

EMERGENCY REGULATIONS REVISED 06/25/2014 – EFFECTIVE DATE: 07/01/2014

TITLE 22 DRUG MEDI-CAL (DMC)

COMPLIANCE ACTION PLAN DMC Certified Providers

PROVIDER NAME: _____

DATE ADOPTED _____ PROVIDER REPRESENTATIVE SIGNATURE: _____

Print Name & Title: _____

Directions:

1. As a team, review the Items above and their associated Title 22 Emergency Regulation(s), evaluate progress, create specific action steps to meet regulation requirements
2. Executive Director assign a person responsible for each item and identify target dates for completion of action items
3. As needed, assist the person responsible to complete the individual action steps for each item
4. As a team, meet as needed to assess progress, obstacles and solutions
5. Contact Sharon Loveseth for questions and technical support
6. **Submit completed Compliance Action Plan to Sharon Loveseth at: sloveseth@acbhc.org on or before October 27, 2014.**

Attachments may include and are not limited to the following:

- Training schedule
- Training sign-in sheets
- Copy of updated policies and procedures
- Copy of updated forms

		Identify Areas of Compliance & Need for Action			
ITEM #	NEW TITLE 22 REQUIREMENTS :	ACTION STEPS: i.e. create forms; revise policies and procedures; staff trainings; etc.	Person Responsible	Target Date	Item Complete
#1	Physical Exam Waiver: ELIMINATED Recommendation: Do not destroy existing document; leave in chart with memo indicating tx plan update identifying efforts to obtain a copy of the beneficiary's physical exams or a copy of the physical exam and date it was added to the beneficiary's chart.				

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#2	<u>Physical Examination Documentation:</u> A. Provider must obtain, with beneficiary's permission, documentation of the physical examination completed within the 12 months prior to admission date. B. A physician, physician assistant, or registered nurse practitioner may perform a physical exam within 30 calendar days of beneficiary's admission to treatment. C. If either A. or B. do not occur the provider shall include in the beneficiary's initial and updated tx plans the goal of obtaining a physical exam, until this goal has been met. 51341.1 (h) 1 (A)(a)(b)(c)(d)				
#3	<u>Medical Necessity Requirements:</u> Update MD form indicating Medical Necessity and Admission Criteria 51341.1 Sec (h)(1)(A)(iii)(iv)(v)(vi)				
#4	<u>Treatment Planning:</u> Attempt to engage the beneficiary to meaningfully participate in the initial treatment plan and updated treatment plans. 51341.1 (h) (2) Individualized Services referred to as Person Centered Care				
#5	<u>Initial Treatment Plan:</u> Be legible including staff names, names of counselors, therapists, physicians etc. Must sign and date 51341.1 (h) (2)				

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		ACTION STEPS: i.e. create forms; revise policies and procedures; staff trainings; etc.	Person Responsible	Target Date	Item Complete
#6	<u>Initial Treatment Plan Timelines:</u> Counselor and/or Therapist, Beneficiary and Physician shall review initial treatment plan and ensure regulations are met. 51341.1 (h) (2) (A) (h) (ii) (a) (b) (c)				
#7	<u>Update Treatment Plan Timelines:</u> Counselor and/or Therapist, Beneficiary and Physician shall review updated tx plan and ensure regulations are met. 51341.1 (h) (2) (A) (h) (iii) (a) (b) (c)				
#8	<u>Outpatient Drug Free (ODF) Group Size:</u> Must have at least 4 and no more than 10 participants in any one session. In order to bill DMC at least one of the 4 to 10 participants must be a DMC beneficiary. THIS CHANGES TO: 2 AND NO MORE THAN 12 PARTICIPANTS on JANUARY 1, 2015 51341.1 (b) (11)				
#9	<u>Day Care Habilitative (DCH) Group Size:</u> Must have at least 2 and no more than 12 participants in any one session. In order to bill DMC at least one of the 2 to 12 participants must be a DMC beneficiary. 51341.1 (b) (11)				
#10	A beneficiary that is under the age of 18 year cannot participate in-group counseling sessions with any participants that are 18 or older unless the group counseling sessions are held at a school site. Regulation Not Sited				

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#11	<u>Progress Notes:</u> Counselor and therapist must legibly print, sign and date the progress note. 51341.1 (h) (3) (A)				
#12	<u>Justification for Continuing Services:</u> The physician must document the justification for continuing service and review counselor recommendation and prognosis. 51341.1 (h) (5) (A)				
#13	<u>Discharge Plan:</u> A discharge plan shall be prepared within thirty calendar days prior to the date of the last face-to-face treatment with the beneficiary. 51341.1 (h) (6) (A)				
#14	<u>Discharge Summary:</u> When the provider has lost contact with the client, the provider will complete a Discharge Summary. 51341.1 (h) (6) (B)				