

**El Dorado County**  
**Health and Human Services Agency Behavioral Health**  
**Substance Use Disorder Services**



**FY 2021-2022 Substance Use Disorder Drug Medi-Cal Organized  
Delivery System (DMC-ODS) & Substance Abuse Prevention and  
Treatment Block Grant (SABG) Contract Monitoring Guide**



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## PURPOSE

El Dorado County (EDC) Quality Management (QM) staff created this guide to help network providers successfully complete the annual monitoring requirement and reduce the instances of deficiencies found during the monitoring process.

All EDC DMC-ODS and SABG Network providers are required to participate in this process in order to ensure that the provider is following all guidelines and Regulations as described in the provider contract and shown below.

### **Substance Abuse Prevention and Treatment Block Grant (SABG) Regulations**

- a. 45 CFR Part 96 Subpart L §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
  - b. 42 USC, Section 300x-21 through 300x66: Substance Abuse Prevention and Treatment Block Grant
  - c. HSC, Division 10.5, §11750 – 11970: State Department of Health Care
- 2) Program Requirements:
- a. State Fiscal Year (SFY) 2019-2020 State County Contract, herein referred to as State County Contract
  - b. State of California Youth Treatment Guidelines Revised August 2002
  - c. DHCS Perinatal Services Network Guidelines SFY 2016-2017
  - d. National Culturally and Linguistically Appropriate Services (CLAS)
  - e. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

### **Drug Medi-Cal Organized Delivery System (DMC-ODS) Regulations**

- a. Special Terms and Conditions (STCs) for California's Medi-Cal 2020 §1115(a) Medicaid Demonstration STC, Part X: Drug Medi-Cal Organized Delivery System
  - b. 42 CFR Chapter IV Subchapter C, Part 438. §438.1 through 438.930: Managed Care
  - c. California Code of Regulations (CCR), Title 9. Rehabilitative and Development Services, Division 4. Department of Alcohol and Drug Programs
  - d. Alcohol and/or Other Drug Certification Standards (revised February 2020)
- 2) Program Requirements:
- a. State Fiscal Year (SFY) 2020-2021 Intergovernmental Agreement (IA)
  - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

# ANNUAL MONITORING PROCESS

Substance use disorder treatment program monitoring reviews are conducted by the County of El Dorado's SUDS QA/UR team. On-site program reviews for all County of El Dorado SUDS network providers are conducted no less than annually. Each program is obligated to meet the agreements documented in their provider contract which reflect the requirements of the Drug Medi-Cal and Substance Abuse Block Grant. This process is completed annually by following these steps:

1. County QA team emails the provider with the System's Tool and instructions on how to complete, along with on-site review dates. The Provider has 30 days to complete and return the System's Tool to the county.
2. County reviews System's Tool. If all requested information and documents are provided, tool is marked complete. If any information is missing then the QA team will place tool in provider file for follow up site visit.
3. On-site activities include entrance interview followed by fiscal, client, personnel, medication, and facility reviews. Upon conclusion of on-site reviews and exit interview will provide programs with preliminary findings.
4. Providers have 5 business days to address and identified issues at the exit interview and submit them to county QA.
5. County QA will issue Corrective Action Plan (CAP) if deficiencies are found, provider has 30 days to complete the form per instructions.
6. QA will communicate with provider through CAP process until all areas are resolved. Once all areas are resolved, a resolution letter will be sent to the provider.

## HOW TO USE THIS MANUAL

This manual is easy to use. Simply identify the item number on the System's Tool and cross reference it with the same number in this manual. For example, item # SR1.19 on the System's Tool is explained by SR1.19 in this manual.

Should you be required to submit documentation, please ensure all required documents and compliance requirements are included in the submission, as well as ensuring that all files are named with the same naming convention-Provider Name. Section number. Name of document. For example:

- County of El Dorado.SR1.19.BeneficiaryFairHearings.

## SECTION ONE SYSTEM REVIEW

County performs the Section One System Review by reviewing the Provider Attestation document completed by the contract provider before QM staff conduct onsite monitoring and chart reviews at the facility.

The staff person who completes the Provider Attestation will find the Item # on the left hand side of the document for each item up for review. Example: SR1.01

This manual contains the following for each item on the Provider Attestation form:

- A detailed description of the requirements for the item #
- Examples of possible evidence that could be submitted to show compliance
- The corresponding regulation

# SECTION ONE ITEM NUMBER DETAIL

## SR1.01

### General Operations

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 Policy and Procedure should address how the program ensures:

1. Program mission and philosophy statement(s)
2. Program description, including hours of operation
3. Physical Environment standards, including
  - Facilities are free from:
4. Broken glass, filth, litter, or debris.
  - insects, or other vermin.
  - Toxic chemicals or noxious fumes and odors.
  - Exposed electrical wiring.
  - Other health or safety hazards.
  - Disposal of contaminated water and chemicals used for cleaning purposes.
  - Prohibition of possessing weapons (except for law enforcement officers or security guards acting in the line of duty)
  - Protection against hazards
  - Safety and visibility
  - Equipment/Supplies maintenance
5. Fire Safety
6. Emergency Evacuation; Each program shall ensure the continuity of treatment in the event that an emergency disrupts the programs' normal functions and have an operational telephone number available 24 hours a day for beneficiaries to contact a staff member or be directed to an appropriate referral services (e.g. crisis line, hospital emergency room) in the event of an emergency.
7. Disaster Procedures; Each program shall ensure the continuity of treatment in the event that a disaster disrupts the programs' normal functions and have an operational telephone number available 24 hours a day for beneficiaries to contact a staff member or be directed

to an appropriate referral services (e.g. crisis line, hospital emergency room) in the event of an emergency.

8. An alcohol and drug free environment: No unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol.
9. Transportation Policy; Program shall ensure that:
  - Only drivers licensed for the type of vehicle operated are permitted to transport residents
  - Manufacturer's rated seating capacity of vehicles are not exceeded
  - Motor vehicles used to transport residents are maintained in a safe operating condition.
10. Compliance with the provision of the Hatch Act, which limits the political activities of employees whose principle employment activities are funded in whole or in part with federal funds
11. Compliance with the Trafficking Victims Protection Act of 2000
12. **(NTP ONLY)** Program Rules and Instructions; Each program shall develop a set of written rules and instructions which shall be provided to all beneficiary's receiving services and to applicants for services prior to the program accepting the applicant as a beneficiary. Rules and instructions shall include but not be limited to:
13. Requirements for take-home medication privileges.
14. Beneficiary body specimen collection requirements for testing or analysis for illicit drug use.
15. Fees.
16. Grounds for involuntary termination.
17. Fair hearing procedures.
18. Beneficiary rights.
19. Program hours.
20. Provision for emergencies.
21. Other rules and procedures directly affecting the beneficiary.
22. **(NTP ONLY)** Provisions shall be made for beneficiary's' acknowledgement of having been provided a copy of the program rules and instructions.
23. **(RESIDENTIAL ONLY)** Food Service and preparation Policy and Procedures

### Possible Evidence

- Maintenance agreement between Contract Provider and owner of the building.
- Work orders
- Emergency evacuation map
- Fire Clearance report
- Copy of driver's license (for staff responsible for transporting beneficiaries; if any)
- Copy of auto liability insurance (for vehicle used for transporting beneficiaries; if any)
- Beneficiaries acknowledgement receipt of program rules and instructions (**NTP ONLY**)
- Copy of the meal menus (**RESIDENTIAL ONLY**)

### Regulations

- AOD Certification Standards: 12010, 19000,20000,20010,20020
- ADA Title I/ II/ III;
- 42 CFR §438.100 (d), 438.206 Availability of Services
- Title 5 USC 1501-1508
- 22 USC 7104(g)
- Title 9 CCR § 10170
- Title 9 CCR § 10573
- Title 9 CCR § 10571

## **SR1.02**

### Fiscal Operations

All programs shall have a written policy for establishing and collecting fees and ensuring funds are used in compliance with required Federal and State funding Regulations.

The Policy and Procedure should address how the program ensures:

- 1) Programs funded through the County shall have a method for assessing fees with documented approval by the County.



- 2) Maintenance of written policies and procedures that govern the fiscal management system (i.e., purchasing authority, accounts receivable, cash, billings, and cost allocation).
- 3) Assessing and assuring the integrity of the financial records at least once every three years.
- 4) A uniform, consistent and reasonable procedure for determining costs of services provided.
- 5) A reporting mechanism that indicates the relation of the budget to actual income and expenses to date.
- 6) Accounting system used and be based on accepted accounting principles.
- 7) Refunds provided to beneficiaries upon admission to the program. Must contain a procedure on refunding fees if the facility is suspended or revoked.
- 8) Projection of revenues and expenditures (a line-item budget) for each fiscal year that correlates with quarterly and annual written operation reports.
- 9) Liability insurance coverage or be bonded. Documentation of the liability insurance coverage or bond shall be placed in the administration file.
- 10) DHCS has the right to withhold payment until contractor has submitted any required data and reports to DHCS.
- 11) Compliance with the provision of the Byrd Anti-Lobbying Amendment. Provider certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352.
- 12) Disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.
- 13) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances. None of the funds made available through the subcontract may be used for any activity that promotes the legalization of any drug or other substance included in Schedule 1 of Section 202 of the Controlled Substances Act
- 14) Restriction on Distribution of Sterile Needles. No SABG funds made available through the subcontract shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration spring services program for injecting drug users.
- 15) No part of any federal funds provided under the subcontract shall be used to pay the salary and wages of an individual at a rate in excess of Level I of the Executive Schedule.

Salary and wages schedules may be found at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salarytables/17Tables/exec/html/EX.aspx>. SABG funds used to pay a salary in excess of the rate of basic pay for Level I of the Executive Schedule shall be subject to disallowance. The amount disallowed shall be determined by subtracting the individual's actual salary from the Level I rate of basic pay and multiplying the result by the percentage of the individual's salary that was paid with SABG funds.

- 16) **(Primary Prevention Only)** Spend no less than 20% of SABG allotment on substance abuse primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment.

### **Required Evidence**

- Administration file

### **Regulations**

- IA: Exhibit A, Attachment I Program Specifications
- SABG Program Specifications
- 31 USC 1352
- 21 USC 812
- AOD Certification Standards: 14000
- Primary Prevention - 42 USC 300x22(a); 42 CFR 96.124(b)(1); 45 CFR 96.125

## **SR1.03**

### **Community Relations**

The Policy and Procedure should address how the program ensures:

- 1) A written description of the program's services and admission criteria and procedures shall be provided to beneficiaries, general public, cooperating referral sources, that may include emergency room personnel, law enforcement agencies, and self-help groups such as Alcoholics Anonymous.
- 2) Continuing efforts that are made to guarantee coordination and cooperation with other service providers and enhance relations with neighbors through a good neighbor policy.
- 3) Tribal Communities and Organizations are reached, and the County is informed to begin consultation and collaboration with elected officials of the tribe, Rancheria, or their

designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available.

17) **(Primary Prevention Only)** A written comprehensive primary prevention program that includes activities and services provided in a variety of settings for both the general population and sub-groups that are at high risk for substance abuse. The program must include, but is not limited to, the following strategies:

- Information Dissemination
- Education
- Alternatives
- Problem identification and referral
- Community based Process
- Environmental

### **Regulations**

- AOD Certification Standards: 19000
- SABG Program Specifications
- Primary Prevention-42 USC 300x22(a)

## **SR1.04**

### **Personnel**

The program shall maintain personnel files for all employees, contracted positions and volunteers/interns.

The Policy and Procedure should address how the program ensures:

- 1) Information is contained about the following processes:
  - a. Recruitment,
  - b. Hiring process, screening
  - c. Selection
  - d. Training and Orientation
  - e. Duties and assignments including scope of practice
  - f. Evaluation, promotion, disciplinary action, and termination.

- g. Supervision
  - h. Protection of confidentiality statement
  - i. Equal employment opportunity, nondiscrimination, and sexual harassment policies as applicable.
  - j. Salary schedules, merit adjustments, severance pay, and employee rules of conduct.
  - k. Employee safety and injuries.
  - l. Physical health status including a health screening report or health questionnaire and tuberculosis test results.
- 2) Maintenance of records, including location. The Provider shall be permitted to retain such records in a central administrative location provided that they are readily available to the department at the facility site upon request
- 3) Required contents of each personnel file are collected and filed. The personnel file shall contain, at a minimum, all of the following:
- a. Employee's Full Name
  - b. Driver's License number, class and expiration date if the employee is to transport residents.
  - c. Date of employment
  - d. Home address and phone number
  - e. Application for employment and resume.
  - f. Signed Employment confirmation statement/duty statement
  - g. Job description shall include:
    - Position title and classification
    - Duties and responsibilities
    - Lines of supervision; and
    - Education, training, work experience and other qualifications for the position
  - h. Salary schedule and Salary adjustments information
  - i. Employee performance evaluations
  - j. Health records including a health screening report or health questionnaire, Programs may use DHCS Form 5105 (7/13) for the health questionnaire.

- k. Tuberculosis test results as required.
  - l. Other personnel actions (e.g. commendations, discipline, status change, employment incidents and /or injuries).
  - m. Training documentation relative to substance use disorders and treatment;
  - n. Current registration, certification, intern status, or licensure
  - o. Proof of continuing education required by licensing or certifying agency and program; and
  - p. Provider's Code of Conduct
  - q. Termination date if no longer employed by the facility
- 4) Policy and Procedures are applicable to all employees and are available to, and reviewed with new employees, all volunteers and interns.
  - 5) Comply with applicable local, state, and federal employment practice laws.
  - 6) Record retention of Personnel records meets the three years, after the termination date of employment requirements.
  - 7) Develop, revise and establish written procedures for access to and confidentiality of personnel records
  - 8) Be developed and revised, as needed, including any job descriptions for each employee and volunteer

### Required Evidence

- o Personnel file for the following, to include all elements as listed in the policy and CEU's:
  - a. LPHA
  - b. Certified Counselor
  - c. Registered Counselor
  - d. Volunteer (if available)
  - e. Intern (if available)
  - f. Terminated staff member (over 2 years)

### Regulations

- o IA, Exhibit A – Attachment 1, Program Specifications
- o MQDTS

- Title 9: 10565
- AOD Certification Standards: 13010

## **SR1.05**

### **Program Director**

All programs shall have a Program Director that shall be designated by the entity to act on its behalf in the overall management and operation of the program.

The Policy and Procedure should address how the program ensures the Program Director has:

- 1) Authority to act on behalf of overall management including role and responsibilities.
- 2) **(NTP/OTP ONLY)** In addition, NTP/OTP program directors are responsible for:
  - a. Submitting protocols, protocol amendments and reports to the department
  - b. Operating the program
  - c. Integrating staff services as described in the program protocol.
  - d. Complying with all Regulations and responsibility for compliance and adjustments after inspections by the Department.
  - e. Training and supervising of all staff.
  - f. Notifying all beneficiaries of their obligations to safeguard take-home medications.
  - g. Security of both medications and beneficiary records
- 3) Knowledge of alcohol and/or other drug related problems and treatment and recovery process
- 4) Sufficient administrative and personnel skills to direct the program.
- 5) Responsibility for implementing budgetary and policy decisions.
- 6) No less than two years of work in the field of substance use disorder treatment and recovery or other related fields.

### **Required Evidence**

- Personnel File for the Program Director

### **Regulations**

- AOD Certification Standards: 13005
- Title 9 CCR §10105

## SR1.06

### Medical Director

All programs shall have a Medical Director.

The Policy and Procedure should address how the program ensures:

- 1) Each program has a medical director who is a licensed physician in the State of California.
- 2) **(NTP/OTP ONLY)** The Medical Director may also serve as the Program Director. The Medical Director shall assume the medical responsibility for all program beneficiaries by:
  - a. Signing beneficiary record notes.
  - b. Placing beneficiaries in treatment.
  - c. Initiating, altering and terminating replacement narcotic therapy medications and dosage amounts.
  - d. Supervising the administration and dispensing of medications.
  - e. Planning and supervising provision of treatment including regular review and notes in the beneficiary's' records
- 3) Written roles and responsibilities for the Medical Director. These shall be clearly documented, signed and dated by both an authorized Program Representative and the Medical Director. Responsibilities shall, at a minimum, include all of the following:
  - a. Ensure that medical care provided by Physicians, Registered Nurse Practitioners, and Physician Assistants meets the applicable standard of care.
  - b. Ensure that Physicians do not delegate their duties to Non-Physician personnel.
  - c. Develop and implement medical policies and standards for the provider.
  - d. Ensure that Physicians, Registered Nurse Practitioners, and Physician Assistants follow the provider's medical policies and standards.
  - e. Ensure that the medical decisions made by Physicians are not influenced by fiscal considerations.
  - f. Ensure that provider's Physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders (SUD) for beneficiaries, and determine the medical necessity of treatment for beneficiaries
  - g. Ensure that provider's Physicians are adequately trained to perform other Physician duties, as outlined in this section.

- 4) The SUD Medical Director may delegate his/her responsibilities to a Physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.
- 5) Signed Code of Conduct for the SUD Program Medical Director shall be maintained in the Medical Director personnel file.

### **Required Evidence**

- Personnel File for Medical Director

### **Regulations**

- IA – Exhibit A, Attachment I Program Specification
- MQDT
- Title 9 CCR § 10110

## **SR1.07**

### **(NTP/OTP ONLY) Program Physicians and Physician Extenders**

The Policy and Procedure should address how the program ensures:

- 1) A program Physician may delegate his/her duties to other appropriately licensed personnel who are members of the program staff.
- 2) The term “Physician Extender” refers to Registered Nurse Practitioners and Physicians' Assistants only.
- 3) Nurse practitioners are used as physician extenders in compliance with the licensing and scope of practice requirements listed in article 8 (commencing with section 2834), chapter 6, division 2, of the Business and Professions Code and corresponding Regulations adopted by the Board of Registered Nurses, and
- 4) Physicians' assistants are used as physician extenders in compliance with the licensing and scope of practice requirements listed in chapter 7.7 (commencing with section 3500), division 2, of the Business and Professions Code and corresponding Regulations adopted by the Medical Board of California

### **Required Evidence**

- Personnel File for Physician or Physician Extender



## Regulations

- IA – Exhibit A, Attachment I Program Specification
- MQDT
- Title 9 CCR § 10110
- Title 9 CCR § 10115
- Title 9 CCR § 10120

## **SR1.08**

### (NTP/OTP ONLY) Staff Member Profile

The Policy and Procedure should address how the program ensures the following:

- 1) For each Program Director and Medical Director,
  - a. Professional or license status or vocational aptitude.
  - b. Hours that the staff member will provide to the program.
  - c. Resume showing professional education and practical experience, and training or experience in treating persons with an opiate addiction.
  - d. The procedure for replacement of such staff member in the event of death, retirement, or prolonged sickness.
  - e. The procedure to assure that appropriate staff time will be provided to the program in the event of short-term emergency, vacation, or sickness.
- 2) For each Physician (other than the Medical Director), Nurse Practitioner, Physician's Assistant, Registered Nurse, Licensed Vocational Nurse, Psychiatric Technician, Counselor, and Pharmacist participating in the program, the information required above shall be on file at the program facility and available for review.

## Regulations

- Title 9 CCR § 10130

## **SR1.09**

### Program Code of Conduct

The program shall have a written code of conduct that pertains to all staff, paid employees, contracted employees and volunteers.

The Policy and Procedure should address how the program ensures:

- 1) Each staff, paid employee, intern(s), or volunteer(s) shall sign a copy of the programs code of conduct
- 2) Signed copies are filed in the appropriate individual's personnel file
- 3) Provides instruction to report for each staff, paid employee and volunteer any observation or evidence of violation of beneficiary's rights specified.
- 4) A written program code of conduct shall be posted in a public area and made available to beneficiaries
- 5) The code of conduct includes, at a minimum, the following:
  - a. use of drugs and/or alcohol on the premises and when off the premises;
  - b. Prohibition of social/business relationship with beneficiaries or their family members for personal gain;
  - c. Prohibition of sexual contact with beneficiaries;
  - d. Conflict of interest;
  - e. Providing services beyond scope;
  - f. Discrimination against beneficiaries or staff;
  - g. Verbally, physically, or sexually harassing, threatening, or abusing beneficiaries, family members or other staff;
  - h. Protection of beneficiary confidentiality;
  - i. The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under; and
  - j. Cooperation with complaint investigations.

### **Required Evidence**

- Code of Conduct for the following classification:
  - Medical Director
  - LPHA
  - Certified Counselor
  - Registered Counselor
  - Volunteer (if applicable)
  - Intern (if Applicable)

### Possible Evidence

- Reporting mechanism for any observation or evidence of violation of beneficiary's rights

### Regulations

- IA, Exhibit A – Attachment 1, Program Specifications
- MQDTS
- AOD Certification Standards 13020

## **SR1.10**

### Provider Specifications and Staff Training

The program shall foster and encourage the continuing development of staff expertise and staff attendance at appropriate training programs.

The Policy and Procedure should address how the program ensures:

- 1) Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.
- 2) Requirements for professional and non-professional staff to have appropriate experience and any necessary training at the time of hiring.
- 3) Documentation shall be contained in personnel files of all staff trainings, certifications and licensure.
- 4) Professional staff are licensed, registered, certified or recognized under California scope of practice statutes.
- 5) Professional staff provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioners of the Healing Arts (LPHA) include:
  - a. Physician;
  - b. Nurse Practitioners;
  - c. Physician Assistants;
  - d. Registered Nurses;
  - e. Registered Pharmacists;
  - f. Licensed Clinical Psychologists;
  - g. Licensed Clinical Social Worker;

- h. Licensed Professional Clinical Counselor;
  - i. Licensed Marriage and Family Therapists; and
  - j. License Eligible Practitioners working under the supervision of Licensed Clinicians.
- 6) The program has a written plan, updated annually, for the training needs of staff. All staff training events shall be documented and maintained as part of the training plan. Training may be conducted in-person or web-based.
  - 7) All staff seminars, webinars, educational classes, and programs held to discuss new developments in the field and to provide a forum for sharing individual experiences are documented.
  - 8) Professional journals, web-based research, and other pertinent publications be available to the staff.
  - 9) Programs incorporate educational topics including ethics and boundaries and communicable diseases in the training plan.
  - 10) Staff be trained in medication management and the fundamentals of MAT, including how medications work to treat addiction, information about addiction as a chronic disease, and the importance of removing stigma from the use of medications in a SUD treatment plan. **(Effective July 1, 2020 -Free MAT staff Training resources are available at [www.CaliforniaMAT.org/resources](http://www.CaliforniaMAT.org/resources))**
  - 11) Physicians and Professional staff (LPHAs) receive a minimum of five (5) hours of continuing education related to addiction medicine each year.
  - 12) Registered and certified SUD counselors adhere to all requirements in CCR Title 9, §13000 et seq.
  - 13) At least 30% of counseling staff be certified, remaining must all be registered prior to providing counseling services.
  - 14) **(NTP/OTP ONLY)** Counselors may be nurses, psychologists, social workers, psychiatric technicians, trained counselors, or others as long as they have training or experience in treating persons with an opiate addiction.
  - 15) **(NTP/OTP ONLY)** Each program shall inform staff members of the purpose of testing or analysis for illicit drug use, the meaning of the results, and the importance of reliable procedures and reports

#### Required Evidence

- o Training Plan to include, at a minimum, ethics and boundaries, Medication Management and communicable diseases

- Hiring Packet
- Staff Training Event Log
- Tracking mechanism for ensuring 30% of counseling staff are certified
- CEUs related to addiction medicine for the following:
  - LPHA
  - Physician
- Staff Training Plan

### **Regulations**

- IA – Exhibit A, Attachment I Program Specifications MQDT
- AOD Certification Standards: 13040
- Behavioral Health Information Notice: 20-006
- Title 9 CCR § 10140

## **SR1.11**

### **Health Screening and Tuberculosis**

All staff and volunteers whose functions require or necessitate contact with beneficiaries or food preparation shall complete a health screening report or a health questionnaire.

The Policy and Procedure should address how the program ensures:

- 1) If the program uses a health screening report, the health professional performing the screening shall sign and indicate the following:
  - a. The staff's or volunteer's physical ability to perform assigned duties; and
  - b. The presence of any health condition that would create a hazard to beneficiaries or other staff and volunteers.
- 2) If the program uses a health questionnaire, the questionnaire contains, at a minimum, the information requested in DHCS Form 5103. The health questionnaire shall be completed, signed, and placed in the staff or volunteer file.
- 3) All staff and volunteers whose functions require or necessitate contact with beneficiaries or food preparation are tested for tuberculosis.
- 4) The tuberculosis test is conducted under licensed medical supervision not more than 60 calendar days prior to or 7 calendar days after employment and renewed annually from the date of the last tuberculosis test.

- 5) Staff and volunteers with a known record of tuberculosis or record of positive testing are not required to obtain a tuberculosis skin test. Unless there is documentation that the staff or volunteer completed at least 6 months of preventive therapy, the staff or volunteer shall be required to obtain, within 45 calendar days of employment, a chest x-ray result and a physician's statement that he/she does not have communicable tuberculosis and has been under regular care and monitoring for tuberculosis. A chest x-ray within the prior 6 months is acceptable. The physician's statement shall be renewed annually.
- 6) Any staff or volunteer who has the symptoms of tuberculosis or an abnormal chest x-ray consistent with tuberculosis is temporarily barred from contact with beneficiaries and other program staff until a written physician's clearance is obtained.
- 7) At the discretion of the Program Director, tuberculosis testing need not be required for support or ancillary staff whose functions do not necessitate contact with beneficiaries or food preparation, and who are not headquartered at the program.

#### **Require Evidence:**

- Health Screening template or blank health questionnaire
- Tracking Mechanism for annual TB validation

#### **Regulations**

- AOD Certification Standards: 13030
- Title 9: 10564 (e)(1)

## **SR1.12**

#### **Debarment and Suspension**

All staff, regardless of contracted, volunteer, intern or paid status, whose functions require or necessitate contact with any federal or state funding shall be in good standing with any and all credentialing and re-credentialing requirements.

The Policy and Procedure should address how the program ensures:

- 1) Provider(s) excluded from participation in Federal health care programs under either section 1128 or section 1128 A of the Act, shall not be employed or subcontracted.
- 2) Provider(s) identity is confirmed, and the exclusion status of the provider is, or any subcontractor is determined through routine checks of Federal databases. This includes;
  - a. Social Security Administration Death Master File (upon hire)

- b. National Plan and Provider Enumeration system (NPPES) (upon hire and monthly)
  - c. List of Excluded Individuals/Entities (LFIE) (upon hire and monthly)
  - d. The System for Award Management (SAM) (upon hire and monthly)
  - e. Medi-Cal Suspended and Ineligible Provider List (upon hire and monthly)
  - f. National Practitioner Data Bank (as applicable, upon hire)
  - g. Provider Application and Validation for Enrollment (PAVE) (upon hire)
- 3) Compliance with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001
- 4) Credentialing and Re-Credentialing Attestation are completed annually by the organizational representative in accordance to 42 C.F.R 438.214.
- 5) For all licensed, waived, registered, certified and/or other qualified providers operating under the direction of a licensed professional, verification and supporting documentation must be maintained for the following items through a primary source, as applicable. When applicable, the information must be verified and authenticated.
- a. The appropriate license and/or board certification or registration, as required for the particular provider type;
  - b. Evidence of graduation or completion of any required education, as required for the particular provider;
  - c. Proof of completion of any relevant medical residency and/or specialty training, as required for the particular provider type; and
  - d. Satisfaction of any applicable continuing education requirements, as required for the particular provider type.
- 6) In addition, verification and supporting documentation for the following information shall be required, but does not require verification through a primary source:
- a. Work history;
  - b. Hospital and clinic privileges in good standing;
  - c. History of any suspensions or curtailments of hospital and clinic privileges;
  - d. Current Drug Enforcement Administration identification number;
  - e. National Provider Identifier number;
  - f. Current malpractice insurance in an adequate amount, as required for the particular provider type;

- g. History of liability claims against the provider;
- h. Provider information, if any, entered in the National Practitioner Data Bank, when applicable. See <https://www.npdb.hrsa.gov/> ;
- i. History of sanctions from participating in Medicare and/or Medicaid/Medi-Cal: providers terminated from either Medicare or Medi-Cal, or on the Suspended and Ineligible Providers List, may not participate in the Plan's provider network. This list is available at: <http://files.medi-cal.ca.gov/pubsdoco.SandILanding.asp> ; and
- j. History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards.

### **Required Evidence**

- OIG Exclusion monthly checks
- Personnel File for verification of supporting documentation for the following:
  - LPHA
  - MD
  - Certified Counselor
  - Registered Counselor
  - Volunteer (if applicable)
  - Intern (if applicable)
- Annually Organizational Credentialing and Re-Credentialing attestation

### **Regulations**

- 2 CFR 180 42 CFR Part 1001
- MHSUD Information Notice 18-019

## **SR1.13**

### **Beneficiary Rights and Nondiscrimination Requirements**

Providers shall comply with any applicable Federal and State laws that pertain to beneficiary rights and ensure that its employees and subcontracted providers observe and protect those rights.

The Policy and Procedure should address:



- 1) Beneficiaries have the right to receive information in accordance with 42 CFR § 438.10
- 2) Beneficiaries have the right to be treated with respect and with due consideration for his or her dignity and privacy.
- 3) Beneficiaries have the right to receive information on available treatment options and alternatives, presented in a manner appropriate to the beneficiary's condition and ability to understand. (The information requirements for services that are not covered under the contract because of moral or religious objections are set forth in 42 CFR § 438.10(g)(2)(ii)(A) and (B).)
- 4) Beneficiaries have the right to participate in decisions regarding his or her health care, including the right to refuse treatment.
- 5) Beneficiaries have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal Regulations on the use of restraints and seclusion.
- 6) If the privacy rule, as set forth in 45 CFR parts 160 and 164 subparts A and E, applies, beneficiaries have the right request to receive a copy of his or her medical records, and request that they be amended or corrected, as specified in 45 CFR 164.524 and 164.526.
- 7) Beneficiaries have the right to be furnished health care services in accordance with 42 CFR §§ 438.206 through 438.210.
- 8) Beneficiaries have the right to free exercise of rights. Providers must ensure that each beneficiary is free to exercise his or her rights, and that the exercise of those rights does not adversely affect the way contractor and its network providers treat the beneficiary.
- 9) Beneficiaries review, sign and be provided at admission, a copy of the beneficiary rights. The program shall place the original signed Beneficiary Rights document in the beneficiary's file.
- 10) Beneficiaries are able to view a copy of the beneficiary rights in a location visible to the general public.
- 11) Beneficiaries have the right to provide written consent for any follow-up after discharge.
- 12) Provider(s) shall not discriminate in the provision of services on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status or sexual orientation be lawfully denied full and equal access to the benefits of, or be unlawfully subjected to discrimination. This includes, but is not limited to, the Medi-Cal program.
- 13) Physical access, reasonable accommodations and accessible equipment are provided for beneficiaries with physical or mental disabilities

### **Required Evidence**

- Information provided to beneficiaries on available treatment options and alternatives
- Copy of signed Beneficiary Rights
- Tracking mechanism for any follow-up after discharge consents

### **Possible Evidence**

- ADA equipment available
- DHCS License

### **Regulations**

- IA, Exhibit A - Attachment I, Program Specifications
- AOD Certification Standards: 16000
- MQDTS
- Behavioral Health Information Notice No: 20-032
- ADA Title I/ II/ III;
- 42 CFR §438.100 (d), 438.206 Availability of Services
- AOD Certification Standards: 17000

## **SR1.14**

### **(NTP/OTP ONLY) Beneficiary Fair Hearings**

Each program shall contain a detailed description of the pre-termination fair hearing procedures.

The Policy and Procedure should address how the program ensures:

- 1) A beneficiary has a right to a pre-termination fair hearing in all cases of involuntary termination from the program, for cause where continued participation in the program does not create a physically threatening situation for staff or other beneficiaries. The procedures shall include but re not be limited to:
  - a. Identification of reasons for termination, which may include:
    - i. Diversion of medications used in replacement narcotic therapy.
    - ii. Violence or threat of violence to program staff or other beneficiaries in the program.
    - iii. Multiple registration.

- b. Written notification to the beneficiary of pending termination, containing:
    - i. Reasons for termination.
    - ii. Explanation of right to pre-termination fair hearing, which shall explain to the beneficiary that such rights must be exercised within 48 hours of written notice.
  - c. Provision for continuance of beneficiary's treatment status pending decision upon the hearing.
  - d. Explanation of the beneficiary's rights during the hearing to:
    - i. Be represented at the hearing by a person or attorney of their choice.
    - ii. Call witnesses on their behalf, who need not be under oath.
    - iii. Examine witnesses presented by the program.
  - e. Release of medical information in the beneficiary's file to the beneficiary or to the beneficiary's representative at least 48 hours prior to the hearing.
    - i. Medical information requests by the beneficiary shall be in the form of a signed consent to release of information.
    - ii. Medical information to be released to the beneficiary or beneficiary's representative shall be approved by the physician in charge of the beneficiary.
- 2) State whether the beneficiary is entitled to a hearing before a panel or before a single hearing officer. If the protocol states that the beneficiary is entitled to a hearing before a panel, a single hearing officer may not be substituted for the panel without the consent of the beneficiary. In the case of a hearing before a panel, a majority vote of the panel is necessary to terminate a person from the program.
  - 3) Select the hearing officer or panel from impartial persons not directly involved with the beneficiary's care.
  - 4) Schedule a hearing within seven working days from the time the beneficiary requests a hearing.
  - 5) Unless the program protocol requires a higher standard of proof, a beneficiary's participation in a program shall be terminated for cause only after the hearing officer or panel finds by a preponderance of the evidence presented that the reason stated in the notice justifies termination.
  - 6) The hearing officer or panel shall render a decision not later than the first working day following the hearing. The program shall keep a permanent record of the proceedings. The permanent record of the proceedings may be a tape recording. The decision shall be in writing and shall be based solely on the evidence presented at the hearing. The

decision shall include a summary of the proceedings and the formal findings and conclusions of the hearing officer or panel.

- 7) A copy of the record of the proceedings and/or the decision shall be provided to the beneficiary upon request.
- 8) Copies of all written materials, including all evidence introduced at the hearing, shall be retained for one year.
- 9) Beneficiary may appeal an adverse decision of a hearing officer or panel by means of a writ of mandate pursuant to section 1094.5, Code of Civil Procedure.

### **Possible Evidence**

- Copy of record of proceedings, including decisions

### **Regulations**

- Title 9 CCR § 10420

## **SR1.15**

### **Cultural and Linguistic Standards and Charitable Choice**

Providers shall comply with any applicable Federal and State laws that pertain to providing culturally competent services, to ensure equal access to quality care by diverse populations. Each service shall adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards. Providers shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act regarding access to materials that explain services available to the public as well as providing language interpretation services

The Policy and Procedure should address how the program ensures:

- 1) Effective, equitable, understandable and respectful quality care and services are provided, that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
- 2) Organizational governance and leadership, advance, sustain and promotes CLAS and health equity through policy, practices and allocated resources
- 3) Recruitment, promotion and support for a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
- 4) Education and training are provided to governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
- 5) Language assistance is offered to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

- 6) Access for Individuals with Limited English Proficiency. Providers shall comply with the applicable provisions set forth the Dymally-Alatorre Bilingual Services Act, in the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: materials explaining services available to the public, language assistance, language interpreter and translation services, video remote language interpreting services.
- 7) All individuals of the availability of language assistance services are clearly informed in their preferred language, verbally and in writing.
- 8) The competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- 9) Easy-to-understand print and multimedia materials and signage is provided in the languages commonly used by the populations in the service area.
- 10) Culturally and linguistically appropriate goals, policies and management accountability, are established and infuse them throughout the organizations' planning and operations.
- 11) Ongoing assessments of the organization's CLAS-related activities are conducted and CLAS-related measures are integrated into assessment measurement and continuous quality improvement activities.
- 12) Accurate and reliable demographic data is collected and maintained, to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
- 13) Regular assessments of community health assets and needs are conducted and the results are used to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
- 14) Partnering with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
- 15) Conflict- and grievance-resolution processes are created, that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
- 16) Organization's progress in implementing and sustaining CLAS is communicated to all stakeholders, constituents and the general public.
- 17) CLAS Attestation is completed annually by the organizational representative.
- 18) Documentation of Charitable Choice Requirements, to include annual submission of total # of referred beneficiaries because of religious objections and alternative SUD service providers the beneficiary is referred to.

### **Required Evidence**

- Signed Annual CLAS Attestation

- Examples of CLAS Standard [Please provide us evidences on how program is ensuring following CLAS standards are met;
  - Effective, equitable, understandable and respectful quality care and services are provided, that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
  - The competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
  - Easy-to-understand print and multimedia materials and signage is provided in the languages commonly used by the populations in the service area.
- Contract(s) for Language Interpretation Services
- Documentation of Charitable Choice

### **Regulations**

- Title 42 C.F.R. Part 54
- DHCS ADP Bulletin 04-5
- 42 CFR 438.206 Availability of Services
- SAMHSA Cultural Competence
- DHCS Contract 14-901162B1 Cultural and Linguistic Proficiency
- SABG Program Specifications
- Government Code 7290-7299.8
- 42 CFR Part 92

## **SR1.16**

### **Beneficiary Record, Maintenance and Confidentiality**

All Substance Use Disorder (SUD) treatment services shall be provided in a confidential setting in compliance with 42 CFR, part 2 requirements and meet the requirements of 22 CCR § 51476(a).

The Policy and Procedure should address how the program ensures:

- 1) Procedures for establishing, maintaining, and updating as necessary, an individual beneficiary record for each beneficiary admitted to treatment and receiving services.

- 2) Each beneficiary's individual beneficiary record includes demographic information sufficient to identify the beneficiary and to satisfy data collection needs of the program and funding agencies
- 3) Demographic and identifying data include all of the following:
  - a. Information specifying the beneficiary's identifier (i.e., name, number, etc.)
  - b. A unique identifier to identify beneficiary's and maintain an individual record for each beneficiary.
  - c. Date of beneficiary's birth, sex, race, and/or ethnic background, address, telephone number, next of kin or emergency contact, a signed copy of the admission agreement, health questionnaire, record of illness or injury, record of any permitted current medication
- 4) Documentation of treatment episode includes documentation of all activities, services, sessions, and assessments, including, but not limited to all of the following:
  - a. Intake and admission data, including, if applicable, a physical examination.
  - b. Treatment plans.
  - c. Progress Notes
  - d. Continuing services justifications
  - e. Lab test orders and results
  - f. Referrals
  - g. Counseling notes
  - h. Discharge Plan
  - i. Discharge Summary
  - j. Contractor authorizations for Residential Services
  - k. Any other information relating to the treatment services rendered to the beneficiary.
- 5) Maintenance and disposal of beneficiary files; All beneficiary's records shall be kept for whichever time period listed below is longer:
  - a. A minimum of 10 years from the term end date of the State contract under which this contract is funded or;
  - b. Until an audit or investigation has been resolved
  - c. Minimum of 10 years from beneficiary's date of discharge, if beneficiary is 18 years old or older when they are discharged, or

- d. Until the beneficiary's 28<sup>th</sup> birthday is discharged as a minor
  - e. If beneficiary was pregnant, beneficiary's records shall be maintained for 25 years from last day of treatment while pregnant.
- 6) Confidentiality of the beneficiary and the beneficiary's files and information in accordance with HIPAA and Part 2 of Title 42 of the Code of Federal Regulations, and when state funds are used, Health and Safety Code, Sections 11812(c) and 11977. A copy of the federal Regulations shall be available at each program. The federal Regulations can be obtained from: Superintendent of Document, U. S. Government Printing Office, Washington, D.C. 20402
  - 7) Confidentiality when answering the telephone and confidentiality regarding files. Beneficiary's file shall be accessible only to authorized personnel.
  - 8) Confidentiality when issuing and responding to emails. Provider shall ensure they have the appropriate software to allow for individual staff to initiate an encrypted email.
  - 9) (NTP ONLY) All information and records obtained in the course of providing services to beneficiary's in a program shall be subject to the confidentiality and disclosure provisions contained in article 7 (commencing with section 5325), chapter 2, part 1, division 5, Welfare and Institutions Code and Title 42 (commencing with section 2.1), Code of Federal Regulations.
  - 10) (NTP ONLY) Each program, and all officers and employees of each program, shall keep strictly confidential all information, records, and any individual beneficiary data which may be obtained or compiled in the operation of a system to detect multiple registration and shall be subject to the confidentiality and disclosure provisions contained in article 7 (commencing with section 5325) chapter 2, part 1, division 5, Welfare and Institutions Code.
  - 11) (NTP ONLY) Each program shall train all staff members in the confidentiality requirements of subsection (8) of this section.
  - 12) (NTP ONLY) Each program shall specify in its protocol the methods in place to safeguard physical and/or electronic beneficiary records and keep beneficiary records in a secure location within the facility or in a secure electronic medical record database. If the program keeps a separate record of the type and amount of medication administered or dispensed to a beneficiary on a day-to-day basis, the program shall transfer this data to the beneficiary's record at least monthly.
  - 13) (NTP ONLY) Each program shall submit a sample beneficiary record to the DHCS with its protocol.

### Required Evidence

- Intake Packet



## Regulations

- IA: Exhibit A, Attachment I Program Specifications
- AOD Certification Standards: 18000
- IA: Exhibit A, Attachment 1 Program Specifications
- AOD Certification Standards: 12010 and 12020
- Yolo County Provider Contract
- Title 9 CCR § 10155
- Title 9 CCR § 10160

## **SR1.17**

### (NTP ONLY) Content of Beneficiary Records

The Policy and Procedure should address how the program ensures:

- 1) Each program documents the following information in the individual beneficiary's records:
  - a. The beneficiary's birth date
  - b. Physical examination data, including laboratory results for required tests and analyses.
  - c. Evidence of current use of opioids.
  - d. Date of admission to the program, plan of treatment, and medication orders signed by the physician.
  - e. The program's response to a test or analysis for illicit drug use which discloses the absence of both methadone and its primary metabolite (when prescribed by the medical director and program physician), the presence of any illicit drugs, or abuse of other substances, including alcohol.
  - f. Known arrests, conviction or any other signs of retrogression.
  - g. Any other beneficiary information which the program finds useful in treating the beneficiary.
- 2) Records for beneficiary's in detoxification contain the following:
  - a. Documentation of services and treatment provided, as well as progress notes signed by the physician, nurse, or counselor, test or analysis results for illicit drug use; and periodic review or evaluation by the medical director.

- b. For beneficiary's who have completed the program, a discharge summary and follow-up notations to allow determination of treatment outcomes and follow-up.
- 3) For beneficiary's in maintenance treatment, records shall contain the following:
- a. Documentation of prior addiction and prior treatment outcomes. **(Effective July 1, 2020; treatment failure is replaced with treatment outcomes)**
  - b. Documentation of services and treatment provided, as well as progress notes, signed by the physician, nurse, or counselor; test or analysis results for illicit drug use and periodic review or evaluation by the medical director. Such review shall be made not less than annually.
  - c. For any beneficiary who is to be continued on maintenance treatment beyond one year, the circumstances justifying such continued treatment as set forth in section 10410. **(Effective July 1, 2020 Frequency of justification of continued maintenance treatment is changed from two years to one year)**
  - d. Reasons for changes in dosage of levels and medications.
  - e. For beneficiary's who have terminated the program, a discharge summary and follow-up notations to allow determination of treatment outcomes. **(Effective July 1, 2020; treatment failure is replaced with treatment outcomes)**

### Evidence provided in Chart Review

#### Regulations

- o Title 9 CCR § 10165

## SR1.18

### Beneficiary Grievances, Appeals, Unusual Incident/ Injury/ Death Report

Providers shall comply with any applicable Federal and State laws that pertain to any information received from beneficiaries wishing to file a grievance and/or appeal, and report unusual incident, injury, or deaths.

The Policy and Procedure should address how the program ensures:

- 1) A record of each grievance and appeal is maintained
- 2) The grievance and appeal log include the following information:
  - a. The date and time of receipt of the grievance or appeal
  - b. The name of the beneficiary filling the grievance or appeal

- c. The name of the representative recording the grievance or appeal
  - d. A description of the complaint or problem
  - e. A description of the action taken by the Plan or provider to investigate and resolve the grievance or appeal
  - f. The proposed resolution by the Plan or provider
  - g. The name of the Plan provider or staff responsible for resolving the grievance or appeal and
  - h. The date of notification to the beneficiary of the resolution
- 3) Upon the occurrence of an unusual incident/ injury/death, as identified in Section 10561 (b) (1), a telephonic report is made to the Department of Health Care Services Complaints and Counselor Certification Division at (916) 322-2911 within one (1) working day. The telephonic report is followed by a written report to the Department of Health Care Services (DHCS) Licensing and Certification Branch department, within seven (7) days of the event, using form [DHCS Form 5079](#). Events reported shall include:
- a. Death of any residents
  - b. Facility related injury to resident that requires medical treatment
  - c. All cases of communicable diseases shall be reported to local health officer in addition to the department.
  - d. Poisonings
  - e. Catastrophes such as flooding, tornado, earthquake or any other natural disaster
  - f. Fires or explosions which occur in or on the premises
  - g. Information provided shall include the following:
    - i. Residents' name, age, sex, and date of admission
    - ii. Date, time, and nature of event
    - iii. Attending physician's name, findings and treatment, if any.
- 4) **(NTP ONLY)** Report of Beneficiary Death; The program shall notify DHCS of the Beneficiary, using the Death Report form DHCS 5048 (04/16), within: one (1) working day from the date the program is notified of the death if:
- a. A beneficiary of the program dies at the program site; or
  - b. Ingestion of the medication used in replacement narcotic therapy may have been the cause of the beneficiary's death.

- c. For all other beneficiary deaths, the program shall submit to DHCS, within 90 calendar days from the date of the death, the following:
  - i. A death report which is signed and dated by the medical director to signify concurrence with the findings; and
  - ii. Any other documentation of the death

### **Required Evidence**

- Grievance and Appeal Log for Yolo County Beneficiary
- Unusual incident/ injury/death for Yolo County beneficiary

### **Regulations**

- IA, Exhibit A - Attachment I, Program Specifications
- MQDTS
- MHSUDS Information Notice No: IN 18-010E
- Title 9 CCR § 10561
- Title 9 CCR § 10195

## **SR1.19**

### **Referral for Physical Health, Mental Health, and Emergency Services**

Programs shall have written procedures for obtaining physical health, mental health, and emergency services.

The Policy and Procedure should address how the program ensures:

- 1) Within the first 6 months of employment, all program staff, including counselors, licensed clinical staff, program director, program supervisor and any staff providing alcohol and or other drugs services to beneficiaries or having direct contact with a beneficiary be trained in infectious disease recognition, crisis intervention referrals and to recognize physical and psychiatric symptoms that require appropriate referrals to other agencies.
- 2) The name, address, and telephone number of the fire department, a crisis center, local law enforcement, and a paramedical unit or ambulance service, is readily available and posted in a place visible to beneficiaries.

### Required Evidence

- Training attendance for infectious disease recognition, crisis intervention referrals and recognition of physical and psychiatric symptoms that require appropriate referrals to other agencies.

### Regulations

- AOD Certification Standards: 7060

## SR1.20

### (NTP ONLY) Beneficiary Hospitalization or Incarceration

Programs shall have written procedures for when a beneficiary is hospitalized or incarcerated.

The Policy and Procedure should address how the program ensures:

- 1) If the program is aware that a beneficiary has been hospitalized, the program physician shall attempt to cooperate with the attending physician and the hospital staff in order for the hospital to continue a beneficiary's replacement narcotic therapy.
- 2) The beneficiary's record shall contain documentation of:
  - a. The program physician's coordination efforts with the attending physician and the hospital staff; and
  - b. The date(s) of hospitalization, reason(s), and circumstances involved.
- 3) If the program is aware that a beneficiary has been incarcerated, the program physician shall attempt to cooperate with the jail's medical officer in order to ensure the necessary treatment for opioid withdrawal symptoms, or opioid addiction, where treatment is available.
- 4) The beneficiary's record shall contain documentation of:
  - a. The program physician's or program director's coordination efforts with the jail; and **(Effective July 1, 2020 program director's is added)**
  - b. The date(s) of incarceration, reason(s), and circumstances involved

### Regulations

- Title 9 CCR § 10185
- Title 9 CCR § 10190

## SR1.21

## Referral Arrangements

Beneficiary's assessed and determined to need additional services, shall be provided with a referral to the appropriate services.

The Policy and Procedure should address how the program ensures:

- 1) A current list of resources available within the community is maintained and available to beneficiaries. The list should provide resources for services that are not provided by the program.
- 2) At a minimum, the list of resources includes
  - a. physical health,
  - b. dental,
  - c. mental health,
  - d. social services, and
  - e. where to apply for the determination of eligibility for state, federal or county entitlement programs.
- 3) Identifies the conditions under which referrals are made. The details of the referral and any follow-up shall be documented in the beneficiary's file.
- 4) **(PERINATAL ONLY)** When a SUD treatment provider has insufficient capacity to provide treatment services to a pregnant and/or parenting woman, the provider must provide a referral.
- 5) **(PERINATAL ONLY)** Providers shall establish, maintain, and update individual beneficiary records for pregnant and parenting women, which shall include referrals. If no treatment facility has the capacity to provide treatment services, the provider will make available or arrange for interim services within 48 hours of the request, including a referral for prenatal care.

## Required Evidence

- List of community resources

## Regulations

- AOD Certification Standards 7070
- Perinatal Practice Guidelines FY 18-19

## SR1.22

### DMC-ODS Services Eligibility and Authorization

Providers are responsible for verifying Medicaid eligibility determination of an individual for authorization and reauthorizations of DMC-ODS Services.

The Policy and Procedure should address how the program ensures:

- 1) Compliance with Youth Treatment guidelines if providing services to Adolescents and Youths
- 2) Assessment and services for adolescents will follow the American Society of Addiction Medicine (ASAM) adolescent treatment criteria.
- 3) Evaluation/reevaluation by the Medical Director or LPHA, to ensure the individual qualifies for medical necessity. When an individual receives ongoing DMC-ODS services, the beneficiary shall be evaluated for medical necessity qualification at least every six months through the reauthorization process and determination that those services are still clinically appropriate for that individual shall be documented.
- 4) Authorizes and Reauthorize for an individual to receive ongoing Opioid Treatment Program/Narcotic Treatment Program (OTP/NTP) services. The Medical Director or LPHA shall reevaluate that individual's medical necessity qualification at least annually through the reauthorization process and determine that those services are still clinically appropriate for that individual.

### Evidence provided in Chart Review

#### Regulations

- IA – Exhibit A, Attachment I Program Specifications
- SABG Program Specifications

## SR1.23

### (PERINATAL ONLY) Capacity Management and Waiting Lists

When a SUD treatment provider cannot admit a pregnant and parenting woman because of insufficient capacity, the provider will provide or arrange for interim services within 48 hours of the request, including a referral for prenatal care.

The Policy and Procedure should address how the program ensures:

- 1) Provide or arrange for interim services within 48 hours of the request, including a referral for prenatal care, when a pregnant and parenting woman cannot be admitted because of insufficient capacity.
- 2) Must refer the woman to DHCS through its capacity management program.
- 3) When a SUD treatment provider serving intravenous substance users reaches or exceeds 90 percent of its treatment capacity, the provider must report this information to the Drug and Alcohol Treatment Access Report (DATAR) on a monthly basis. The DATAR system is DHCS's capacity management program used to collect data on SUD treatment capacity and waiting lists.
- 4) A provider must also notify DHCS upon reaching or exceeding 90 percent of its treatment capacity within seven days by emailing [DHCSPerinatal@dhcs.ca.gov](mailto:DHCSPerinatal@dhcs.ca.gov). The subject line in the email must read "Capacity Management."
- 5) SUD treatment providers must establish, maintain, and submit waiting list information to DATAR upon reaching its capacity. The waiting list must include:
  - a. a unique beneficiary identifier for each injection substance user seeking treatment
  - b. include those receiving interim services while awaiting admission into treatment.
  - c. Ensure injection drug users are placed in comprehensive treatment within 14 days.
  - d. If any individual cannot be placed in comprehensive treatment within 14 days, then the provider must admit the woman no later than 120 days and provide interim services no later than 48 hours after the request.
  - e. Refer to Interim Services for more information.
- 6) A woman may be removed from the waiting list and not provided treatment within the 120 days if she cannot be located or refuses treatment.
- 7) If a woman requests treatment at a later date and space is not available, refer to the following sections in the Perinatal Practice Guidelines FY18-19 for more information:
  - a. Referrals;
  - b. Interim Services; and
  - c. Capacity Management.
- 8) SUD treatment providers must develop a tool to maintain contact with the women waiting for admission to treatment.
- 9) As space becomes available, SUD treatment providers will match clients in need of treatment with a SUD treatment provider that provides the appropriate treatment services within a reasonable geographic area.



### Required Evidence

- DATAR reports for the Months of (July, August, September of 2020)
- Tracking mechanism for women waiting admission to treatment

### Regulations

- Perinatal Practice Guidelines FY 18-19

## SR1.24

### (NTP ONLY) Licensed Beneficiary Capacity

A narcotic treatment program shall be licensed to provide treatment services to the maximum number of beneficiaries as specified on the license.

The Policy and Procedure should address how the program ensures:

- 1) The licensed beneficiary capacity applies to the combined number of beneficiary's receiving treatment at the narcotic treatment program, medication unit and/or OBNTN, except for those beneficiaries from another program who are receiving dosing services at the narcotic treatment program on a temporary basis as specified in Section 10295.
- 2) A licensee shall notify the County Alcohol and Drug Program Administrator in writing prior to any change in the licensed beneficiary capacity. **(Effective July 1, 2020)**
- 3) The program may adjust the ratio of beneficiary's in each treatment modality in response to need but shall not treat more beneficiary's at any one time than the maximum beneficiary capacity specified on the license.
- 4) Each beneficiary shall be assigned to a counselor.
- 5) Beneficiary caseloads may vary according to the particular problems of beneficiary's and the amount of supportive services used.
- 6) The program shall set forth the beneficiary caseload per counselor.

### Required Evidence

- Copy of License

## Regulations

- Title 9 CCR § 10145
- Title 9 CCR § 10150

## SR1.25

### Tuberculosis Treatment and Intravenous Drug Use (IVDU) Treatment

The Policy and Procedure should address how the program ensures:

- 1) TB services are routinely made available to each individual receiving treatment for alcohol and other use and/or abuse.
- 2) Reduces barriers to beneficiary's' accepting TB treatment.
- 3) Strategies are developed to improve follow-up monitoring, particularly after beneficiary's' leave treatment, by disseminating information through educational bulletins and technical assistance.
- 4) Individuals in need of IVDU treatment are encouraged to undergo AOD treatment.
- 5) **(PERINATAL ONLY)** Providers are required to implement infection control procedures designed to prevent the transmission of tuberculosis. In doing so, providers must screen pregnant and parenting women and identify those at high risk of becoming infected.

### Possible Evidence

- Educational Bullets
- Tracking mechanism for TB follow-up

## Regulations

- 42 USC 300x-23 (45 CFR 96.126(e))
- SABG Program Specifications
- Perinatal Practice Guidelines FY 18-19

## SR1.26

### Health Questionnaire and Physical Exam

The provider shall administer health questionnaires for all beneficiaries and verify beneficiary meets physical examination requirements.

The Policy and Procedure should address how the program ensures:

- 1) A health questionnaire is completed for all beneficiaries. The health questionnaire is a beneficiary's self-assessment of their current health status and shall be completed and signed within 24 hours of the beneficiary's admissions to the program and filed in the beneficiary's file. Programs may use [DHCS Form 5103](#) or develop their own, but must contain, at minimum, information included in DHCS Form 5103.
- 2) Staff review each completed health questionnaire. When appropriate, the beneficiary shall be referred to a licensed medical professional for physical, psychiatric, and laboratory examinations. A medical clearance or release shall be obtained prior to re-admission whenever a beneficiary is referred to licensed medical professionals. The referral and medical clearance shall be documented in the client's file.
- 3) Physician, Registered Nurse Practitioner or Physician's Assistant (physician extenders) review most recent physical exams, within 30 calendar days of the beneficiary's admission to treatment date, if a beneficiary had a physical examination within the twelve-month period prior to the beneficiary's admission to the treatment date. If unable to obtain documentation of physical exam, then provider must document efforts made to obtain this documentation in the beneficiary's record.
- 4) Physician, Registered Nurse Practitioner or Physician assistant may perform a physical examination within 30 days of admission to treatment date, as an alternative.
- 5) If Physician or physician extender has not reviewed documentation or provider is not able to perform a physical examination of the beneficiary, then LPHA or counselor shall include in the beneficiary's initial and updated treatment plans the goal of obtaining a physical exam, until this goal has been met.
- 6) **(PERINATAL ONLY)** Physical examination requirements are as follows:
  - a. The Physician shall review the beneficiary's most recent physical examination within 30 days of admission to treatment. The physical examination should be within a 12-month period prior to admission date.
  - b. Alternatively, the Physician, a Registered Nurse, or a Physician's Assistant may perform a physical examination for the beneficiary within 30 calendar days of admission.
  - c. If neither requirement stated in (a) or (b) are met, the provider shall document the goal of obtaining a physical examination in the beneficiary's initial or updated treatment plan, until the goal has been met

[Evidence provided in Chart Review](#)

## Regulations

- AOD Certification Standards: 7020
- IA, Exhibit A, Attachment I Program Specifications
- Yolo County Provider Contract
- Perinatal Practice Guidelines FY18-19

## SR1.27

### Intake, Admission, Readmission and Drug Screening

A substance use disorder shall be the primary criterion for admission to the program. **Admission Priority** shall be provided to pregnant women (If Provider covers Perinatal services). Among women with a SUD, pregnant women require more urgent treatment services due to the harmful effects of substance use on the fetus.

The Policy and Procedure should address how the program ensures:

- 1) If a beneficiary is admitted to the program, the following information is gathered:
  - a. Social, economic and family history
  - b. Education
  - c. Employment History
  - d. Criminal history and legal status
  - e. Physical and mental health history
  - f. Alcohol and/or other drug history
  - g. Previous Treatment
- 2) **(PERINATAL ONLY)** Priority admission will be provided to pregnant women. SUD providers serving pregnant and parenting women shall provide preference to pregnant women. When possible and if appropriate, it is recommended that providers prioritize the admission of pregnant and parenting women into treatment. Specifically, priority must be given to pregnant women who are seeking or referred to treatment in the following order:
  - a. Pregnant injecting drug users;
  - b. Pregnant substance users;
    - i. Injection drug users; and
    - ii. All others.

- 3) Upon completion of the intake process, the beneficiary signs and dates the admission agreement. A copy shall be provided to the beneficiary and the original shall be placed in the beneficiary's file.
- 4) The program has written admission and readmission criteria for determining the individual's eligibility and suitability for treatment and services, which shall be available to the individual and the general public. An initial interview shall determine whether or not the individual meets the admission criteria.
- 5) All beneficiaries admitted meet the admission criteria and this is documented in the beneficiary's file and signed by the beneficiary and counselor. The admission criteria shall include:
  - a. Identification of alcohol and/or illicit drugs used;
  - b. Documentation of social, mental health, physical and/or behavioral problems related to substance use; and
  - c. A statement of nondiscrimination requiring that admission shall not be denied on the basis of ethnic group identification, religion, age, gender, race, disability, or sexual orientation. The above shall not preclude programs from emphasizing services for specific populations.
  - d. The needs of special population; taking into consideration the disabilities, cultural, linguistic and sexual orientation among such populations. Programs shall ensure that their policies, procedures, practices, and rules and Regulations do not discriminate against the above special populations. Whenever the needs of the client cannot be reasonably accommodated, efforts shall be made to make referral (s) to appropriate programs.
  - e. All beneficiaries are physically and mentally able to comply with the program rules and Regulations.
- 6) No individual shall be admitted who:
  - a. Exhibits behavior dangerous to staff, self, or others; or
  - b. Requires an immediate medical evaluation, or higher level of physical or mental health care. Programs shall immediately refer an individual that needs a higher level of care to an appropriate facility.
- 7) Client possessions are safeguarded and restricted as needed.
- 8) Upon admission, a written, annotated list of community resources are made available to beneficiaries.
- 9) Within 72 hours after admission, each beneficiary attends an orientation, which shall describe the functions and requirements of the program.

- 10) Programs have a written policy regarding drug screening. For situations where drug screening by urinalysis is deemed appropriate and necessary by the program, the program shall:
- a. Establish procedures which protect against the falsification and/or contamination of any specimen sample collected for drug screening; and
  - b. Document urinalysis results in the beneficiary's file
- 11) **(PERINATAL ONLY)** SUD treatment providers must provide or arrange for gender-specific treatment and other therapeutic interventions for pregnant and parenting women, such as issues of relationships, sexual and physical abuse, and parenting.
- 12) **(PERINATAL ONLY)** Childcare services must be provided while the women are receiving gender-specific treatment services.
- 13) **(PERINATAL ONLY)** SUD treatment providers must also provide or arrange for therapeutic interventions for the children of the women receiving SUD treatment services to address the child's needs.

#### **Required Evidence**

- Annotated list of community resources
- Tracking mechanism for priority admission
- **Evidence as provided in Chart Review**

#### **Regulations**

- IA – Exhibit A, Attachment I, Program Specifications
- MQDTS - DMC
- AOD certification Standards:7000
- AOD Certification Standards: 7010
- AOD Certification Standards: 7050
- Perinatal Practice Guidelines FY 18-19
- 45 C.F.R. § 96.131(a)

## SR1.28

### (NTP ONLY) Beneficiary Orientation and Multiple Registrations

Each beneficiary will be provided an orientation and the program shall ensure the beneficiary is not currently receiving services through another narcotic treatment program at the same time.

The Policy and Procedure should address how the program ensures:

- 1) A beneficiary is not accepted for treatment if the beneficiary is registered in another narcotic treatment program at the same time.
- 2) May provide replacement narcotic therapy to short term (less than 30 days) visiting beneficiary's approved to receive services on a temporary basis, in accordance with Section 10295 (Beneficiary Attendance requirements)
- 3) When a program determines that it is providing replacement narcotic therapy to a client who is simultaneously receiving therapy from one or more other programs, all of the involved programs shall immediately:
  - a. Confer to determine which program will accept sole responsibility for the beneficiary
  - b. Revoke beneficiary's take home medication privileges
  - c. Notify DHCS Narcotic Treatment Program Licensing Branch by telephone within 72 hours of such determination
- 4) The program which agrees to accept sole responsibility for the beneficiary shall continue to provide replacement narcotic therapy. Each of the other programs involved shall:
  - a. Immediately discharge the beneficiary from the program
  - b. Document in the beneficiary's record why the beneficiary was discharged from the program
  - c. Provide to the new program within 72 hours of the discharge, written documentation (letter or discharge summary) that it has discharged the beneficiary
  - d. Send written notification of the discharge to DHCS within 72 hours of the discharge
- 5) Programs advise beneficiaries of the nature and purpose of treatment, which shall include, but not be limited to, the following information.
  - a. The addicting nature of medications used in replacement narcotic therapy.
  - b. The hazards and risks involved in replacement narcotic therapy.
  - c. The beneficiary's responsibility to the program.

- d. The program's responsibility to the beneficiary.
  - e. The beneficiary's participation in the program is wholly voluntary and the beneficiary may terminate his/her participation in the program at any time without penalty.
  - f. The beneficiary will be tested for evidence of use of opioids and other illicit drugs.
  - g. The beneficiary's medically determined dosage level may be adjusted without the beneficiary's knowledge, and at some later point the beneficiary's dose may contain no medications used in replacement narcotic therapy.
  - h. Take-home medication which may be dispensed to the beneficiary is only for the beneficiary's personal use.
  - i. Misuse of medications will result in specified penalties within the program and may also result in criminal prosecution.
  - j. The beneficiary has a right to a humane procedure of withdrawal from medications used in replacement narcotic therapy and a procedure for gradual withdrawal is available.
  - k. Possible adverse effects of abrupt withdrawal from medications used in replacement narcotic therapy.
  - l. Protection under the confidentiality requirements.
- 6) Provisions for beneficiary acknowledgement of orientation shall be made in the beneficiary records.
- 7) Provide the following orientation to female beneficiaries of childbearing age:
- a. Knowledge of the effects of medications used in replacement narcotic therapy on pregnant women and their unborn children is presently inadequate to guarantee that these medications may not produce significant or serious side effects.
  - b. These medications are transmitted to the unborn child and may cause physical dependence.
  - c. Abrupt withdrawal from these medications may adversely affect the unborn child.
  - d. The use of other medications or illicit drugs in addition to medications used in replacement narcotic therapy may harm the beneficiary and/or unborn child.
  - e. The beneficiary should consult with a physician before nursing.
  - f. The child may show irritability or other ill effects from the beneficiary's use of these medications for a brief period following birth.



- 8) Provisions for beneficiary acknowledgement of orientation shall be a part of the beneficiary records.
- 9) Each beneficiary attests to voluntary participation in a program by providing written documentation of his/her informed consent.
- 10) Ensure that the beneficiary reads and understands the consent form, explain program rules, and supply the beneficiary with copies of the consent form and program rules.
- 11) If a beneficiary is admitted to a new treatment episode after a previous episode of treatment was terminated by the program physician and the discharge was noted in the beneficiary's record, the program shall reissue rules and instructions to the beneficiary and require that the beneficiary resign the consent form

### **Required Evidence**

- Written notification to DHCS of any discharges where the client is identified as having multiple registrations (if applicable)
- Orientation packet/documents

### **Regulations**

- Title 9 CCR § 10280
- Title 9 CCR § 10290
- Title 9 CCR § 10205
- Title 9 CCR § 10225

## **SR1.29**

### **(NTP ONLY) Beneficiary Identification**

The Policy and Procedure should address how the program ensures:

- 1) Describes in its protocol and system of how beneficiaries are identified. Beneficiary identification shall insure that each beneficiary is properly identified and that his/her medication dose is not administered or dispensed to another person.
- 2) The beneficiary identification system assigns unique identifiers to beneficiary's. The beneficiary identification system shall maintain the following information:
  - a. The beneficiary's name;
  - b. The beneficiary's unique identifier;
  - c. The beneficiary's physical description;
  - d. The beneficiary's signature; and
  - e. A full-face photograph of the beneficiary.

- 3) The beneficiary identification system may employ the use of beneficiary identification cards. A beneficiary identification cards shall include the following information:
  - a. The beneficiary's name;
  - b. The beneficiary's unique identifier;
  - c. The beneficiary's physical description;
  - d. The beneficiary's signature;
  - e. A full-face photograph of the beneficiary;
  - f. The program's name, address, 24-hour phone number, and signature of the program director or designee; and
  - g. The issuance and expiration dates of the beneficiary identification card.
  - h. Beneficiary's shall not be required to carry the beneficiary identification card when away from the program premises.
  - i. Beneficiary's may be required by the program to carry the beneficiary identification card while on the program's premises.
- 4) Set forth in its protocol the system used to ensure:
  - a. Positive identification of the beneficiary and a correct recording of attendance and/or medication.
  - b. For programs that utilize beneficiary identification cards:
    - i. The issuance and tracking of beneficiary identification cards.
    - ii. Recovery of the beneficiary identification card when the beneficiary identification card has expired or when the beneficiary has either completed or terminated treatment.

#### **Required Evidence**

- Beneficiary identification documents or card
- If program uses beneficiary identification cards, provide tracking tool

#### **Regulations**

- Title 9 CCR § 10235
- Title 9 CCR § 10240
- Title 9 CCR § 10245
- Title 9 CCR § 10250

## SR1.30

### Assessment, Medical Necessity and Diagnosis Requirements

An assessment should be completed for each individual that has been admitted into the program.

The Policy and Procedure should address how the program ensures:

- 1) Counselor or LPHA completes assessment upon admission to treatment to include personal, medical, and substance use history for each beneficiary:
  - a. Drug/Alcohol use history
  - b. Medical history
  - c. Family history
  - d. Psychiatric/psychological history
  - e. Financial status/history
  - f. Social/recreational history
  - g. Financial status/history
  - h. Education History
  - i. Employment history
  - j. Criminal history, legal status
  - k. Previous SUD treatment history
- 2) The Medical Director or LPHA reviews each beneficiary's personal, medical and substance use history if completed by a counselor.
- 3) The Medical Director or LPHA evaluates each beneficiary's assessment and intake information if completed by a counselor through a face-to-face review or telehealth with the counselor to establish a beneficiary meets medical necessity criteria.
- 4) The Medical Director or LPHA documents separately from the treatment plan, the basis of the diagnosis in the beneficiary's record within 30 calendar days of each beneficiary's admission to treatment date.
- 5) The Medical Director of LPHA shall type or legibly print their name, and sign and date diagnosis documentation.
- 6) **(PERINATAL ONLY)** Perform initial and ongoing assessments to ensure pregnant and parenting women are placed in the level of care that meets their needs.
- 7) **(PERINATAL ONLY)** SUD providers delivering **Perinatal Residential Services** should attempt to obtain physical examinations for beneficiaries prior to or during

admission. In addition, providers must obtain medical documentation that substantiates the woman's pregnancy.

- 8) **(PERINATAL ONLY)** Document treatment services, activities, sessions, and assessments.
- 9) **(PERINATAL ONLY)** The provider shall complete a personal, medical, and substance use history within 30 calendar days of admission to treatment.
- 10) **(PERINATAL ONLY)** Pregnant women who are dependent on opioids and have a documented history of addiction to opioids, may be admitted to maintenance treatment without documentation of a 2-year addiction history or two prior treatment failures.
- 11) **(PERINATAL ONLY)** Physicians shall reevaluate the pregnant woman no later than 60 days postpartum to determine whether continued maintenance treatment is appropriate.

### Evidence provided in Chart Review

#### Regulations

- IA, Exhibit A, Attachment I Program Specifications
- Yolo County Provider Contract
- Perinatal Practice Guidelines FY18-19

## SR1.31

#### Treatment Plan

For each beneficiary admitted to treatment services, the LPHA or counselor shall prepare an individualized written initial treatment plan and any updated treatment plans, based upon the information obtained in the intake and assessment processes and need for any continuing services.

The Policy and Procedure should address how the program ensures:

- 1) The LPHA or counselor attempts to engage the beneficiary to meaningfully participate in the preparation of the initial treatment plan and updated treatment plans. The initial treatment plan and updated treatment plans shall include all of the following:
  - a. Be goal and action oriented with objective and measurable criteria and include a statement of objectives to be reached that address each problem.
  - b. A statement of problems identified through the ASAM, other assessment tool(s) or intake documentation.
  - c. Goals to be reached which address each problem.

- d. Action steps that will be taken by the provider and/or beneficiary to accomplish identified goals.
- e. Target dates for the accomplishment of action steps and goals.
- f. A description of the services, including the type of counseling, to be provided and the frequency thereof.
- g. The assignment of a primary therapist or counselor.
- h. The beneficiary's diagnosis as documented by the Medical Director or LPHA.
- i. If a beneficiary has not had a physical examination within the 12-month period prior to the beneficiary's admission to treatment date, a goal that the beneficiary has a physical examination.
- j. If documentation of a beneficiary's physical examination, which was performed during the prior twelve months, indicates a beneficiary has a significant medical illness, a goal that the beneficiary obtains appropriate treatment for the illness
- k. The LPHA or counselor completes, types or legibly prints their name, and signs and dates the treatment plan, within 30 calendar days of the admission to treatment date.
- l. The beneficiary reviews, approves, types or legibly prints their name, signs and dates the treatment plan. The treatment plan should indicate whether the beneficiary participated in preparation of the plan, within 30 calendar days of the admission to treatment date.
- m. If the beneficiary refuses to sign the treatment plan, the provider shall document the reason for refusal and the provider's strategy to engage the beneficiary to participate in treatment

2) Initial Treatment Plans must meet all the additional requirements:

- a. **For residential programs**, the treatment plan shall be developed within 10 calendar days from the date of the beneficiary's admission
- b. **For outpatient and intensive outpatient beneficiary programs**, the treatment plan shall be developed within 30 calendar days from the date of the client's admission. The client's progress shall be reviewed and documented within 30 calendar days after signing the treatment plan and not later than every 30 calendar days thereafter.
- c. If a counselor completes the initial treatment plan, the Medical Director or LPHA shall review the initial treatment plan to determine whether services are a medically necessary and appropriate for the beneficiary.

- d. If the Medical Director or LPHA determines the services in the initial treatment plan are medically necessary, the Medical Director or LPHA shall type or legibly print their name, and sign and date the treatment plan within 15 calendar days of signature by the counselor.
- 3) Updated Treatment Plans must meet all of the additional requirements:
  - a. The LPHA or counselor shall complete, type or legibly print their name, sign and date the updated treatment plan no later than 90 calendar days after signing the initial treatment plan, and no later than every 90 calendar days thereafter, or when there is a change in treatment modality or significant event, whichever comes first.
  - b. If a counselor completes the updated treatment plan, the Medical Director or LPHA shall review each updated treatment plan to determine whether continuing services are a medically necessary and appropriate for the beneficiary.
  - c. If the Medical Director or LPHA determines the services in the updated treatment plan are medically necessary, they shall type or legibly print their name and, sign and date the updated treatment plan, within 15 calendar days of signature by the counselor.
- 4) **(PERINATAL ONLY)** Individual treatment planning shall be provided to pregnant and parenting women. The provider shall prepare an individualized treatment plan based on the information obtained at intake and assessment.
- 5) **(PERINATAL ONLY)** SUD treatment providers shall make an effort to engage all beneficiaries, including pregnant and parenting women, to meaningfully participate in the preparation of the initial and updated treatment plans.
- 6) **(PERINATAL ONLY)** Providers offering perinatal services shall address treatment issues specific to the pregnant and parenting women. Perinatal-specific services shall include the following:
  - a. Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;
  - b. Access to services, such as arrangement for transportation;
  - c. Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
  - d. Coordination of ancillary services, such as medical/dental, education, social services, and community services.

## Evidence provided in Chart Review

### Regulations

1. IA, Exhibit A, Attachment I Program Specifications
2. Yolo County Provider Contract
3. AOD Certification Standards: 7100
4. AOD Certification Standards: 7090
5. Perinatal Practice Guidelines FY 18-19

## **SR1.32**

### (NTP ONLY) Beneficiary Treatment Plans

For each beneficiary admitted to treatment services, the LPHA or counselor shall prepare an individualized written initial treatment plan and any updated treatment plans, based upon the information obtained in the intake and assessment processes and need for any continuing services.

The Policy and Procedure should address how the program ensures:

- 1) The primary counselor shall enter in the beneficiary's record his or her name and date the beneficiary was assigned to the counselor.
- 2) Detoxification Treatment Plan Requirements. Programs shall develop an individualized treatment plan for each beneficiary which shall include:
  - a. Provisions to assist the beneficiary to understand illicit drug addictions and how to deal with them.
  - b. Provisions for furnishing services to the beneficiary as needed when the period of detoxification treatment is completed.
  - c. The treatment services required and a description of the role they play in achieving the stated goals.
  - d. The type and frequency of scheduled counseling services.
- 3) Maintenance Treatment Plan Requirements. Program shall develop an individualized treatment plan for each beneficiary.
- 4) Prior to developing a beneficiary's initial maintenance treatment plan, as required, the primary counselor shall complete and document in the beneficiary's record a needs assessment for the beneficiary which shall include:

- a. A summary of the beneficiary's psychological and sociological background, including his or her educational and vocational experience.
  - b. An assessment of the beneficiary's needs for:
    - i. Health care as recorded within the overall impression portion of the physical examination;
    - ii. Employment;
    - iii. Education;
    - iv. Psychosocial, vocational rehabilitation, economic, and legal services.
- 5) Within 28 calendar days after initiation of maintenance treatment the primary counselor shall develop the beneficiary's initial maintenance treatment plan which shall include:
- a. Goals to be achieved by the beneficiary based on the needs identified in paragraph (d) of this section and with estimated target dates for attainment in accordance with the following:
    - i. Short-term goals are those which are estimated to require ninety (90) days or less for the beneficiary to achieve; and
    - ii. Long-term goals are those which are estimated to require a specified time exceeding ninety (90) days for the beneficiary to achieve.
  - b. Specific behavioral tasks the beneficiary must accomplish to complete each short-term and long-term goal.
  - c. A description of the type and frequency of counseling services to be provided to the beneficiary as required in Section 10345.
  - d. An effective date based on the day the primary counselor signed the initial treatment plan.
- 6) The primary counselor shall evaluate and update the beneficiary's maintenance treatment plan whenever necessary or at least once every three months from the date of admission. This updated treatment plan shall include:
- a. A summary of the beneficiary's progress or lack of progress toward each goal identified on the previous treatment plan.
  - b. New goals and behavioral tasks for any newly identified needs, and related changes in the type and frequency of counseling services as required in Section 10345.
  - c. An effective date based on the day the primary counselor signed the updated treatment plan.



- 7) The supervising counselor shall review the initial maintenance treatment plan, along with the corresponding needs assessment, and all updated maintenance treatment plans within fourteen (14) calendar days from the effective dates and shall countersign these documents to signify concurrence with the findings.
- 8) The medical director shall review the initial maintenance treatment plan, along with the corresponding needs assessment, and all updated maintenance treatment plans within fourteen (14) calendar days from the effective dates and shall record the following:
  - a. Countersignature to signify concurrence with the findings; and
  - b. Amendments to the plan where medically deemed appropriate.

### Evidence provided in Chart Review

#### Regulations

- o Title 9 CCR § 10305

## SR 1.33

### Progress Notes and Reimbursement of Documentation

Contacts with a beneficiary shall be documented within the beneficiary record at any time a service has been provided.

The Policy and Procedure should address how the program ensures:

- 1) Progress notes be legible and completed as follows:
  - a. **For outpatient beneficiary services, Naltrexone treatment services, and recovery services:** For each Individual and Group session, the LPHA or counselor who conducted the counseling session or provided the service shall record a progress note for each beneficiary who participated in the counseling session or treatment service.
  - b. **For intensive outpatient beneficiary treatment and residential treatment services,** the LPHA or counselor shall record at a minimum one progress note, per calendar week, for each beneficiary participating in structured activities including counseling sessions or other treatment services.
  - c. **For Case Management Services,** the LPHA or counselor who provided the treatment service shall record a progress note.
  - d. **For Physician Consultation Services,** additional medication assisted treatment, and withdrawal management, the Medical Director or LPHA working within their

scope of practice who provided the treatment service shall record a progress note and keep in the beneficiary's file.

- e. The Medical Director, LPHA or counselor (dependent on service type) shall type or legibly print their name, and sign and date the progress note within seven calendar days of the service.
- 2) Progress notes are individual narrative summaries and shall include all of the following:
    - a. Beneficiary Name
    - b. The topic of the session or purpose of the service.
    - c. A description of the beneficiary's:
  - 3) **For outpatient beneficiary services, Naltrexone treatment services, residential and recovery services:** Progress on the treatment plans problems, goals, action steps, objectives, and/or referrals.
  - 4) **For Case Management Services:** A description of how the service relates to the beneficiary's treatment plan problems, goals, action steps, objectives, and/or referrals
    - a. Information on the beneficiary's attendance/service, including the date, start and end times of each individual and group counseling session or treatment service and topic of the counseling session.
    - b. Identify if services were provided in-person, by telephone, or by telehealth.
    - c. If services were provided in the community, identify the location and how the provider ensured confidentiality.
  - 5) Reimbursement of units of service for documentation activities shall be as follows:
    - a. The Medical Director, LPHA or counselor shall record their completion of progress notes, treatment plans, continuing services justification and discharge documentation that includes at a minimum the following:
      - i. Name of beneficiary
      - ii. Date original treatment service was provided
      - iii. Date documentation of progress note, treatment plan, continuing services justification or discharge documentation was completed, which includes start and end time.
    - b. The Medical Director, LPHA or counselor shall type or legibly print their name, and sign and date the record within seven calendar days of the service requiring documentation.
  - 6) Maintain Electronic Signature Certification Agreements for staff using electronic signatures

### Required Evidence

- Electronic signature certification agreement
- Evidence provided in Chart Review

### Regulations

- IA, Exhibit A, Attachment I Program Specifications
- Yolo County Provider Contract
- Yolo County P&P 5-4-001 Electronic Signature and Electronically Signed Records

## SR1.34

### Frequency and Types of Services

Documentation contained within the beneficiary record shall contain a description of the services, including the type of counseling, to be provided and the frequency thereof.

The Policy and Procedure should address how the program ensures:

- 1) **(RESIDENTIAL ONLY)** - Residential treatment shall include:
  - a) a minimum of five hours of clinical service a week to prepare beneficiary for outpatient treatment.
  - b) In order for residential treatment to be reimbursed on a daily basis, the service provided must include a required service activity on the date of billing.
  - c) The components of residential treatment are established in the DMC-ODS Waiver special terms and conditions (STC), Section 134. Including:
    - i) Intake
    - ii) Individual
    - iii) Group Counseling
    - iv) Patient Education
    - v) Family Therapy
- i) Collateral Services
- ii) Crisis Intervention Services
- iii) Treatment Planning

- iv) Transportation Services: Provision of or arrangement for transportation to and from medically necessary treatment.
  - v) Discharge Services
  - d) Group counseling is described in the DMC-ODS STCs as a face-to-face contact in which one or more therapists or counselors treat two or more clients at the same time with a maximum of 12 in the group, focusing on the therapeutic SUD treatment needs of the individuals served. Group counseling is considered a clinical intervention.
  - e) A minimum of 20 hours per week of individual and/or group counseling sessions and/or structured therapeutic activities be provided for each beneficiary in accordance with the treatment plan or recovery plan.
  - f) The other structured activities that are available in residential treatment, including patient education, **are not** considered clinical interventions, and are not subject to a limitation in regard to the number of participants. Any structured activity not listed in the STCs will not satisfy the requirement for reimbursement for residential treatment.
- 2) **(OUTPATIENT ONLY)** - A maximum of nine (9) hours per week of counseling services be provided for each beneficiary in accordance with the beneficiary's treatment plan or recovery plan. Services may be provided by a counselor in-person, by telephone or telehealth, or in any appropriate setting in the community.
- 3) **(INTENSIVE OUTPATIENT ONLY)** - A minimum of nineteen (19) hours per week of counseling services be provided to each beneficiary in accordance with the client's treatment plan or recovery plan. Services may be provided by a counselor in-person, by telephone or telehealth, or in any appropriate setting in the community.
- 4) **(PERINATAL ONLY)** - SUD treatment providers will make interim services available for pregnant and parenting women awaiting admission into treatment. The purpose of providing interim services is to reduce the adverse health effects of substance use, promote the health of the woman, and reduce the risk of disease transmission. If a SUD treatment provider has insufficient capacity to provide treatment services to pregnant and parenting women using drugs intravenously, and a referral to treatment has been made, the provider must:
- a. Admit the woman no later than 14 days of the request; or
  - b. Admit the woman no later than 120 days of the request and provide interim services no later than 48 hours after the request.
  - c. At a minimum, interim services include the following:

- i. Counseling and education about the risks and prevention of transmission of HIV and TB;
  - ii. Counseling and education about the risks of needle-sharing;
  - iii. Counseling and education about the risks of transmission to sexual partners and infants;
  - iv. Referral for HIV or TB services;
  - v. Counseling on the effects of alcohol and drug use on the fetus; and
  - vi. Referral for prenatal care.
  - vii. Exceptions to the above frequency of services may be made for an individual beneficiary, where it is determined by a counselor that fewer contacts are appropriate and that progress toward treatment or recovery goals is being maintained. Such exceptions shall be noted in the beneficiary's file.
- 1) The following minimum services shall be assessed and, when needed, shall be provided directly or by referral to an ancillary service. These services include, but are not limited to:
  - a) Education opportunities;
  - b) Vocational counseling and training;
  - c) Job referral and placement;
  - d) Legal services;
  - e) Physical health, mental health, or dental services;
  - f) Social/recreational services; and
  - g) Individual and group counseling sessions for beneficiaries, spouses, parents and other significant people.
  - h) Referrals to ancillary services shall be documented in the beneficiary's file

### **Evidence provided in Chart Review**

#### **Regulations**

- 2) IA, Exhibit A, Attachment I Program Specifications
- 3) Yolo County Provider Contract
- 4) AOD Certification Standards: 8000
- 5) Perinatal Practice Guidelines FY 18-19

- 6) MHSUDS Information Notice: 18-001
- 7) IA, Exhibit A – Attachment 1, Definitions: Residential Treatment Services

## **SR1.35**

### **(NTP ONLY) Naltrexone Treatment Services**

The Policy and Procedure should address how the program ensures:

- 1) For each beneficiary, all of the following shall apply:
  - a. The provider shall confirm and document that the beneficiary meets all of the following conditions:
    - i. Has a documented history of opiate addiction
    - ii. Is at least 18 years of age.
    - iii. Has been opiate free for a period of time to be determined by a physician based on the physician's clinical judgment. The provider shall administer a body specimen test to confirm the opiate free status of the beneficiary.
    - iv. Is not pregnant and is discharged from the treatment if she becomes pregnant.
  - b. The physician shall certify the beneficiary's fitness for treatment based upon the beneficiary's physical examination, medical history, and laboratory results; and
  - c. The physician shall advise the beneficiary of the overdose risk should the beneficiary return to opiate use while taking Naltrexone and the ineffectiveness of opiate pain relievers while on Naltrexone.

### **Evidence provided in Chart Review**

#### **Regulations**

- IA Exhibit A, Attachment I Program Specifications

## **SR1.36**

### **(PERINATAL ONLY) Perinatal Services**

SUD Perinatal providers must serve pregnant and parenting women, regardless of funding source.

The Policy and Procedure should address how the program ensures:

- The target population. SUD perinatal treatment providers must serve the following individuals with a Substance Use Disorder:
  - a. Pregnant women;
  - b. Women with dependent children;
  - c. Women attempting to regain custody of their children;
  - d. Postpartum women and their children; or
  - e. Women with substance exposed infants.
- Providers offering services funded by DMC shall address specific treatment and recovery needs of pregnant and parenting women of up to 60 days postpartum
- Perinatal services shall address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and development of parenting skills.
- Perinatal services shall include:
  - Mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative childcare);
  - Service access (i.e., provision of transportation to and from medically necessary treatment);
  - Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
  - Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training, and other services which are medically necessary to prevent risk to fetus or infant).
- Medical documentation that substantiates the beneficiary's pregnancy and the last day of pregnancy shall be maintained in the beneficiary's record.
- SUD treatment providers must provide or arrange for case management to ensure that pregnant and parenting women, and their children, have access to the following services:
  - a. Primary medical care, including prenatal care;
  - b. Primary pediatric care, including immunizations;
  - c. Gender-specific treatment; and

- d. Therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect.
- o SUD treatment providers shall provide or arrange transportation to and from medically necessary treatment for pregnant and parenting women.

### **Evidence provided in Chart Review**

### **Regulations**

- o Perinatal Practice Guidelines FY 18-19

## **SR1.37**

### **(NTP ONLY) Additional Requirements for Pregnant Beneficiary's**

The Policy and Procedure should address how the program ensures:

- 1) Within fourteen (14) calendar days from the date of the primary counselor's knowledge that the beneficiary may be pregnant, as documented in the beneficiary's record, the medical director shall review, sign, and date a confirmation of pregnancy. Also, within this time frame, the medical director shall document his or her:
  - a. Acceptance of medical responsibility for the beneficiary's prenatal care; or
  - b. Verification that the beneficiary is under the care of a physician, physician assistant, or nurse practitioner licensed by the State of California and trained in obstetrics and/or gynecology, or a licensed midwife or certified nurse midwife licensed by the State of California.
- 2) The Medical Director shall document a medical order and his or her rationale for determining LAAM to be the best choice of therapy for the beneficiary prior to:
  - a. Placing a pregnant applicant on LAAM therapy; or
  - b. Continuing LAAM therapy after confirmation of a beneficiary's pregnancy. The Medical Director shall conduct a physical examination of this beneficiary, as specified in Section 10270(a)(3), prior to documenting a medical order to continue LAAM therapy.
- 3) Within fourteen (14) calendar days from the date the Medical Director confirmed the pregnancy, the primary counselor shall update the beneficiary's treatment plan in accordance with Section 10305. The nature of prenatal support reflected in subsequent updated treatment plans shall include at least the following services:
  - a. Periodic face-to-face consultation at least monthly with the medical director or physician extender designated by the medical director.



- b. Collection of beneficiary body specimens at least once each calendar week in accordance with collection procedures specified in Section 10310.
  - c. Prenatal instruction as specified in subsection (d) of this section.
- 4) The Medical Director or licensed health personnel designated by the medical director shall document completion of instruction on each of the following prenatal topics:
- a. Risks to the beneficiary and unborn child from continued use of both illicit and legal drugs, including premature birth.
  - b. Benefits of replacement narcotic therapy and risks of abrupt withdrawal from opioids, including premature birth.
  - c. Importance of attending all prenatal care visits.
  - d. Need for evaluation for the opioid addiction-related care of both the beneficiary and the newborn following the birth.
  - e. Signs and symptoms of opioid withdrawal in the newborn child and warning that the beneficiary does not share take-home medication with the newborn child who appears to be in withdrawal.
  - f. Current understanding related to the risks and benefits of breast-feeding while on medications used in replacement narcotic therapy.
  - g. Phenomenon of postpartum depression.
  - h. Family planning and contraception.
  - i. Basic prenatal care for those beneficiary's not referred to another health care provider, which shall include instruction on at least the following:
  - j. Nutrition and prenatal vitamins.
  - k. Child pediatric care, immunization, handling, health, and safety.
  - l. Evidence-based practices for managing neonatal abstinence syndrome. **(Effective July 1, 2020)**
- 5) If a beneficiary repeatedly refuses referrals offered by the program for prenatal care or refuses direct prenatal services offered by the program, the Medical Director shall document in the beneficiary's record these repeated refusals and have the beneficiary acknowledge in writing that she has refused these treatment services.
- 6) Within fourteen (14) calendar days after the date of birth and/or termination of the pregnancy, the Medical Director shall document in the beneficiary's record the following information:
- a. The hospital's or attending physician's summary of the delivery and treatment outcome for the beneficiary and offspring; or

- b. Evidence that a request for information as specified in subsection (f)(1) of this section was made, but no response was received.
- 7) Within fourteen (14) calendar days from the date of the birth and/or termination of the pregnancy, the primary counselor shall update the beneficiary's treatment plan in accordance with Section 10305. The nature of pediatric care and child immunization shall be reflected in subsequent updated treatment plans until the child is at least three (3) years of age.

### **Evidence provided in Chart Review**

#### **Regulations**

- o Title 9 CCR § 10360

## **SR1.38**

### **(NTP ONLY) Beneficiary Attendance and Absence requirements**

A Beneficiary shall report to the same program to which he or she was admitted unless prior approval is obtained from the beneficiary's medical director or program physician to receive services on a temporary basis from another narcotic treatment program.

The Policy and Procedure should address how the program ensures:

- 1) Prior approval be obtained from the beneficiary's Medical Director or program physician to receive services on a temporary basis from another narcotic treatment program. The approval shall be noted in the client's file and shall include the following documentation:
  - a. The client's signed and dated consent for disclosing identifying information to the program which will provide services on a temporary basis;
  - b. A medication change order by the referring Medical Director or program physician permitting the beneficiary to receive services on a temporary basis from the other program for a length of time not to exceed 30 days and
  - c. Evidence that the Medical Director or program physician for the program contacted to provide services on a temporary basis, has accepted responsibility to treat the visiting beneficiary and concurs with his or her dosage schedule and supervises the administration of the medication.
- 2) Absence in Detoxification Treatment. If a beneficiary in detoxification treatment misses' appointments for three consecutive days or more, without notifying the program, the beneficiary's episode of treatment may be terminated by the Medical Director or program physician and the discharge shall be noted in the record.

- 3) A beneficiary in detoxification treatment that is discharged pursuant to Subsection (a)(1) of this regulation may be continued in treatment by the program physician if medically indicated, based upon establishment of a legitimate reason for absence. The reasons for continuation of treatment shall be documented in the beneficiary's record.
- 4) Beneficiary in Maintenance Treatment; if a beneficiary in maintenance treatment misses' appointments for two weeks or more without notifying the program, the beneficiary's episode of treatment shall be terminated by the Medical Director or program physician and the discharge shall be noted in the beneficiary's record.
- 5) If the discharged beneficiary returns for care and is accepted into the program, the beneficiary shall be readmitted as a new beneficiary and documentation for the new readmission shall be noted in the beneficiary's record.

### **Evidence provided in Chart Review**

#### **Regulations**

- Title 9 CCR § 10300
- Title 9 CCR § 10295

## **SR1.39**

### **(NTP ONLY) Beneficiary Body Specimens**

The Policy and Procedure should address how the program ensures:

- 1) Each program sets forth in its protocol a plan for collection of beneficiary body specimens for testing or analysis of samples for illicit drug use that describes the procedures to be used for:
  - a. Assuring the reliability of its body beneficiary specimen collection procedure.
  - b. Storage of body beneficiary specimens in a secure place to avoid substitution.
  - c. The substances for which samples of beneficiary body specimens are to be analyzed pursuant to section 10315.
  - d. Usage of test or analysis results in beneficiary evaluation and treatment.
- 2) Each program shall ensure that beneficiary body specimens are collected in sufficient quantity to permit retesting or analysis of samples, if necessary.
- 3) Each program shall describe in its protocol the method to be used to validate collection of beneficiary body specimens and sample testing or analysis procedures.

- 4) Each program providing maintenance treatment shall describe in its protocol a plan for collection of beneficiary body specimens which incorporates the elements of randomness and surprise and/or requires daily collection.
- 5) A test or analysis for illicit drug use shall be performed at least monthly for every beneficiary in maintenance treatment.
- 6) In programs providing detoxification treatment, a test or analysis for illicit drug use shall be performed at the time of admission and any other time deemed necessary by the attending physician.
- 7) Programs shall have samples collected from each beneficiary body specimen tested or analyzed for evidence of the following substances in a beneficiary's system:
  - a. Methadone and its primary metabolite.
  - b. Opiates.
  - c. Cocaine.
  - d. Amphetamines.
  - e. Barbiturates.
  - f. Benzodiazepines (**Effective July 1, 2020**)
- 8) For every beneficiary receiving buprenorphine or buprenorphine products, programs shall have samples collected from each beneficiary body specimen tested or analyzed for evidence of buprenorphine in addition to the substances specified.
- 9) Programs may have samples collected from each beneficiary body specimen tested or analyzed for evidence of other illicit drugs if those drugs are commonly used in the area served by the program.
- 10) Programs shall utilize the services of a laboratory that is licensed and certified by the California Department of Public Health as a Methadone Drug Analysis Laboratory, pursuant to the provisions of group 5.5 (commencing with Section 1160), Subchapter 1, Chapter 2, Division 1, Title 17, of the California Code of Regulations, and is currently included on the list of licensed and certified laboratories that is available from the California Department of Public Health Food and Drug Laboratory Branch.
- 11) Each program shall maintain in every beneficiary's file the following information:
  - a. The date the beneficiary body specimen was collected;
  - b. The test or analysis results; and
  - c. The date the program received the results of the test or analysis.

- d. All test or analysis records for illicit drug use shall be from a laboratory licensed and certified by the California Department of Public Health as a Methadone Drug Analysis laboratory. **(Effective July 1, 2020)**
- 12) When a beneficiary fails to provide a body specimen when required, the program shall proceed as though the beneficiary's sample from his or her body specimen disclosed the presence of an illicit drug(s). Such failures shall be noted in the beneficiary's records.
- 13) Each program shall participate in and maintain records pursuant to a quality control program, prescribed by the State Department of Health Services pursuant to section 1192, title 17, California Code of Regulations, to examine the reliability of test or analyses for illicit drug use and their results.

### **Evidence provided in Chart Review**

#### **Regulations**

- Title 9 CCR § 10315
- Title 9 CCR § 10320
- Title 9 CCR § 10330
- Title 9 CCR § 10335
- Title 9 CCR § 10325
- Title 9 CCR § 10310

## **SR1.40**

### **(NTP ONLY) Criteria for Beneficiary Selection**

The Policy and Procedure should address how the program ensures:

- 1) Before admitting an applicant to detoxification or maintenance treatment, the medical director shall either conduct a medical evaluation or document his or her review and concurrence of a medical evaluation conducted by the physician extender. At a minimum this evaluation shall consist of:
  - a. A medical history that includes the applicant's history of illicit drug use;
  - b. An optional laboratory test for the determination of human immunodeficiency virus (HIV) in accordance with Division 105, Part 4, Chapter 7 of Health and Safety Code; and laboratory tests for determination of narcotic drug use, hepatitis C virus (HCV), tuberculosis, and syphilis (unless the medical director has determined the applicant's

subcutaneous veins are severely damaged to the extent that a blood specimen cannot be obtained); **(Effective July 1, 2020)**

- c. A physical examination that includes:
  - i. An evaluation of the applicant's organ systems for possibility of infectious diseases; pulmonary, liver, or cardiac abnormalities; and dermatologic sequelae of addiction;
  - ii. A record of the applicant's vital signs (temperature, pulse, blood pressure, and respiratory rate);
  - iii. An examination of the applicant's head, ears, eyes, nose, throat (thyroid), chest (including heart and lungs), breast exam, abdomen, extremities, skin, and general appearance; **(Effective July 1, 2020; Breast exam is not required)**
  - iv. An assessment of the applicant's neurological system; and
  - v. A record of an overall impression that identifies any medical condition or health problem for which treatment is warranted.
- 2) Before admitting an applicant to either detoxification or maintenance treatment, the medical director shall:
  - a. Document the evidence, or review and concur with the physician extender's documentation of evidence, used from the medical evaluation to determine physical dependence (except as specified in subsections (d)(4)(A) and (d)(4)(B) of this section) and addiction to opioids; and
  - b. Document his or her final determination concerning physical dependence (except as specified in subsections (d)(4)(A) and (d)(4)(B) of this section) and addiction to opioids.
- 3) Determine which applicants with an addiction to opioids are accepted as beneficiary's for detoxification treatment subject to the following minimum criteria, which shall be documented in the beneficiary records:
  - a. Certification of fitness for replacement narcotic therapy by a physician.
  - b. Determination by a program physician that the beneficiary is currently physically dependent on opioids. Evidence of current physical dependence shall include:
    - i. Observed signs of physical dependence, which shall be clearly and specifically noted in the beneficiary's record.
    - ii. Results of an initial test or analysis for illicit drug use shall be used to aid in determining current physical dependence and shall be noted in the beneficiary's record. Results of the initial test or analysis may be obtained after commencement of detoxification treatment.

- c. Beneficiary's under the age of 18 years shall have the written consent of their parent(s) or guardian prior to the administration of the first medication dose.
  - d. The applicant is not in the last trimester of pregnancy.
- 4) Determine which applicants with an addiction to opioids are accepted as beneficiary's for maintenance treatment subject to the following minimum criteria, which shall be entered in the beneficiary records:
- a. Confirmed documented history of at least two year of addiction to opioids. The method to be used to make confirmations shall be stated in the protocol. **(Effective July 1, 2020, at least 1 year of addiction of opioids history will be required)**
  - b. The program shall maintain in the beneficiary record documents, such as records of arrest or treatment outcomes, that are used to confirm one year of addiction to opioids. Statements of personal friends or family shall not be sufficient to establish a history of addiction.
  - c. With prior DHCS approval, the program may make an exception to this requirement only if the program physician determines, based on his or her medical training and expertise, that withholding treatment constitutes a life- or health-endangering situation. The program physician shall document the reason for this determination in the beneficiary record.
  - d. For beneficiaries under the age of 18 years, a documented history of two unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period. The methods to confirm this history and the types of documentation to be maintained in the beneficiary's record shall be stated in the protocol. Beneficiaries under the age of 18 years shall also have the written consent of their parent(s) or guardian prior to the admission into maintenance treatment.
  - e. Certification by a physician of fitness for replacement narcotic therapy based upon physical examination, medical history, and indicated laboratory findings. Plans for correction of existing medical problems should be indicated, including linkages to care and treatment, where needed, for beneficiary's who test positive for HIV, HCV, tuberculosis or syphilis.
  - f. Evidence of observed signs of physical dependence.
  - g. An applicant who has resided in a penal or chronic care institution for one month or longer may be admitted to maintenance treatment within six months of release without documented evidence to support findings of physical dependence, provided the person would have been eligible for admission before he or she was incarcerated or institutionalized and, in the clinical

judgment of the medical director or program physician, treatment is medically justified.

- h. Previously treated beneficiaries who voluntarily detoxified from maintenance treatment may be admitted to maintenance treatment without documentation of current physical dependence within two years after discharge, if the program is able to document prior maintenance treatment of six months or more and, in the clinical judgment of the medical director or program physician, treatment is medically justified. Beneficiaries admitted pursuant to this subsection may, at the discretion of the medical director or program physician, be granted the same take-home step level they were on at the time of discharge.
  - i. Pregnant beneficiaries who are currently physically dependent on opioids and have had a documented history of addiction to opioids in the past may be admitted to maintenance treatment without documentation of a one-year addiction history, provided the medical director or program physician, in his or her clinical judgment, finds treatment to be medically justified.
- 5) Pregnant beneficiary's admitted pursuant to subsection (d)(5) shall be reevaluated by the program physician not later than 60 days following termination of the pregnancy in order to determine whether continued maintenance treatment is appropriate.
  - 6) All information used in beneficiary selections shall be documented in the beneficiary's records.
  - 7) The protocol for each program shall set forth all procedures and criteria used to satisfy the requirements of this section.

### **Evidence provided in Chart Review**

#### **Regulations**

- o Title 9 CCR § 10270

## **SR1.41**

### **(NTP ONLY) Counseling Services in Maintenance Treatment**

Upon completion of the initial treatment plan, the primary counselor shall arrange for the beneficiary to receive at the li counseling services, except as allowed in subsection (e) of this section.

The Policy and Procedure should address how the program ensures:



- 1) Upon completion of the initial treatment plan, beneficiaries shall receive between 50 and 200 minutes of counseling services per calendar month which will be arranged by the primary counselor, except as allowed in subsection (e) of this section, and shall be in accordance with the following:
  - a. A counseling session shall qualify if the program staff member conducting the session meets minimum counselor qualifications, as specified in Section 10125.
  - b. The session is conducted in a private setting in accordance with all applicable federal and state Regulations regarding confidentiality.
  - c. The format of the counseling session is one of the following:
    - i. Individual session, with face-to-face discussion with the beneficiary, on a one-on-one basis, on issues identified in the beneficiary's treatment plan.
    - ii. Group session, with a minimum of four beneficiaries' and no more than ten beneficiaries' and having a clear goal and/or purpose that is a common issue identified in the treatment plans of all participating beneficiaries.  
**(Effective July 1, 2020, group size shall include minimum of two and no more than 12 beneficiaries)**
    - iii. Medical psychotherapy session, with face-to-face discussion conducted by the medical director on a one-on-one basis with the beneficiary, on issues identified in the beneficiary's treatment plan.
  - d. The following shall not qualify as a counseling session:
    - i. Interactions conducted with program staff in conjunction with dosage administration.
    - ii. Self-help meetings, including the 12-step programs of Narcotics Anonymous, Methadone Anonymous, Cocaine Anonymous, and Alcoholics Anonymous.
    - iii. Educational sessions, including beneficiary orientation sessions specified in Sections 10280 and 10285.
    - iv. Administrative intervention regarding payment of fees.
- 2) The counselor conducting the counseling session shall document in the beneficiary's record within fourteen (14) calendar days of the session the following information:
  - a. Date of the counseling session;
  - b. Type of counseling format (i.e., individual, group, or medical psychotherapy);
  - c. The duration of the counseling session in ten-minute intervals, excluding the time required to document the session

- d. Summary of the session, including one or more of the following:
  - i. Beneficiary's progress towards one or more goals in the beneficiary's treatment plan.
  - ii. Response to a drug-screening specimen which is positive for illicit drugs or is negative for the replacement narcotic therapy medication dispensed by the program.
  - iii. New issue or problem that affects the beneficiary's treatment.
  - iv. Nature of prenatal support provided by the program or other appropriate health care provider.
  - v. Goal and/or purpose of the group session, the subjects discussed, and a brief summary of the beneficiary's participation.
- 3) The medical director may adjust or waive at any time after admission, by medical order, the minimum number of minutes of counseling services per calendar month. The medical director shall document the rationale for the medical order to adjust or waive counseling services in the beneficiary's treatment plan as specified in Section 10305(h).

### Evidence provided in Chart Review

#### Regulations

- o 9 CCR § 10345

## SR1.42

#### Continuing Services

The Policy and Procedure should address how the program ensures:

- 1) Continuing services are justified for **case management, intensive outpatient beneficiary treatment, Naltrexone treatment, and outpatient beneficiary** services as below:
  - a. For each beneficiary, no sooner than five months and no later than six months after the beneficiary's admission to treatment date or the date of completion of the most recent justification for continuing services, the LPHA or counselor shall review the beneficiary's progress and eligibility to continue to receive treatment services, and recommend whether the beneficiary should or should not continue to receive treatment services at the same level of care.
  - b. For each beneficiary, no sooner than five months and no later than six months after the beneficiary's admission to treatment date or the date of completion of

the most recent justification for continuing services, the Medical Director or LPHA shall determine medical necessity for continued services for the beneficiary.

- c. The determination of medical necessity shall be documented by the Medical Director or LPHA in the beneficiary's individual beneficiary record and shall include documentation that all of the following have been considered:
  - i. The beneficiary's personal, medical and substance use history.
  - ii. Documentation of the beneficiary's most recent physical examination.
  - iii. The beneficiary's progress notes and treatment plan goals.
  - iv. The LPHA's or counselor's recommendation pursuant to Paragraph (i) above.
  - v. The beneficiary's prognosis.
- d. The Medical Director or LPHA shall type or legibly print their name, and sign and date the continuing services information when completed.
- e. If the Medical Director or LPHA determines that continuing treatment services for the beneficiary is not medically necessary, the provider shall discharge the beneficiary from treatment and arrange for the beneficiary to an appropriate level of treatment services.

### **Evidence provided in Chart Review**

#### **Regulations**

- IA, Exhibit A, Attachment I Program Specifications
- Yolo County Provider Contract

## **SR1.43**

### **(NTP ONLY) Scheduled Evaluation of Maintenance Treatment**

The medical director or program physician shall evaluate a beneficiary's maintenance treatment.

The Policy and Procedure should address how the program ensures:

- 1) The medical director or program physician shall evaluate a beneficiary's maintenance treatment after one continuous year of treatment. The medical director or program physician shall do the following:

- a. Evaluate the beneficiary's progress or lack of progress in achieving treatment goals as specified in Section 10305(f)(1); and
  - b. Determine, in his or her clinical judgment, that the beneficiary's status indicates that such treatment should be continued for a longer period of time because discontinuance from treatment would lead to a return to opioid addiction.
- 2) Beneficiary status relative to continued maintenance treatment shall be re-evaluated at least annually.
  - 3) The medical director or program physician shall document in the beneficiary's record the facts justifying his or her decision to continue the beneficiary's maintenance treatment
  - 4) Each program shall submit in its protocol a specific plan for scheduled termination of maintenance treatment indicating an average period for a maintenance treatment episode before such scheduled termination. This termination plan shall include information on counseling and any other beneficiary support that will be provided during withdrawal.

### **Evidence provided in Chart Review**

#### **Regulations**

- o 9 CCR § 10410

## **SR1.44**

### **Individual and Group counseling sessions**

The program shall provide individual and group counseling sessions for beneficiaries and establish and maintain a record of every group counselling session(s).

The Policy and Procedure should address how the program ensures:

- 1) Individual and group counseling sessions shall be directed toward concepts of withdrawal, recovery, an alcohol and drug-free lifestyle, relapse prevention and familiarization with related community recovery resources. Emphasis shall be placed on the recovery continuum appropriate to beneficiaries' needs.
- 2) Family members and other persons who are significant in the beneficiary's treatment and recovery may be included in sessions.
- 3) Counseling services may only be provided by individuals registered or certified pursuant to California Code of Regulations, Title 9, Division 4, Chapter 8 or by a licensed professional acting within their scope of practice.
- 4) The following documentation of attendance at each individual counseling session and group counseling session shall be placed in the beneficiaries' file:

- a. Date of each session attended;
  - b. Type of session (i.e. individual or group);
  - c. Signature of counselor who conducted the session
- 5) Establish and maintain a sign-in sheet for every group counseling session, which shall include all of the following:
- a. The typed or legibly printed name and signature of the LPHA(s) and/or counselor(s) conducting the counseling session. By signing the sign-in sheet, the LPHA(s) and/or counselor(s) attest that the sign-in sheet is accurate and complete.
  - b. The date of the counseling session.
  - c. The topic of the counseling session.
  - d. The start and end time of the counseling session.
  - e. A typed or legibly printed list of the participants' names and the signature of each participant that attended the counseling session. The participants shall sign the sign-in sheet at the start of or during the counseling session.

### Evidence provided in Chart Review

#### Regulations

- IA, Exhibit A, Attachment I Program Specifications
- Yolo County Provider Contract
- AOD Certification Standards: 8000

## SR1.45

#### Discharge

Each program shall complete discharge requirements when the beneficiary leaves the program.

The Policy and Procedure should address how the program ensures:

- 1) Discharge of a beneficiary from treatment may occur on a voluntary or involuntary basis. For outpatient beneficiary services, intensive outpatient beneficiary services and residential services, in addition to the requirements of this subsection, an involuntary discharge is subject to the requirements set forth in Article II.G.2. Timely and Adequate Notice of Adverse Benefit.
- 2) An LPHA or counselor shall complete a **Discharge Plan** for each beneficiary, except for a beneficiary with whom the provider loses contact.

- 3) The discharge plan shall include, but not be limited to, all of the following:
  - a. A description of each of the beneficiary's relapse triggers.
  - b. A plan to assist the beneficiary to avoid relapse when confronted with each trigger.
  - c. A support plan.
  - d. Referrals to appropriate resources
- 4) The discharge plan shall be prepared within 30 calendar days prior to the scheduled date of the last face-to-face treatment with the beneficiary.
- 5) If a beneficiary is transferred to a higher or lower level of care based on ASAM criteria within the same DMC certified program, they are not required to be discharged unless there has been more than a 30-calendar day lapse in treatment services.
- 6) During the LPHA's or counselor's last face-to-face treatment with the beneficiary, the LPHA or counselor and the beneficiary shall type or legibly print their names, sign and date the discharge plan. A copy of the discharge plan shall be provided to the beneficiary and documented in the beneficiary record.
- 7) The LPHA or counselor shall complete a **Discharge Summary**, for any beneficiary with whom the provider lost contact, in accordance with all of the following requirements:
  - a. The LPHA or counselor shall complete the discharge summary within 30 calendar days of the date of the last face-to-face treatment contact with the beneficiary.
  - b. The discharge summary shall include all of the following:
    - i. The duration of the beneficiary's treatment as determined by the date of admission to and discharge from treatment
    - ii. Reason for discharge, including whether the discharge was voluntary or involuntary and whether the client successfully completed the program
    - iii. Description of treatment episodes to be in the form of a narrative summary;
    - iv. The beneficiary's prognosis
    - v. Description of recovery services completed;
    - vi. Current alcohol and /or other drug usage
    - vii. Vocational and educational achievements;
    - viii. Clients continuing recovery or discharge plan signed by counselor and client

- ix. Transfers and referrals; and
- x. Client's comments

- 8) **(PERINATAL ONLY)** Recovery Support; A therapist or counselor shall complete a discharge plan for pregnant and parenting women being discharged. This does not include those of whom the provider loses contact with. A copy of the discharge plan shall be provided to the woman. The discharge plan shall include the following:
- a. A description of each of the beneficiary's relapse triggers and a plan to assist the beneficiary to avoid relapse when confronted with each trigger
  - b. A support plan
  - c. Referrals to appropriate resources

### Evidence provided in Chart Review

#### Regulations

- IA, Exhibit A - Attachment I Program Specifications
- AOD Certification Standards: 7110
- AOD Certification Standards: 7120
- AOD Certification Standards: 12010
- Perinatal Practice Guidelines FY 18-19

## **SR1.46**

### (NTP ONLY) Treatment Termination Procedures

The Policy and Procedure should address how the program ensures:

- 1) A beneficiary may voluntarily terminate participation in a program even though termination may be against the advice of the medical director or program physician.
- 2) If the medical director or program director determines that the beneficiary's continued participation in the program creates a physically threatening situation for staff or other beneficiaries', the beneficiary's participation may be terminated immediately.
- 3) A beneficiary's participation in a program may be involuntarily terminated by the medical director or program physician for cause.

- 4) If a program utilizes disciplinary proceedings which include involuntary termination for cause, the program shall include in its protocol reasons and procedures for involuntarily terminating a beneficiary's participation in the program. The procedures shall provide for:
  - a. Explanation to the beneficiary of when participation may be terminated for cause.
  - b. Beneficiary notification of termination.
  - c. Beneficiary's right to hearing.
  - d. Beneficiary's right to representation.
- 5) If the program elects not to terminate for cause, the protocol shall state that beneficiaries shall not be involuntarily terminated for cause except as provided above.
- 6) Except as noted in above, either voluntary or involuntary termination shall be individualized, under the direction of the medical director or program physician, and take place between 15 to 30 days, unless:
  - a. The medical director or program physician deems it clinically necessary to terminate participation sooner and documents why in the beneficiary's record;
  - b. The beneficiary requests in writing a shorter termination period; or
  - c. The beneficiary is currently within a 21-day detoxification treatment episode.
- 7) The program shall complete a discharge summary for each beneficiary who is terminated from treatment, either voluntarily or involuntarily. The discharge summary shall include at least the following:
  - a. The beneficiary's name and date of discharge;
  - b. The duration of the beneficiary's treatment as determined by the dates of admission to and discharge from treatment
  - c. The reason for the discharge; and
  - d. A narrative summary of the beneficiary's progress during treatment.
  - e. The beneficiary's prognosis.

### **Evidence provided in Chart Review**

#### **Regulations**

- o 9 CCR § 10415



## SR1.47

### (PERINATAL ONLY) Outreach and Engagement

The Policy and Procedure should address how the program ensures:

- 1) SUD treatment providers that serve pregnant and parenting women using injection drugs must use the following research-based outreach efforts:
  - a. Select, train, and supervise outreach workers;
  - b. Contact, communicate, and follow-up with high risk individuals with SUDs, their associates, and neighborhood residents, within the Federal and State confidentiality requirements;
  - c. Promote awareness among women using injection drugs about the relationship between injection drug use and communicable diseases, such as Human Immunodeficiency Virus (HIV), Hepatitis B, Hepatitis C, and Tuberculosis (TB);
  - d. Recommend steps to ensure that HIV transmission does not occur; and
  - e. Encourage entry into treatment.
- 2) SUD providers shall coordinate treatment services with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation as well as additional services that are medically necessary to prevent risk to a fetus, infant, or mother. Providers shall also provide or arrange for transportation to ensure access to treatment.

### Possible Evidence

- Training documents for outreach specialists
- Tracking mechanism for follow up with high risk individuals

### Regulations

- IA, Exhibit A – Attachment 1 Program Specifications
- Perinatal Practice Guidelines FY 18-19
- 45 CFR §96.132(c)

## SR1.48

### Detoxification services

When applicable, detoxification services are optional services that may be provided in either a residential or outpatient beneficiary setting.

The Policy and Procedure should address how the program ensures:

- 1) Detoxification protocols be documented in the policies and procedures manual
- 2) All detoxification services be documented. The documentation shall be signed by program staff and placed in the beneficiary's file.

### **Evidence provided in Chart Review**

#### **Regulations**

- AOD Certification Standards: 11000

## **SR1.49**

### **Room and Board for Transitional Housing**

The Policy and Procedure should address how the program ensures:

- 1) Providers using SABG discretionary funds to cover the cost of room and board for transitional housing shall:
  - a. Facilitate the beneficiary's movement in recovery from a SUD to independent living and integration into post treatment return or re-entry into the community.
  - b. Require that all individuals in the transitional housing be engaged in SUD treatment, offsite, at all times during the individual's stay.
  - c. Stay limited to short-term (up to 24 months).
  - d. Ensure the transitional housing be secure, safe, and alcohol and drug free.

#### **Regulations**

- SABG Program Specifications

## **SR1.50**

### **Continuous Quality Improvement**

Each program shall maintain written policies and procedures for continuous quality improvement and shall document compliance with the procedures in beneficiary's files.

The Policy and Procedure should address how the program ensures:

- 1) Continuity of Activities. Program staff shall monitor and assure that the following activities take place:
  - a. A treatment or recovery plan is developed within the timeframe specified in Section 7090 or section 7100 of these standards.
  - b. The services required as part of the beneficiary's treatment or recovery plan are provided and documented in the beneficiary's file.
  - c. If a client fails to keep a scheduled appointment, the program shall discuss the missed appointment with the beneficiary and shall document the discussion and any action taken in the beneficiary's file.
  - d. Progress in achieving the objectives identified in the treatment or recovery plan is assessed and documented within the timeframe specified in section 7090 and section 7100 of these Standards.
  - e. The treatment or recovery plan is reviewed by the counselor and the beneficiary and updated as necessary at least every 90 calendar days.
  - f. The beneficiary's file contains all required documents identified in section 12020 of these standards.
  - g. When possible, the program shall follow-up with the beneficiary after the completion of program services.
- 2) Beneficiary File Review. At minimum, the program staff shall review beneficiary files at intake, when treatment or recovery plan revision is appropriate, and at discharge. The purpose of the documented beneficiary's file review is to ensure that:
  - a. The treatment or recovery plan is relevant to the stated problem(s).
  - b. The services provided are relevant to the treatment or recovery plan.
  - c. Recording keeping is in accordance with these standards.
- 3) Treatment plan or recovery plan review. The treatment or recovery plan review shall occur as specified in Section 7090 and section 7100 of these standards and shall:
  - a. Assess progress to date;
  - b. Re-assess needs and services; and
  - c. Identify additional problem areas and formulate new goals, when appropriate.

### **Required Evidence**

- UR tool
- Evidence provided in Chart Review

## Regulations

- AOD Certification Standards: 12030

## SR1.51

### Medication Assisted Treatment (MAT)

Programs that choose to provide MAT shall develop procedures, which includes how the program informs clients and educates staff about MAT available.

The Policy and Procedure should address how the program ensures:

- 1) The assessment of a client's MAT needs, administration and storage of medication, and training of staff.
- 2) Programs shall not deny admission to an individual, or discharge clients, based solely on the individual/client having a valid prescription from a licensed health care professional for a medication approved by the United States Food and Drug Administration (FDA) for the purpose of MAT.
- 3) Specify client access to MAT either within the program or through care coordination with opioid treatment programs, community health centers, or other MAT access points.
- 4) Staff shall be trained in the area of MAT protocols to include all portions of these standards pertaining to monitoring of persons undergoing detoxification.
- 5) Residential programs must obtain approval from DHCS to provide incidental medical services (IMS) prior to providing MAT. **IMS approval is not required for facilities to allow clients to take prescribed MAT medications at the facility or seek MAT services outside the facility. (Effective July 1, 2020)**

### Possible Evidence

- Proof of training for MAT protocols
- DHCS Approval for IMS (when applicable)

## Regulations

- AOD Certification Standards: 7040

## SR1.52

### Use of Prescribed Medications by Beneficiaries

All programs shall have a written policy regarding the use of prescribed medications by clients.

The Policy and Procedure should address how the program ensures:

- 1) Prescription and over the counter medications which expire and other biohazardous pharmaceuticals including used syringes or medications which are not removed by the client upon termination of services shall be disposed of by the program director or a designated substitute, and one other adult who is not a client. Both shall sign a record, to be retained for at least one year which lists the following:
  - a. Name of the client.
  - b. The prescription number and the name of the pharmacy.
  - c. The drug name, strength, and quantity destroyed.
  - d. The date of destruction.
- 2) There shall be at least one program staff on duty at all times trained to adequately monitor clients for signs and symptoms of their possible misuse of prescribed medication, adverse medication reactions, and related medical complications.
- 3) All medications obtained by prescription shall be labeled, and checked for compliance, in accordance with federal and state law requirements and shall include:
  - a. Name of beneficiary
  - b. Name of prescriber
  - c. Name of the medication
  - d. Dosage/Strength
  - e. Route of administration
  - f. Frequency
  - g. Quantity of contents
  - h. Indications and Usage
  - i. Date of expiration
- 4) A medication log shall be maintained to ensure medication that is expired, contaminated, deteriorated and abandoned are disposed in a manner consistent with state and federal laws
- 5) Facilities shall maintain a record for each drug ordered by prescription, which includes:
  - a. The drug name,
  - b. Strength and quantity,
  - c. The name of the beneficiary,

- d. The date ordered,
  - e. The date received
  - f. The name of the issuing pharmacy.
- 6) All medications entering the facility shall be logged and reviewed prior to dispensing, including:
- a. Prescriptions for individual beneficiary's/clients
  - b. House supply
  - c. Sample medications
- 7) Facilities shall maintain a dispensing log, to record:
- a. Date
  - b. Beneficiary name
  - c. Name of drug
  - d. Amount of drug
  - e. Lot number,
  - f. Administration route
  - g. Identifying information regarding the bottle, vial, etc.,
- 8) Storage of multi-dose vials; Multi-dose vials shall be checked to ensure any opened multi-dose vials are dated, initialed and refrigerated (e.g. insulin, tuberculin). All multi-dose vials must be dated and initialed when opened.
- 9) Prescription labels shall not be altered unless by persons legally authorized to do so.
- 10) Medications intended for external use only and food stuffs shall be stored separately from medications intended for internal use
- 11) No Food shall be stored in the same refrigerator as medications.
- 12) Medications shall be stored at proper temperatures:
- a. Room temperature: 59° F - 86° F
  - b. Refrigerated temperature: 36° F – 46° F
- 13) Medications shall be stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense, or administer medication.
- 14) Medical assistants shall be allowed to have access to the keys of the narcotic medication cabinet as long as there is an in-house procedure and the determination to allow this practice is made by the supervising physician.

15) All Prescribers shall consult CURES 2.0 to review a client's-controlled substance history under the following circumstances:

- a. Before administering, dispensing, or furnishing a Schedule II-Schedule IV controlled substance to the client for the first time
- b. At least once every four months thereafter if the substance remains part of the client's treatment
- c. Within the 24-hour period, or the previous business day, before administering, dispensing, or furnishing a controlled substance, unless an exemption applies

16) If the provider utilizes Naloxone at the program site:

- a. All forms of medication shall be recorded, stored, and destroyed in the same manner as prescription medications.
- b. The program has policies, procedures, and protocols for how the program will store, and accurately document the administration and disposal of Naloxone
- c. Any staff that administers Naloxone, shall have successfully completed Naloxone administration training and the training shall be documented in the individual personnel file

### **Required Evidence**

- Incoming Medication Log (3 samples)
- Medication Temperature Log (copies of logs for entire review period)
- Copy of CURES 2.0 from beneficiary record

### **Regulations**

- CCR, Title 9, § 1810.435(b)(3)
- CCR, Title 22, § 73369
- AOD Certification Standards: 7030

## **SR1.53**

### **Medication Disposal**

The Policy and Procedure should address how the program ensures:

- 1) Disposal of medication after the expiration date meets state and federal guidelines and shall include:

- a. How expired medications are monitored and checked.
  - b. How expired medications are disposed of at the site,
  - c. The staff involved
  - d. Frequency of disposal
  - e. Location of expired medication
  - f. How Schedule II, III, or IV controlled drugs are handled.
- 2) Discontinued individual beneficiary's drugs supplied by prescription or those which remain in the facility after discharge shall be destroyed by the facility in the following manner:
- a. Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist and a registered nurse employed by the facility. The following shall be recorded:
    - i. name of the beneficiary,
    - ii. the name and strength of the drug,
    - iii. the prescription number,
    - iv. the amount destroyed,
    - v. the date of destruction,
    - vi. the signatures of the witnesses required above shall be recorded in the beneficiary's health record or in a separate log. S
    - vii. Such log shall be retained for at least three years.
  - b. Drugs not listed under Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist or registered nurse. The following shall be recorded:
    - i. The name of the beneficiary,
    - ii. The name and strength of the drug, the prescription number, if applicable,
    - iii. The amount destroyed,
    - iv. The date of destruction
    - v. The signatures of two witnesses shall be recorded in the beneficiary's health record or in a separate log.



- vi. Such log shall be retained for at least three years.

### **Required Evidence**

- Disposal Medication Log (3 samples)

### **Regulations**

- CCR, Title 22, Section 73369 Pharmaceutical Service – Disposal of Drugs

## **SR1.54**

### **Medication Record Keeping**

The Policy and Procedure should address how the program ensures:

- 1) Each program shall maintain accurate records of medications used in replacement narcotic therapy traceable to specific beneficiary's, showing dates, quantity, and batch code marks of the medications.
- 2) These records shall be maintained by a physician, pharmacist, or health professional authorized to compound, administer or dispense medications used in replacement narcotic therapy.
- 3) These records shall be retained for a period of three years.
- 4) Each program shall describe in its protocol all of the following information for medications used in replacement narcotic therapy:
  - a. The records which will be kept to reconcile on a daily basis, the amount of medications received, on hand, and administered or dispensed to beneficiary's.
  - b. The names of individuals who will actually compound medications used in replacement narcotic therapy and who administer or dispense the beneficiary medication.
  - c. The source or supplier of these medications and the form of medications to be purchased for the program.
  - d. The name of the person who will purchase these medications and documentation of the federal authorization to do so.
  - e. The name and function of anyone, other than a staff member, who handles these medications.
  - f. The method used to transfer of these medications within and between facilities.

- g. Security provisions at every location in which these medications will be stored or diluted, and the names of individuals who have access to keys and safe combinations where these medications are stored.

### Regulations

- o 9 CCR § 10255

## SR1.55

### (NTP ONLY ) Administering or Dispensing Medications

The Policy and Procedure should address how the program ensures:

- 1) The program physician shall be responsible for administering or dispensing to beneficiaries all medications used in replacement narcotic therapy.
- 2) Under the program physician's direction, appropriately licensed program personnel may administer or dispense these medications to beneficiaries as authorized by Section 11215 of the Health and Safety Code.
- 3) Each program shall use the following procedures when administering or dispensing medications used for replacement narcotic therapy or furnishing methadone:
  - a. Methadone shall be administered or dispensed to beneficiaries orally in liquid formulation.
  - b. Methadone doses ingested at the program facility shall be diluted in a solution that has a volume of not less than two ounces. The medical director shall determine whether to dilute take-home medication doses given to beneficiary's in maintenance treatment.
  - c. If the medical director determines not to dilute take-home medication, the reason for that decision shall be documented in the beneficiary record.
  - d. A program staff member shall observe ingestion of each medication dose administered at the program facility.
  - e. Each program shall devise precautions to prevent diversion of all medications used in replacement narcotic therapy.
  - f. Methadone shall be available seven days per week.
  - g. No beneficiary shall be allowed to access a program's supply of medications, act as an observer in the collection of beneficiary body specimens used for testing or analysis of samples for illicit drug use, or handle these specimens.

## Regulations

- 9 CCR § 10260

## SR1.56

### (NTP ONLY) Administration of Initial Doses of Medication to New Beneficiary's

The Policy and Procedure should address how the program ensures:

- 1) The program physician shall administer or supervise the initial dosage of a medication used in replacement narcotic therapy.
- 2) The new beneficiary shall be observed to ingest the initial dose and shall continue to be observed for a period of time prescribed by the medical director or program physician.
- 3) Any delegation to a staff member as authorized by Section 11215 of the Health and Safety Code to administer or dispense medications, staff member(s) shall notify the medical director or program physician immediately of any adverse effects, and document in the beneficiary's record the length of time he/she observed the new beneficiary and the outcome of the observation.
- 4) The initial dosage shall be sufficient to control symptoms of withdrawal but shall not be so great as to cause sedation, respiratory depression, or other effects of acute intoxication.
- 5) Programs shall specify in their protocols details of planned initial doses.
- 6) If a program admits a beneficiary who was receiving replacement narcotic therapy from another program the previous day, the initial dosage level requirement provided in Section 10355 and the observation requirement does not apply.

## Regulations

- 9 CCR § 10350

## SR1.57

### (NTP ONLY) Security of Medication Stocks

The Policy and Procedure should address how the program ensures:

- 1) Each program shall maintain adequate security over stocks of medications used in replacement narcotic therapy, over the manner in which they are administered or dispensed, over the manner in which they are distributed and over the manner in which they are stored to guard against theft and diversion
- 2) Program shall ensure compliance with the security standards for the distribution and storage of controlled substances as set forth in section 1301.71 through 1301.76, title 21, Code of Federal Regulations

## Regulations

- 9 CCR § 10265

## **SR1.58**

### (NTP ONLY) Medication Dosage Levels

The Policy and Procedure should address how the program ensures:

#### 1) Detoxification Dosage Levels.

- a. The medical director or program physician shall individually determine each beneficiary's medication schedule based on the following criteria:
  - i. Medications shall be administered daily under observation;
  - ii. Dosage levels shall not exceed that which is necessary to suppress withdrawal symptoms; and
  - iii. Schedules shall include initial, stabilizing, and reducing dosage amounts for a period of not more than 21 days.
- b. The medical director or program physician shall record, date, and sign in the beneficiary's record each change in the dosage schedule with reasons for such deviations.

#### 2) Detoxification Dosage Levels Specific to Methadone.

- a. The first-day dose of methadone shall not exceed 30 milligrams unless:
  - i. The dose is divided, and the initial portion of the dose is not above 30 milligrams; and
  - ii. The subsequent portion is administered to the beneficiary separately after the observation period prescribed by the medical director or program physician.
- b. The total dose of methadone for the first day shall not exceed 40 milligrams unless the medical director or program physician determines that 40 milligrams is not sufficient to suppress the beneficiary's opioid abstinence symptoms, and documents in the beneficiary's record the basis for his/her determination.

#### 3) Maintenance Dosage Levels.

- a. Each program furnishing maintenance treatment shall set forth in its protocol the medical director or program physician's procedures for medically determining a stable dosage level that:
  - i. Minimizes sedation.

- ii. Decreases withdrawal symptoms.
    - iii. Reduces the potential for diversion of take-home medication.
  - b. Deviations from these planned procedures shall be noted by the medical director or program physician with reason for such deviations, in the beneficiary's record.
  - c. The medical director or program physician shall review the most recent approved product labeling for up-to-date information on important treatment parameters for each medication. Deviation from doses, frequencies, and conditions of usage described in the approved labeling shall be justified in the beneficiary's record.
  - d. The medical director or program physician shall review each beneficiary's dosage level at least every three months.
- 4) Maintenance Dosage Levels Specific to Methadone.
  - a. The medical director or program physician shall ensure that the first-day dose of methadone shall not exceed 30 milligrams unless:
    - i. The dose is divided and the initial portion of the dose is not above 30 milligrams; and
    - ii. The subsequent portion is administered to the beneficiary separately after the observation period prescribed by the medical director or program physician.
  - b. The total dose of methadone for the first day shall not exceed 40 milligrams unless the medical director or program physician determines that 40 milligrams is not sufficient to suppress the beneficiary's opioid abstinence symptoms, and documents in the beneficiary's record the basis for his/her determination.
  - c. A daily dose above 100 milligrams shall be justified by the medical director or program physician in the beneficiary's record.
- 5) Maintenance Dosage Levels Specific to LAAM.
  - a. The medical director or program physician shall ensure that the initial dose of LAAM to a new beneficiary whose tolerance for the drug is unknown does not exceed 40 milligrams, unless:
    - i. The dose is divided, with the initial portion of the dose not above 40 milligrams and the subsequent portion administered to the beneficiary separately after the observation period prescribed by the medical director or program physician; or

- ii. The beneficiary's tolerance for the medication is known by the medical director or program physician and he/she documents in the beneficiary's record the basis for this determination.
  - b. The medical director or program physician shall ensure that the initial dose of LAAM to a beneficiary stabilized on replacement narcotic therapy and administered methadone on the previous day is less than or equal to 1.3 times the beneficiary's daily methadone dose, not to exceed 120 milligrams.
  - c. After a beneficiary's tolerance to LAAM is established, LAAM shall be administered to more frequently than every other day.
  - d. A dose above 140 milligrams shall be justified by the medical director or program physician in the beneficiary's record.
- 6) Maintenance Dosage Levels Specific to buprenorphine and buprenorphine products **(Effective July 1, 2020)**
- a. Each program shall develop and maintain current procedures that require administering and dispensing buprenorphine and buprenorphine product treatment medication in accordance with the medication's approved product labeling. These procedures shall include the requirement that any deviation from approved product labeling, including deviations regarding dose, frequency, or the conditions of use described on the approved product label, shall be documented and justified in the beneficiary's record.
  - b. Dosing decisions shall be made by the medical director or a program physician, who shall be knowledgeable about the most current and approved product labeling.
- 7) Dosage Schedule Following Beneficiary Absence. When a beneficiary has missed three (3) or more consecutive doses of replacement narcotic therapy, the medical director or program physician shall provide a new medication order before continuation of treatment. The new medication order shall be provided by the medical director or program physician, either in person, by verbal order, or through other electronic means, and shall be documented and justified in the beneficiary's record. **(Effective July 1, 2020)**
- 8) Changes in the Dosage Schedule. Only the medical director or program physician is authorized to change the beneficiary's medication dosage schedule, either in person, by verbal order, or through other electronic means.

## Regulations

- o 9 CCR § 10355

## SR1.59

### (NTP ONLY ) Take – Home Medication Procedures

The Policy and Procedure should address how the program ensures:

- 1) Each program shall ensure compliance with the following procedures when granting take-home medication privileges to a beneficiary in maintenance treatment:
  - a. The medical director or program physician shall determine the quantity of take-home medication dispensed to a beneficiary.
  - b. The program shall instruct each beneficiary of his/her obligation to safeguard the take-home medication.
  - c. The program shall utilize containers for take-home doses which comply with the special packaging requirements as set forth in Section 1700.14, Title 16, Code of Federal Regulations.
  - d. The program shall label each take-home dosage container indicating:
    - i. The facility's name and address;
    - ii. The telephone number of the program;
    - iii. The 24-hour emergency telephone number if different from subsection (d)(2);
    - iv. The name of the medication;
    - v. The name of the prescribing medical director or program physician;
    - vi. The name of the beneficiary;
    - vii. The date issued; and
    - viii. The following warning: Poison--May Be Fatal to Adult or Child; Keep Out of Reach of Children.
- 2) The program may put other information on the label provided it does not obscure the required information.
- 3) The program shall instruct all beneficiaries to keep all take-home medication out of the refrigerator to prevent accidental overdoses by children and fermentation of the liquid.  
**(Effective July 1, 2020)**

## Regulations

- 9 CCR § 10365

## **SR1.60**

### (NTP ONLY ) Criteria for Take Home Medication Privileges

The Policy and Procedure should address how the program ensures:

- 1) Methadone, buprenorphine and buprenorphine products shall only be provided to a beneficiary as take-home medication if the medical director or program physician has determined, in his or her clinical judgment, that the beneficiary is responsible in handling narcotic medications, is adhering to program requirements, and has documented his or her rationale in the beneficiary's record. The rationale shall be based on consideration of the following criteria:
  - a. Absence of use of illicit drugs and abuse of other substances, including alcohol;
  - b. Regularity of program attendance for replacement narcotic therapy and counseling services;
  - c. Absence of serious behavioral problems while at the program;
  - d. Absence of known criminal activity, including the selling or distributing of illicit drugs;
  - e. Stability of the beneficiary's home environment and social relationships;
  - f. Length of time in maintenance treatment;
  - g. Assurance that take-home medication can be safely stored within the beneficiary's home; and
  - h. Whether the rehabilitative benefit to the beneficiary derived from decreasing the frequency of program attendance outweighs the potential risks of diversion.
- 2) The medical director or program physician may place a methadone beneficiary on one of the six take-home medication schedules, as specified in Section 10375, only when at least the additional following criteria have been met:
  - a. Documentation in the beneficiary's record that the beneficiary is participating in gainful employment, education, responsible homemaking (i.e., primary care giver, retiree with household responsibilities, or volunteer helping others), or that the beneficiary is retired or medically disabled and if the beneficiary's daily attendance at the program would be incompatible with such activity;



- b. Documentation in the beneficiary's record that the current monthly body specimen collected from the beneficiary is both negative for illicit drugs and positive for the narcotic medication administered or dispensed by the program; and
  - c. No other evidence in the beneficiary's record that he or she has used illicit drugs, abused alcohol, or engaged in criminal activity within:
    - i. The last 30 days for those beneficiaries being placed on step level schedules I through V, as specified in Section 10375(a)(1), (2), (3), (4) and (5); and
    - ii. The last year for those beneficiaries being placed on step level schedule VI, as specified in Section 10375(a)(6).
- 3) Take-home doses of LAAM are not permitted under any circumstances, including any of the provisions for take-home medication as specified in Sections 10365, 10370, 10375, 10380, 10385 and 10400.

### **Regulations**

- o 9 CCR § 10370

## **SR1.61**

### **(NTP ONLY) Step Level Schedules for Methadone Take-Home Medication Privileges.**

The Policy and Procedure should address how the program ensures:

- 1) A methadone beneficiary shall not be placed on a take-home medication schedule or granted a step level increase until he or she has been determined responsible in handling narcotic medications as specified in Section 10370(a). Each program shall adhere to the following schedules with respect to providing a beneficiary with take-home medication privileges permitted under Section 10370(b):
  - a. Step I Level - Day 1 through 90 of continuous maintenance treatment, the medical director or program physician may grant the beneficiary a single dose of take-home supply of medication per week. The beneficiary shall attend the program at least six times per week for observed ingestion.
  - b. Step II Level - Day 91 through 180 of continuous maintenance treatment, the medical director or program physician may grant the beneficiary not more than a two-day take-home supply of medication per week. The beneficiary shall attend the program at least five times per week for observed ingestion.
  - c. Step III Level - Day 181 through 270 of continuous maintenance treatment, the medical director or program physician may grant the beneficiary not more than a three-day take-home supply of medication per week. The beneficiary shall attend the program at least four times per week for observed ingestion.

- d. Step IV Level - Day 271 through one year of continuous treatment, the medical director or program physician may grant the beneficiary not more than a six-day take-home supply of medication per week. The beneficiary shall attend the program at least one time per week for observed ingestion.
  - e. Step V Level - After one year of continuous treatment, the medical director or program physician may grant the beneficiary not more than a two-week supply of medication. The beneficiary shall attend the program at least two times per month for observed ingestion.
  - f. Step VI Level - After two years of continuous treatment, the medical director or program physician may grant the beneficiary not more than a one-month take-home supply of medication. The beneficiary shall attend the program at least one time per month for observed ingestion.
- 2) Nothing in this section shall prevent any program from establishing in its individual protocol any take-home medication requirement that is more stringent than is specified in the schedule contained herein.
  - 3) In the case of a beneficiary who transfers to the program from another program without a break in treatment, the new medical director or program physician may consider the time the beneficiary has spent at the former program when considering the beneficiary's eligibility for take-home medication privileges, as well as for advancement to a new step level. In no case shall any beneficiary be placed, upon admission, at a step level higher than that which was occupied in the former program immediately before transferring to the new program.

### **Regulations**

- o 9 CCR § 10375

## **SR1.62**

### **(NTP ONLY) Take Home Medication Procedures for Holidays or Sunday Closure**

The Policy and Procedure should address how the program ensures:

- 1) A program whose maintenance treatment modality is not in operation due to the program's observance of an official State holiday or Sunday closure may provide take-home medication according to the following procedures:
  - a. Beneficiary's receiving take-home medication who are scheduled to attend the program on the holiday or Sunday closure may be provided one (1) additional day's supply on the last day of dosing at the program before the holiday or Sunday closure; and
  - b. Beneficiary's not receiving take-home medication may be provided a one (1) day supply on the day before the holiday or Sunday closure.

- 2) A beneficiary shall not receive a take-home medication under the provisions of subsection (a) and shall be continued on the same dosage schedule if a medical director or program physician has included the beneficiary within a list of all beneficiary's that, in his or her clinical judgment, have been determined currently not responsible in handling narcotic medications, based on consideration of the criteria specified in Section 10370(a). This list shall be maintained with the daily reconciliation dispensing record for the holiday or Sunday closure.

### Regulations

- o 9 CCR § 10380

## **SR1.63**

### (NTP ONLY) Exceptions to Take-Home Medication Criteria and Dosage Schedules

The Policy and Procedure should address how the program ensures:

- 1) The medical director or program physician may request from the Department an exception to take-home medication criteria and dosage schedules as set forth in Sections 10370(b) and 10375 for any of the following reasons:
  - a. The beneficiary has a medical disability or chronic, acute, or terminal illness that makes daily attendance at the program a hardship. The program must verify the beneficiary's medical disability or illness and include medical documentation of the disability or illness in the beneficiary's record.
  - b. The beneficiary has an exceptional circumstance, such as a personal or family crisis, that makes daily attendance at the program a hardship. When the beneficiary must travel out of the program area, the program shall attempt to arrange for the beneficiary to receive his or her medication at a program in the beneficiary's travel area. The program shall document such attempts in the beneficiary's record.
- 2) Prior to submitting a request for an exception to Sections 10370(b) and 10375, the medical director or program physician shall determine that the beneficiary is responsible in handling narcotic medications as specified in Section 10370(a).
- 3) A request submitted to the Department for an exception to take-home medication criteria and dosage schedules shall be accompanied by copies of all documents provided by the program to the Substance Abuse and Mental Health Services Administration pursuant to Section 8.11(h) of Title 42 of the Code of Federal Regulations.
- 4) The medical director or program physician shall document in the beneficiary's record any request for an exception to Sections 10370(b) and 10375, the facts justifying the request, and the approval or denial of the request.

- 5) The Department may grant additional exceptions to the take-home medication requirements contained in this Section in the case of an emergency or natural disaster, such as fire, flood, or earthquake.

### Regulations

- 9 CCR § 10385

## SR1.64

### (NTP ONLY) Split Doses

The Policy and Procedure should address how the program ensures:

- 1) The medical director or program physician may, upon determining that a split dose is medically necessary, order that a beneficiary receive his or her daily dose of medication split in two doses.
- 2) Prior to ordering a split dose, the medical director or program physician shall determine that the beneficiary is responsible in handling narcotic medications as specified in Section 10370(a). **(Effective July 1, 2020)**
- 3) The medical director or program physician shall immediately, upon the decision of medical necessity, document in the beneficiary's record the medical necessity for split doses, the dosage amounts and the ingestion times of the doses.
- 4) Any portion of a split dose removed from the program or medication unit shall be considered take-home medication. **(Effective July 1, 2020)**
- 5) The medical director or program physician shall adhere to the step levels set forth in Section 10375 for beneficiary's receiving methadone as take-home medication in a split dose.
- 6) For purposes of calculating the take-home supply of medication pursuant to Section 10375, a split dose shall be considered a one-day take-home supply.

### Regulations

- 9 CCR § 10386

## SR1.65

### (NTP ONLY) Restricting a Beneficiary's Take Home Medication Privileges

The Policy and Procedure should address how the program ensures:

- 1) The medical director or program physician shall restrict a beneficiary's take-home medication privileges by moving the beneficiary back at least one step level on the take-home medication schedule for any of the following reasons:
  - a. Beneficiary's on step level schedules I through V who have submitted at least two consecutive monthly body specimens which have tested positive for illicit drugs and/or negative for the narcotic medication administered or dispensed by the program, unless the program physician invalidates the accuracy of the test results.
  - b. Beneficiary's on step level schedule VI who have submitted at least two monthly body specimens within the last four consecutive months which have tested positive for illicit drugs and/or negative for the narcotic medication administered or dispensed by the program, unless the program physician invalidates the accuracy of the test results.
  - c. Beneficiary's, after receiving a supply of take-home medication, are inexcusably absent from or miss a scheduled appointment with the program without authorization from the program staff.
  - d. The beneficiary is no longer a suitable candidate for take-home medication privileges as presently scheduled, based on consideration of the criteria specified in Section 10370(a).
- 2) Nothing in this regulation shall prevent a medical director or program physician from ordering a revocation of a beneficiary's take-home medication privileges for any of the reasons specified above of this regulation, or for any other reasons, including:
  - a. The beneficiary is sharing, giving away, selling, or trading the medication administered or dispensed by the program.
  - b. The beneficiary attempts to register in another narcotic treatment program.
  - c. The beneficiary alters or attempts to alter a test or analysis for illicit drug use.
- 3) The medical director or program physician shall order the restriction or revocation within fifteen (15) days from the date the program has obtained evidence for any of the reasons identified above of this regulation.

## **Regulations**

- o 9 CCR § 10390

## **SR1.66**

### **(NTP ONLY) Restoring Restricted Take-Home Medication Privileges**

The Policy and Procedure should address how the program ensures:

- 1) The medical director or program physician, when restoring each step of a beneficiary's restricted take-home medication privileges, shall:
  - a. Determine that the beneficiary is responsible for handling narcotic medications, as specified in Section 10370(a).
  - b. Ensure that the beneficiary has completed at least a 30-day restriction, and the most recent monthly body specimen collected from the beneficiary is both negative for illicit drugs and positive for the narcotic medication administered or dispensed by the program when restoring the following:
  - c. Step level schedules I through V which were restricted due to drug-screening test or analysis results.
  - d. Ensure that at least the previous three (3) consecutive monthly body specimens collected from the beneficiary are both negative for illicit drugs and positive for the narcotic medication administered or dispensed by the program when restoring the following:
  - e. Step level schedule VI which was restricted due to drug-screening test or analysis results.
  - f. Any step which was restricted due to an unexcused absence after receiving a supply of take-home medication.
- 2) This section shall not be used to circumvent the requirements of section 10375. No beneficiary shall be advanced to a step level pursuant to this section unless he/she has previously been at such step level after having satisfied the requirements of section 10375(a).

### Regulations

- 9 CCR § 10400