comments:

IX. Perinatal Services

RN/MD/LPHA Review only

Perinatal Services Survey Criteria	Yes	No	N/A	wt
A. These standards apply to programs who provide SUD treatment to pregnant and parenting women, which includes: Pregnant women;				
1. The Program publicizes that pregnant women are given preference in admission to recovery and treatment programs and encourage women in need of treatment services to access them				1
2. Does the Program adhere to priority admission requirements as follows: a. Pregnant injecting drug users b. Pregnant substance abusers c. Injecting drug users d. All Others				1
3. The program shall admit IV drug users within 14 days of request or provide interim services and admit within 120 days				1
B. The Program shall have in place policies, procedures, and practices to support the provision Interim services within their program(s)				
1. Pregnant women receiving interim services shall be placed at the top of the waiting list for program admission				1
2. The Program shall make interim services available, either on-site or by referral, within 48 hours for those individuals who are in need of treatment and who cannot be admitted within 14 days of their request for				1
3. The Program shall have an established waiting list that includes a unique patient identifier for injecting drug users seeking treatment, including patients receiving interim services while awaiting admission				1
4. The Program shall maintain contact with individuals awaiting treatment admission				1
5. The Program shall ensure that Injection drug-using women must be admitted within 14 days after request or within 120 days if interim services are provided				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 8 points possible on this page.				

Comments:

IX. Perinatal Services

RN/MD/LPHA Review only

Perinatal Services Survey Criteria (Continued)	Yes	No	N/A	wt
C. The Program shall:				
1. The Program shall make referrals based on individual assessments, such as 12 step groups, housing support, food and legal aid, case management, children's services, medical service and social services				1
2. The Program shall ensure that child care is provided on-site for participants' children between birth and 36 months while the mothers are participating in the program.				1
3. Program has a policy that addresses therapeutic intervention for children of the women receiving SUD treatment services to address the child's: Developmental needs, Sexual Abuse, physical abuse and neglect.				1
4. Program shall ensure Perinatal /Pediatric Patient Care is available				1
5. Program shall provide or arrange for sufficient case management				1
6. Program shall provide or arrange for primary medical care for women in treatment				1
7. Program shall provide or arrange for primary pediatric care				1
8. Program shall provide or arrange for transportation				1
9. Program shall maintain a vehicle log				1
10. Program shall provide or arrange therapeutic interventions for children				1
11. Program shall program or arrange for required services				1
Total				

Note: Write comments for all "No" (0 points) and "N/A" scores. 11 points possible in this page. 19 points possible in this section.

Comments:

X. Pharmaceutical/Laboratory

RN/MD/LPHA Review only

Pharmaceutical/Laboratory Services Survey Criteria	Yes	No	N/A	wt
A. Drugs and medication supplies are maintained securely to prevent unauthorized access.				
CA B&P Code §4051.3, §4071, §4172; 22 CCR §75037(a-g), §75039; 21 CFR §1301.75, §1301.76, §1302.22 Deficiencies: All deficiencies related to Pharmaceutical Services (e.g. medication maintenance, storage, safety, distribution, etc.) must be addressed in a corrective action plan.				
1. Drugs are stored in specifically designated cupboards, cabinets, closets, or drawers.				1
2. Controlled drugs are stored in a locked space accessible only to authorized personnel.				1
3. A dose-by-dose medication log is maintained.				1
4. There are no expired medications on site.				1
5. Site has a procedure to check expiration date and a method to dispose of expired medications.				1
6. Site has a procedure to check expiration date and a method to dispose of expired lab test supplies.				1
7. Site has appropriate process for handling Sharps				1
8. 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
Total				
Note: Write comments for all "No" (0 points) and "N/A" scores. 8 points possible in this section.				

Comments:

XI. Telehealth

Telehealth Services Survey Criteria	Yes	No	N/A	wt
A. DHCS requires that every provider offering covered services to a beneficiary via telehealth must also meet the requirements of Business and Professions Code Section 2290.5(a)(3), or otherwise be designated by DHCS as able to render Medi-Cal services via telehealth. All providers that are listed in the California Medicaid State Plan as qualified providers of SMHS, DMC, or DMC-ODS services are designated by DHCS as able to render covered services, within their scopes of practice, via telehealth.				
CA B&P Code §4051.3, §4071, §4172; 22 CCR §75037(a-g), §75039; 21 CFR §1301.75, §1301.76, §1302.22				
1. Provider maintains a policy for telehealth services to only be provided when consent is received from a				1
2. Proof staff received training on the use of telehealth services, including obtaining consent prior to treatment.				1
Total				
Note: Write comments for all "No" (0 points) and "N/A" scores. 2 points possible in this section.				

Comments:

XII. Peer Support

Peer Support Services Survey Criteria	Yes	No	N/A	wt
A. Medi-Cal Peer Support Services, Medi-Cal Peer Support Specialists, and Medi-Cal Peer Support Specialists Certification Program Standards. To provide the requirements and standards for implementing the Medi-Cal Peer Support Services benefit, Medi-Cal Peer Support Specialist provider type, and Medi-Cal Peer Support Specialist Certification Programs.				
Centers for Medicare and Medicaid Services State Medicaid Directors Letter #07-011; Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 1.4; California State Plan Amendment (SPA) #21- 0051.				
1. Peer Supports have documented and signed Ethics Code in personnel file.				1
2. Peer Support Specialists staff have necessary documentation with personnel file that outlines qualifications meet state requirements				1
3. Peer Support Specialists supervising staff have documentation within personnel file that meets or exceeds state requirements and necessary qualifications.				1
4. Provider maintains policies related to supervision provided to Peer Support staff which is documented, tracked, and billed according to BHIN 25-010				1
Total				
Note: Write comments for all "No" (0 points) and "N/A" scores. 4 points possible in this section.				

Comments:

XIII. Adolescent Services

RN/MD/LPHA Review only

Adolescent Services Survey Criteria	Yes	No	N/A	wt
A. Adolescent Services Guidelines				
Note that all portion of the addition are tied to the Adolescent Best Practice Guide that can be found here:				
https://www.dhcs.ca.gov/Documents/CSD_CMHCS/Adol%20Best%20Practices%20Guide/AdolBestPracGuideOCTOBER2020.pdf				
1. Provider assessment is inclusive of all required elements				1
2. Provider has policies related to high-risk members who is a danger to themself or others.				1
3. Services, materials, and resources are tailored to the needs and abilities of the member				1
4. Providers are trained in adolescent development				1
5. Provider has policies related to how co-occurring needs for members are addressed.				1
6. Provider has policies indicating the use of EBPs that are age, gender, developmentally, and culturally appropriate.				1
Total				
Note: Write comments for all "No" (0 points) and "N/A" scores. 6 points possible in this section.				

Comments:

Reviewer Comments:	
If more than one Reviewer, both must sign here:	
Reviewer Signature: _____	Reviewer Signature: _____
Reviewer Name: _____	Reviewer Name: _____
Reviewer Title: _____	Reviewer Title: _____