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POLICY TITLE Medication Monitoring for Drug Medi-Cal Organized Delivery System	Policy No: 350-2-2 Date of Original Approval: 6/1/2021 Date(s) of Revision(s):
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PURPOSE

This policy describes Alameda County Behavioral Health (ACBH)'s framework for monitoring safety and effectiveness of medication practices at substance use treatment programs in the Drug Medi-Cal Organized Delivery (DMC-ODS) system, including compliance with federal, state, and local regulations.

AUTHORITY

California Department of Health Care Services Contract: Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 9

SCOPE

All ACBH DMC-ODS programs with Substance Use Disorder Program clinicians licensed to prescribe or dispense prescription medications to clients.

POLICY

This policy outlines ACBH's process for safe and proper medication use in the DMC-ODS by assessing and monitoring medication prescribing, storage, dispensing, and administration. An ACBH licensed staff appropriately credentialed and authorized to prescribe or dispense addiction medication within their scope of practice (e.g., M.D., N.P./P.A., Pharm.D./R.Ph.) shall perform an independent chart audit from a sample of medical charts for the programs in which medication was prescribed by a licensed practitioner within the DMC-ODS system. This includes Opioid Treatment Programs (OTP), Outpatient programs under contract to provide Medication Assisted Treatment (MAT), and other substance use treatment programs providing medication services at any level of care.

I. Medication Prescribing

The ACBH medical chart medication monitoring audit will occur at a minimum of annually or as deemed necessary to ensure the safe and effective prescribing of medications in its substance use disorder programs. This audit will focus on the following general areas: **

- Medication selection and rationale
- Consideration and documentation of co-occurring mental and physical health conditions

- Laboratory testing, including electrocardiograms (EKGs), is performed prior to and during medication use according to the applicable standard of care and approved product labeling for the medication prescribed
- When indicated, a physical examination is performed prior to medication prescribing
- Signed informed consent is obtained prior to medication prescribing
- Prescription Drug Monitoring Reports (PDMRs) or Controlled Substance Utilization Review and Evaluation System (CURES) reports are reviewed prior to prescribing, a new controlled substance to a patient, and at least every four months while the controlled substance remains part of the treatment plan (in compliance with state requirements per HSC section 11165.4)
- Prescribed dosages are consistent with the applicable standard of care and approved product labeling for each medication prescribed or administered
- Appropriate and adequate documentation is provided when dosages used are outside of approved product labeling guidelines
- Patient adherence to the prescribed medication is assessed at each clinical visit
- When appropriate and/or required, Urine Drug Testing (UDT) is performed upon initiation of treatment and monthly thereafter to assess for adherence to the prescribed medication and for use of other drugs and alcohol
- Adverse drug reactions are monitored for and addressed at each clinical visit
- When applicable, vital signs are monitored at each clinical visit
- Drug interactions are assessed for and addressed at each clinical visit
- Effectiveness of the prescribed treatment is evaluated and documented at each clinical visit
- When transitioning from one MAT option to another, applicable guidelines and standards of care are followed to ensure safety
- Appropriate and adequate medication education is provided to patients prior to and throughout the period of medication use
- Other applicable local, state, and federal regulations regarding medication use are followed

** Details regarding specific prescribing standards monitored for a given medication can be found in the attached Medication Chart Monitoring Tool (MCMT).

II. Medication Storage, Dispensing, and Administration

In addition, medications maintained and used on-site by DMC-ODS programs must be stored, dispensed, and administered safely. Providers must follow applicable federal, state, and local security standards. An on-site assessment and monitoring process will evaluate the following aspects of medication storage and use in ACBH substance use disorder programs: **

- Medications are stored appropriately and securely including, but not limited to, the following:
 - a. A medication storage policy is available
 - b. Medications are securely stored in a double-locked environment
 - c. Medication access is limited to medical personnel authorized to prescribe, dispense or administer medication
 - d. Medications are stored at appropriate temperatures: room temperature between 59°-86° F or refrigerated temperature between 36°-46° F
 - e. Patients have no access to a program's medication supply

- f. All medications entering the facility are logged according to applicable Federal and State regulations
 - g. All medications are properly labeled and labeling adheres to applicable Federal and State regulations
 - h. Controlled medications are stored apart from non-controlled medications
 - i. Controlled-substance supplies are audited daily:
 - i. A separate log is maintained for scheduled II, III, IV, and V controlled substances
 - ii. Controlled substance records are reconciled daily and retained for at least one year
 - iii. Controlled substance records includes consumer name, prescriber, prescription number, drug name, strength, dose administered, date and time of administration, signature of authorized person administering the drug
- Medications are dispensed and administered safely and according to applicable regulations including, but not limited to, the following:
 - a. Medications are only administered and dispensed by licensed practitioner or designee
 - b. A medication dispensing log is maintained and adheres to applicable Federal and State regulations
 - c. A program staff member shall observe ingestion of each medication dose administered at the program facility.
 - Medications are disposed of properly including, but not limited to, the following:
 - a. A medication-disposal procedure is available
 - b. Medications are disposed of after the expiration date
 - c. A medication log is maintained to document disposal of expired, contaminated, deteriorated and abandoned drugs and adheres to applicable Federal and State regulations
 - d. Expired medications are disposed of properly and logged including: consumer name, medication name and strength, prescription number, amount destroyed, date of destruction, and name and signatures of witnesses
 - Staff involved with MAT are trained regularly regarding the safe use and storage of medications
 - Staff trainings, including initial and ongoing, are documented appropriately

** Details regarding regulations monitored as pertaining to the storage, administration or disposal of specific medications such as methadone can be found in the attached Annual Site Visit Checklist.

PROCEDURE

ACBH will use a multi-level approach to assess and monitor a DMC-ODS program's use of medications:

- I. Contracted MAT Programs will be required to perform internal assessments at a minimum of semiannually for first-level monitoring of the safety and effectiveness of their medication practices:
 - A. Providers will review at least one percent (1%) of charts of the medication caseload for the semiannual period under review, with a minimum of one chart reviewed. This

- chart sample may include active, inactive and closed charts at the time of the audit, provided that each case was active at some point during the semiannual period.
- B. This review shall be under the supervision of a person licensed to prescribe or dispense prescription medication.
 - C. The chart sample shall include representation from all licensed prescribers in the program and include at least one chart from each prescriber.
 - D. The reviewing staff shall include two or more representatives from different disciplines, but at least one of the members must be a physician.
 - E. Physicians and other prescribers may not review their own prescribing practices.
 - a. In the event that there is only one physician on staff, the provider shall make arrangements for an external physician to perform the chart review. (Note: a Qualified Service Organization Agreement and Business Associate Agreement may be necessary for external reviewers.
 - b. Alternatively, the provider may request authorization from ACBH to have their physician review their own charts.
 - F. The audit shall be performed by completing the Medication Chart Monitoring Tool (MCMT) for each chart reviewed.
 - G. Results from each MCMT shall be tabulated, and a Medication Chart Report (MCR) shall be completed.
 - H. The MCR shall be sent to the ACBH Substance Use Continuum of Care Director semiannually by the 15th of each month following the end of the semiannual period under review (first half-year due January 15th, second half-year due July 15th).
 - I. The ACBH SUD Consulting Psychiatrist shall review the MCR, and a Summary of Findings shall be compiled and submitted to the Director of SUD Services at ACBH.
 - J. Problematic trends of non-compliance or variance with standards and guidelines as noted in this policy will be recorded and addressed as discussed in the Non-Compliance Section below.
- II. The ACBH MAT Monitoring Lead, who is credentialed to oversee, prescribe, or dispense addiction medicine within their scope of practice (e.g., Consulting Psychiatrist, M.D., N.P./P.A., Pharm.D./R.Ph.) shall perform an independent chart audit of a sample of each MAT program's medication charts annually.
- A. ACBH SUD administrative staff shall assign a month of the year for each contracted MAT program to be audited.
 - B. Each contracted MAT program shall be instructed to provide electronic copies of one percent (1%) of charts for their medication caseload, with a minimum of one chart, by the 15th of the month specified by ACBH. This chart sample may include active, inactive, or closed cases but should not include cases in which the treatment duration has been less than thirty days. This communication will contain protected health information and should be sent through secure methods such as email with secure encryption.
 - C. The chart sample shall include at minimum one chart from each licensed prescriber who is actively treating patients in the contracted MAT program.
 - D. Each licensed prescriber shall review, document, and sign off on each of their charts submitted by the MAT contractor for audit.
 - E. The ACBH MAT Monitoring Lead shall conduct the ACBH review. Other licensed and administrative staff may be involved in the review as deemed necessary by the ACBH MAT Monitoring Lead.
 - F. The audit shall be performed by completing the Medication Chart Monitoring Tool (MCMT) for each chart reviewed.

- G. Results from each MCMT shall be tabulated, and a Medication Chart Report (MCR) shall be completed.
 - H. The ACBH MAT Monitoring Lead shall review the MCR and compile a Summary of Findings to submit to the ACBH Chief Medical Officer and the ACBH Substance Use Continuum of Care Director by the end of the assigned reporting month for each provider.
 - I. Problematic trends of non-compliance or variance from standards and guidelines, as noted in this Policy, will be noted and addressed as discussed in the Non-Compliance Section below.
- III. ACBH SUD Operations or ACBH Contract Office will perform annual site visits to all DMC-ODS programs.
- A. ACBH staff shall assign each contracted DMC-ODS program an annual site visit date.
 - B. An ACBH staff member designated by the ACBH Substance Use Continuum of Care Director will complete the visit.
 - C. ACBH will review each contracted provider's policies, procedures, and practices pertaining to the use, prescribing, and storage of medications.
 - D. The designated staff member shall use the ACBH Annual Site Visit Checklist to conduct the review.
 - E. Where applicable and appropriate, the designated staff member will directly observe the dispensing, administration, and storage practices used by staff in the program being visited.
 - F. The ACBH SUD Operations or Contracts Office will perform the site visit and then compile a Summary of Findings. The summary will be based on findings from the ACBH Annual Site Visit Checklist.
 - G. By the end of the month, in which each site visit was performed, the ACBH SUD Operations or Contracts Office staff member who performed the visit shall deliver a copy of the ACBH Annual Site Visit Checklist and the prepared Summary of Findings to the ACBH Substance Use Continuum of Care Director and ACBH MAT Monitoring Lead.
 - H. Problematic trends of non-compliance or variance from standards and guidelines, as noted in the this Policy, will be noted and addressed as discussed in the Non-Compliance Section below.

NON-COMPLIANCE

Non-compliance is defined as a substantial and significant deviation from the above policies and procedures by any DMC-ODS program.

Issues of non-compliance will be detected by multiple means, such as:

- Review of the quarterly chart audits performed by MAT contracted programs in DMC-ODS
- Review of the annual chart audits performed by ACBH
- Review of the findings from the annual site visits

In addition, staff from MAT programs can directly report issues of non-compliance to ACBH at any time. Non-Compliance Reports shall be submitted within 15 days of reasonable awareness of non-compliance. Staff should report non-compliance by either contacting Quality Assurance staff, who would then submit a Non-Compliance Report to ACBH Quality Management, or directly contacting ACBH Quality Management. **Reporting staff shall not face retribution for submitting a notice of non-compliance.** Any communication containing protected health information or otherwise confidential information should be sent through secure methods such as email with secure encryption.

ACBH will address non-compliance reports in the following way:

- ACBH Quality Management staff, the ACBH Substance Use Continuum of Care Director, and the ACBH MAT Monitoring Lead will assess the severity and urgency of the issue.
- In the event of an urgent safety issue, ACBH shall notify the DMC-ODS program of non-compliance within one business day, and an immediate plan for correction shall be discussed.
- In the event of non-urgent issues of non-compliance, ACBH shall notify the DMC-ODS program in writing of the issue. The contractor must submit a written response within 15 days addressing the issue and formulating a corrective action plan.
- ACBH will track any severe or recurrent non-compliance issues. To verify the issue is corrected, ACBH will notify providers that more frequent chart reviews are required, or a formal quality improvement plan may be required.

CONTACT

ACBH Office	Current Date	Email/Phone
Quality Assurance Office	4/30/21	QATA@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBH Staff
- ACBH Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Nathan Hobbs, Director, Substance Use Continuum of Care

Original Date of Approval: 6/1/2021

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
N/A		

DEFINITIONS

Term	Definition
Drug Medi-Cal Organized Delivery System (DMC-ODS) Program	Organization or sub-organizational provider of substance use services within ACBH's DMC-ODS.
Medication-Assisted Treatment (MAT)	Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.
Narcotic Treatment Program (NTP)	Narcotic Treatment Programs provide opioid medication assisted treatment to those persons addicted to opiates. NTPs also provide detoxification and/or maintenance treatment services which include medical evaluations and rehabilitative services to help the patient become and/or remain productive members of society.
Opioid Treatment Program (OTP)	Opioid Treatment Programs (OTPs) provide medication-assisted treatment (MAT) for persons diagnosed with opioid use disorder using any of three FDA-approved medications: methadone, buprenorphine, and naltrexone.
Prescription Drug Monitoring Report (PDMR)	A prescription drug monitoring program (PDMP) is an electronic database that tracks controlled substance prescriptions in a state.
Substance Use Disorder (SUD)	A substance use disorder (SUD) is a mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. Symptoms can range from moderate to severe, with addiction being the most severe form of SUDs.

ATTACHMENTS

Medication Chart Monitoring Tool/Annual Site Visit Checklist/

Medication Chart Monitoring Tool (MCMT)

PROVIDER INFORMATION		
Provider Name		Chart Reviewed
Site Manager(s) Name/Title		Patient Name: Insyst Client #: Client DOB:
Staff Person Completing This Form		
Name/Title/License#		
Phone/Fax Number		
Email Address		
Date of Review		

INSTRUCTIONS - Contracted MAT Providers review at least one percent (1%) of medication charts from medication caseload for the semiannual period under review (semiannual periods: July-Dec and Jan – June), with a minimum of one chart reviewed. This chart sample may include active, inactive and closed charts at the time of the review, provided that each case was active at some point during the semiannual period. This review shall be under the supervision of a person licensed to prescribe or dispense prescription medication. The reviewing staff shall include two or more representatives from different disciplines, but at least one of the members must be a physician. Physicians and other prescribers may not review their own prescribing practices.

- A. In the event that there is only one physician on staff, the provider will make arrangements for an external physician to perform the chart review. (Note: A Qualified Service Organization Agreement and Business Associate Agreement may be necessary for external reviewers.
- B. Alternatively, the provider may request authorization from ACBH MAT Monitoring Lead to have their physician review their own charts.

ACBH MAT Monitoring Lead review annually 1% of contracted MAT provider medication charts. Each contracted MAT program shall be instructed to provide electronic copies of one percent (1%) of charts for their medication caseload, with a minimum of one chart, by the 15th of the month specified by ACBH. The

chart sample shall include at minimum one chart from each licensed prescriber who is actively treating patients in the contracted MAT program. This sample may include active, inactive, or closed cases but should not include cases in which the treatment duration has been less than thirty days.

Medication Chart Monitoring Tool				
Monitoring Items	Yes	No	N/A	Documentation of chart in compliance
1. Health assessment and status documentation is complete, signed, dated and maintained in consumer's file.				
2. Documented medications in consumer file				
3. Any significant medication interactions documented				
4. Take-home medication informing material present				
5. Medication log available and signed by Medical Provider				
6. Monitoring tool used to assess sobriety and/or withdrawal symptoms before induction				
7. Patient's health status documented throughout treatment				
8. Physical exam documented with 14 days of admission to program				
9. Pregnancy test prior to initiation and regularly in women of child-bearing age				

10. If risk factors for QTc prolongation present, elderly, or high medication dosage used, an EKG is obtained and documented				
11. Vital signs monitored upon initiation and regularly				
12. Instant/rapid read alcohol/drug screens on initiation and at least monthly thereafter				
13. Labs completed prior to initiation: CBC, Comp Metabolic Panel, LFT's				
Medication Monitoring Tool - Prescribed	Yes	No	N/A	Documentation of program being in compliance, or type of TA provided
1. <u>METHADONE</u>				
a. Only oral methadone formulations used				
b. Dose within guidelines provided in medication prescribing information				
c. The client's medication record contains documentation specifically describing the rationale and justification for doses deviating from medication prescribing information				
d. At least 2 treatment failures (or 2x2 waiver)				
e. Evidence of observed signs of physical dependence and/or opioid withdrawal				

f. Assess for use of alcohol, benzodiazepines, and/or barbiturates				
g. Medication administered under observation				
h. Medication record includes: date, name of med, dose, who dispensed				
i. Initial dose 10-30 mg, observed for 3-4 hrs., second dose does not exceed 10 mg.				
j. Methadone reconciliation log completed daily				
k. Take home doses follow 8 point federal criteria				
l. Federal guidelines followed for patients in interim maintenance treatment				<i>Do not exceed 120 days per year, initial and minimum of 2 additional UDT's, no take-home doses, documented criteria for priority patients (from 42 CFR (J1-4)</i>
m. EKG if cardiac risk factors, elderly, or dose >130 mgs				
2. <u>BUPRENORPHINE</u>				
a. Dose within guidelines provided in medication prescribing information				
b. The client's medication record contains documentation specifically describing the rationale and justification for doses deviating from medication prescribing information				

c. Assess for use of alcohol, benzodiazepines, and/or barbiturates				
d. Negative test for opioids (other than Buprenorphine)				
e. Objective signs of opioid withdrawal present prior to induction				
f. Induction with buprenorphine/naloxone if dependent on short-acting opioids				
g. Induction with buprenorphine only on days 1-2 if dependent on long-acting opioids				
h. Induction: Patient observed for 2 hrs. after initial dose				
i. Stabilization: medical visits at a minimum of weekly				
j. Maintenance: medical visits at a minimum of monthly				
k. Switching from Methadone to Buprenorphine, low doses of Methadone i.e. 30-40 mg: wait 24-72 hrs. before 1 st dose				
3. <u>NALTREXONE, VIVITROL or LAIN (LONG ACTING INJECTABLE NALTREXONE)</u>				
a. Dose within guidelines provided in medication prescribing information				

b. The client's medication record contains documentation specifically describing the rationale and justification for doses deviating from medication prescribing information				
c. Assess for recent use of alcohol and/or opioids				
d. Oral Naltrexone taken 50 mg daily, or 100 mg every other day or 150 mg every third day				
e. Switching from methadone to naltrexone, completely withdrawn from methadone for a minimum of 7-10 days				
f. Switching from buprenorphine to naltrexone, completely withdrawn from Buprenorphine for a minimum of 7-10 days				
g. Switching to Buprenorphine or Methadone, wait at least 1 day after last oral naltrexone				
h. Initiation: opioid-free for 7-10 days prior to initiation				
i. Period of abstinence documented				
j. Patient educated of risks with taking high opioid doses to overcome receptor blockade				
k. Patient educated of risk of increased sensitivity to opioids and overdose after discontinuing naltrexone, missing a dose of LAI naltrexone, or at end of dosing interval for LAI naltrexone				
l. Patient educated about and given naloxone for use with opioid overdose				

4. <u>ACAMPROSATE</u>				
a. Dose within guidelines provided in medication prescribing information				
b. The client's medication record contains documentation specifically describing the rationale and justification for doses deviating from medication prescribing information				
c. Renal function test before initiation				
d. Creatinine clearance ≤ 30 ml/min: discontinue				
e. Creatinine clearance 30-50 mL/min: reduce dose to one 333 mg tablet three times daily				
f. Initiate after detoxification from alcohol				
g. Recommend dosing with meals for adherence				
5. <u>DISULFIRAM</u>				
a. Dose within guidelines provided in medication prescribing information				
b. The client's medication record contains documentation specifically describing the rationale and justification for doses deviating from medication prescribing information.				

c. Before initiation: check BAL, LFT's, CBC, CMP				
d. LFT's checked after 10-14 days of therapy				
e. LFT's and CBC monitored periodically during maintenance treatment				
f. No alcohol for at least 12 hrs. and/or BAL of 0 prior to initiation				
g. Documentation showing review for history of CVD and psychosis				
h. Patient educated on effects of ingesting alcohol, or alcohol-containing products while on disulfiram				
i. Patient educated that alcohol-disulfiram reaction can occur up to 2 weeks after stopping disulfiram				
j. Patient educated on risks of hepatitis, rash, neuropathy, and psychosis				
k. Patient educated on serious drug interactions				

**Alameda County Behavioral Health Care Services (ACBH)
OTP Annual Site Visit Checklist FY 20-21**

PROGRAM-SPECIFIC INFORMATION

Instructions: Please see item-specific instructions in the “documentation of program being in compliance” field. In general, please provide any evidence and documentation by ShareFile (program-specific link in email) whenever possible. If you’re using paper charts or paper-personnel files, and would prefer to drop-off or have an in-person review of those, please reach out to Fonda Houston (fonda.houston@acgov.org).

PROVIDER INFORMATION		
Agency Name		Date Completed by Provider:
Program Name		Clinic Address:
Date(s) of Site Visit		Staff Person(s) Completing This Form:
Site Manager Name / Title		<i>Name/Title</i>
Phone / Fax Number		<i>Phone</i>
Email Address		<i>Email</i>
ACBH STAFF (Completing Desk Review & Virtual Site Visit Sections)		
ACBH Staff Present during site visit (Name/Title)		Date of Site Visit:
ACBH Staff Reviewing this Checklist (Name/Title)		Date Reviewed:

A. Compliance with required postings, site certification/ licensure, and other requirements – <i>References: Exhibit A and Exhibit A--1, at: http://www.acbhcs.org/providers/network/forms.htm#contract.</i>	Y	N	N/A	Documentation of program being in compliance, or type of TA provided
1. ACBH Grievance and Appeal Poster Posted				<i>Please share a picture of the posted poster.</i>
2. No observable safety or accessibility issues with site				<i>Please share a picture of any safety/accessibility concerns.</i>
3. The following materials are available for review:				
i. DHCS Drug Medi-Cal Certification				<i>Please provide a copy of your site's DMC certification.</i>
ii. DHCS NTP Facility License				<i>Please provide a copy of your site's facility license.</i>
iii. SAMHSA Program Certification				<i>Please provide a copy of your site's SAMHSA certification.</i>
iv. DEA Licensure				<i>Please provide a copy of your site's DEA license.</i>
v. Accreditation documentation (i.e. CARF, Joint Commission, etc.)				<i>Please provide a copy of your site's accreditation documentation.</i>
vi. Fire clearance				<i>Please provide a copy of your site's fire clearance.</i>
vii. Dosing Slot Allotment/Licensed Patient Capacity				<i>Narrative response. Please provide official documentation if you have it.</i> <i>Slots/Capacity:</i>
viii. Documentation of any clinic waivers (i.e. 2x2, UA, Take-home)				<i>Please provide a copy of your site's approved waivers.</i>

A. Compliance with required postings, site certification/ licensure, and other requirements – <i>References: Exhibit A and Exhibit A--1, at: http://www.acbhcs.org/providers/network/forms.htm#contract.</i>	Y	N	N/A	Documentation of program being in compliance, or type of TA provided
4. <u>Accounting System</u> : Does your agency's accounting system identify the receipts and expenditures of program funds separately for each award?				<i>Narrative response. Please provide written policy if available</i>
5. <u>Time Accounting System</u> : Does your agency have a time and accounting system to track labor costs by cost objective? Does your agency have time distribution records (time studies) for all employees when their effort cannot be specifically identified to a particular program cost objective?				<i>Narrative response. Please provide written policy if available</i>
6. <u>Non-Allowable Expenditures</u> : Is your agency in compliance with prohibitions on non-allowable expenditures per the funding source(s) such as the prohibition on using contract funds on sterile needles/syringe?				<i>Narrative response. Please provide written policy if available</i>
7. <u>Staffing</u> : Has there been stability in key personnel in the past year? Please describe				<i>Narrative response.</i>
8. <u>System Changes</u> : Have there been any changes in policies, systems, or procedures in the past year? Please describe.				<i>Narrative response</i>
9. <u>DHCS/State Audits</u> : Describe any audit findings from DHCS or State agencies in the past year for any programs operated by your organization. Provide dates, descriptions of the audit findings and status on resolved identified deficiencies.				<i>File name:</i> <ul style="list-style-type: none"> • <i>Audit – State</i> • <i>Audit – State – Additional information (1)</i> • <i>Audit – State – Additional information (2)</i> • <i>(include any additional information)</i>
10. <u>Other Audits</u> : Describe any audits from other funders (outside of ACBH/DHCS) in the past year for any programs operated by your organization. Provide dates, descriptions of the audit findings, and status on resolving identified deficiencies.				<i>File name:</i> <ul style="list-style-type: none"> • <i>Audit – Other</i> • <i>Audit – Other – Additional information (1)</i> • <i>Audit – Other – Additional information (2)</i> • <i>(include any additional information)</i>
11. <u>Lawsuits</u> : Has the agency been involved in any recent lawsuits within the past year? If yes, please describe the nature of the allegation(s) and the outcome or whether it is still pending.				<i>File name:</i> <ul style="list-style-type: none"> • <i>Lawsuits (1)</i> • <i>Lawsuits (2)</i> <i>(include any additional information)</i>
12. <u>Substance Use</u> : How do you ensure employees and clients are informed about substance use policies and Drug Free Workplace, including tobacco? What is the protocol for following up on violations? Upload your agency's policy and any additional evidence of compliance such as brochures, resource sheets, etc.				<i>File name:</i> <ul style="list-style-type: none"> • <i>Drug-Free Workplace – Policy</i> • <i>Drug-Free Workplace – Additional Information (1)</i> • <i>Drug-Free Workplace – Additional Information (2)</i>

A. Compliance with required postings, site certification/ licensure, and other requirements – <i>References: Exhibit A and Exhibit A--1, at: http://www.acbhcs.org/providers/network/forms.htm#contract.</i>	Y	N	N/A	Documentation of program being in compliance, or type of TA provided
13. <u>Lobbying</u> : How is your agency in compliance with lobbying restrictions?				<i>Narrative response. Please provide written policy if available</i>
14. <u>Non Discrimination</u> : How are staff and clients informed about non-discrimination in services and employment?				<i>Narrative response. Please provide written policy if available</i>

B. Compliance with staffing/personnel requirements <i>Reference: Exhibit A-1, Minimum Quality Drug Treatment Standards</i>	Y	N	Documentation of program being in compliance, or type of TA provided
1. At least 30% of SUD counselors providing intake, assessment, treatment planning, or individual / group counseling are licensed and/or certified			<i>Documentation provided in #3.</i>
2. All other SUD counselors providing services listed in #1 are registered			<i>Documentation provided in #3.</i>
3. In compliance with submission of most recent DHCS 5050 Facility Staffing Data			<i>Please provide a copy of your site's most recent DHCS 5050 facility staffing data submission.</i>
4. Personnel files, for staff, volunteers and interns			<p><i>Please provide a copy of one direct service staff personnel file.</i></p> <p><i>Below is a summary of the specific areas required to be present in personnel files based on the Minimum Quality Treatment Standards Document:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Signed employment confirmation statement/duty statements</i> <input type="checkbox"/> <i>Job description</i> <input type="checkbox"/> <i>Performance evaluations</i> <input type="checkbox"/> <i>Health records/status as required by program or Title 9</i> <input type="checkbox"/> <i>Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries)</i> <input type="checkbox"/> <i>Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying/licensing body's code of conduct as well</i> <input type="checkbox"/> <i>Record of consents for screening (e.g., fingerprinting and background checks) and screening</i> <input type="checkbox"/> <i>Copy of credential for full duration of employment (Licensure and/or Certification)</i>

		<input type="checkbox"/> Record of training (CEU certifications, ASAM e-modules, etc.)
<p>5. <u>Medical Director</u> Written roles, responsibilities and code of conduct for medical director (signed and dated). Attest by checking the boxes below that the following specific areas are present in each personnel file per the requirements of the Minimum Quality Treatment Standards:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Roles and responsibilities <input type="checkbox"/> Program protocol <input type="checkbox"/> Signed employment confirmation statement/duty statements <input type="checkbox"/> Performance evaluations <input type="checkbox"/> Health records/status as required by program or Title 9 <input type="checkbox"/> Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries, etc.) <input type="checkbox"/> Record of consents for screening (e.g., fingerprinting and background checks, etc.) <input type="checkbox"/> Copy of credentials (Licensure and/or Certification) <input type="checkbox"/> Record of training (CME certifications, ASAM e-modules, etc.) 		<p><i>Please provide a copy of the medical director's personnel file, which should include the signed written roles, responsibilities and code of conduct.</i></p> <p><i>File name (required):</i></p> <ul style="list-style-type: none"> • <i>Personnel File – MD</i> • <i>MD – Code of Conduct</i> • <i>MD – Roles and Responsibilities</i>
6. <u>Certification/Registration</u> : Do any staff providing SUD services have a lapsed certification or registration? Describe you process for monitoring and oversight.		<i>Narrative response. Please provide written policy if available.</i>
7. <u>Hiring</u> : How are staff, volunteers, and interns recruited, screened, trained, and oriented?		<i>Narrative response. Please provide written policy if available.</i>
8. Supervision, for staff, volunteers and interns		<i>Narrative response. Please provide written policy if available.</i>
9. Program protocol and signed and dated by Medical Director (Title 9 10030)		<i>Please provide a copy of the signed and dated program protocol.</i>
10. ASAM & Evidence Base Practice Trainings - Attest that direct service staff are trained on ASAM and at least two DMC-ODS evidence-based practices (Motivational Interviewing, CBT, Seeking Safety, Psychoeducation for Groups, Relapse Prevention). Please describe how this is monitored. Upload evidence of CE trainings for your counselor and LPHA staff.		<i>Upload evidence of staff ASAM trainings, and EBP CE trainings for at least 2 counselors or LPHA staff.</i>

10. LPHA and Physicians - Addiction Medicine CEUs Attest Licensed Practitioners of the Health Arts staff receive at least 5 CEUs in addiction medicine annually.			<i>Upload evidence of CE trainings in Addiction Medicine for your LPHA staff.</i>
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C. Compliance with CLAS – <i>Reference: Exhibit A--1</i>	Y	N	Documentation of program being in compliance, or type of TA provided
1. Implementation of culturally and linguistically appropriate services (CLAS)			<i>Narrative response. Please provide written policy if available.</i>
2. Language Access poster posted			<i>Please share a picture of the posted poster.</i>
3. Written materials available in threshold languages & accessible formats (i.e. Informing materials, brochures, program information)			<i>Please provide a copy or a picture of at least one of the posted materials. A copy or picture of the language access poster will not suffice.</i>

D. Compliance with confidentiality requirements <i>Reference: Exhibit A-1</i>	Y	N	Documentation of program being in compliance, or type of TA provided
1. Double-locked client charts and records, and no loose client charts			<i>Please share a picture of both locks to the record cabinet(s).</i>
2. “Locked” computers in non-secure areas			<i>Please share a picture of “locked” computers. A non-secured area is one which non-employees can access without a badge/fob/key. Computers in these areas are subject to this requirement if they can provide access to client records, staff records, clinical documentation of any kind, including the EHR and billing software. Computers which are subject to this requirement are in compliance if they require a non-public password upon start and/or login.</i>
3. Password changes every 90 days			<i>Please provide proof of compliance.</i>

4. Secure/encrypted emails, that include a warning banner			<i>Please provide proof of compliance.</i>
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E. Compliance with priority admission, interim services and integrated infectious disease requirements	Y	N	Documentation of program being in compliance, or type of TA provided
1. Staff are knowledgeable about priority admission requirements and clients are admitted in the following order of priority: <ul style="list-style-type: none"> i. Pregnant injecting drug users ii. Pregnant substance abusers iii. Injecting drug users iv. Those with criminal justice involvement v. All Others 			<i>Narrative response. Please provide any proof of compliance.</i>
2. TB information, screening, testing, and counseling are routinely available to clients, either directly or through referrals. How are clients referred to screening, testing, and counseling for TB? Where are clients referred? How is this incorporated into interim services and client discharge?			<i>File name:</i> <ul style="list-style-type: none"> • <i>TB – Policy</i> • <i>TB – Additional Information (1)</i> • <i>TB – Additional Information (2)</i> <i>(include any additional evidence)</i>
3. How are clients referred to screening, testing, and counseling for HIV? Where are clients referred? For treatment programs, how is this incorporated into interim services and client discharge? Upload your HIV policy and any additional evidence of compliance such as brochures, resource sheets, etc.			<i>File name:</i> <ul style="list-style-type: none"> • <i>HIV – Policy</i> • <i>HIV – Additional Information (1)</i> • <i>HIV – Additional Information (2)</i> <i>(include any additional evidence)</i>

F. Program Requirements	Y	N	Documentation of program being in compliance, or type of TA provided
1. All medications available (Methadone, Buprenorphine, Naltrexone, Acamprosate, Disulfiram, Naloxone)			<i>Narrative response. Please provide any proof of compliance.</i>
2. Client Admission & Readmission Criteria: Does the program have a written Policy and Procedure that addresses client admission and re-admission criteria and that includes the following elements at minimum: <ul style="list-style-type: none"> ○ Use of alcohol/drugs of abuse; ○ Physical health status 			<i>Please provide corresponding Policy & Procedure.</i>

F. Program Requirements	Y	N	Documentation of program being in compliance, or type of TA provided
<ul style="list-style-type: none"> ○ Documentation of Social psychological problems ○ Procedure for how the program addresses clients who do not meet admission criteria 			
<p>3. Drug Screening/Testing Policy & Procedure:</p> <ul style="list-style-type: none"> a. Does the program have a written Policy and Procedure that addresses drug testing, per Title 9 requirements for Narcotic Treatment Programs, and that includes a procedure that protect against falsification &/or contamination of client UA samples (when UA samples are used). b. Provide evidence that drug testing Panel in patient body specimens include oxycodone, and fentanyl (BHIN No. 20-050) (effective 8/31/2020) 			<ul style="list-style-type: none"> a. <i>Please provide corresponding Policy & Procedure.</i> b. <i>Please provide evidence of drug testing panel in use that meets these requirements.</i>
<p>4. Patients given handout(s) on MAT meds at initial med review with Medical Provider</p>			<p><i>Please provide a copy of patient handout.</i></p>
<p>5. Medication log available and signed by Medical Provider</p>			<p><i>Please provide a copy of the signed medication log.</i></p>
<p>6. Medications stored in a secure location</p>			<p><i>Please share a picture of the secured medication area.</i></p>

PROVIDER STOP HERE (Remaining sections to be completed by ACBH)

DESK REVIEW (to be completed by ACBH Staff only)

DESK REVIEW ITEM (Compliance Y/N)	Y	N	Documentation of compliance, or identified concerns
15. Was the agency found to be in compliance with regulations during the last site visit, in any County corrective action plan, and/or in audits by other grantors?			See question above
16. Describe any audit findings from ACBH Quality Assurance in the past year for any ACBH-contracted programs. Provide dates, descriptions of the audit findings, and status on resolving identified deficiencies.			Information from QA
17. Is the agency experienced with programs? ¹			
18. Provider responses/submissions - reviewed and complete			
19. Personnel file reviewed and complete			
20. Medical Director personnel file reviewed and complete			
21. In compliance with submission of most recent DHCS 5050 Facility Staffing Data			
22. At least 30% of SUD counselors providing intake, assessment, treatment planning, or individual/group counseling are licensed and/or certified			
23. All other SUD counselors providing services listed in in prior question are registered			
24. CalOMS/PSP119 -- No clients open for more than 45 days without services			
25. CalOMS/PSP119 -- All clients current on annual review update			
26. DATAR – Regular monthly documentation of capacity and waiting list through DATAR?			

¹ Worked with the program for two or more years, managed federal funds for the past five years.

VIRTUAL SITE VISIT (to be completed by ACBH – copy table for each site)²

SITE VISIT INSPECTION (Compliance Y/N)	Y	N	Documentation of compliance, or type of TA provided
Site Name:			
27. Any observed safety, accessibility, or ADA issues with site			<i>Check for trip hazards, excessive temperatures, stairs limiting access, un-bolted furniture, etc.</i>
28. Non-smoking signs			<i>Posted in entrance or lobby</i>
29. Accessibility of smoking cessation, TB, HIV, Trafficking Victims Resources and related wellness materials			<i>View materials</i>
30. Lobby: ACBH Grievance and Appeal Poster posted ³			
31. Double-locked client charts and records, no loose client charts observed			<i>View client chart areas; observe offices where clients would be served for loose charts</i>
32. Locked computers in non-secure areas			<i>View offices that are available to clients to see if there are computers that are unlocked</i>
33. Questions/discussion/follow-up on previously submitted responses			<i>Ask about any additional justification/documents needed to evaluate compliance</i>

² Reference: Exhibit A-1

³ http://www.acbhcs.org/providers/Forms/SUD/Grievance_Appeal_Poster.pdf

G. Other TA Resources Shared at Site Visit *Web links shown below, or saved on PCM Drive at N:\Monitoring\SUD Site Visits. Bring copies of those not linked below (i.e., 1st four below) to Site Visit with provider.*

- ☒ DRAFT Minimum Drug Treatment Standards for DMC
- ☒ Information Systems Requirements, including Required Language for Secure/Encrypted Warning Banner
- ☒ CLAS Guidelines for the Alcohol and Other Drug Field in California at:
<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>
- ☒ Trafficking Victims Protection Act Tri-fold – *Provider reports recent staff training on TVPA*
- ☒ ACBH Grievance and Appeal Materials, at http://www.acACBH.org/providers/Forms/SUD/Grievance_Appeal_Poster.pdf
- ☒ ACBH' Transition to DMC-ODS SUD website ('Transitions Website'), at <http://www.acACBH.org/providers/SUD/Transition.htm>
- ☒ ACBH' SUD website with policies and procedures, QA information, and technical assistance: <http://www.acACBH.org/providers/SUD/sud.htm>
- ☒ ACBH' Network Office website with forms and documents, including access to standard Exhibits: <http://www.acACBH.org/providers/network/forms.htm>
- ☒ ACBH' Training Calendar, at <http://www.acACBH.org/Training/default.htm>
- ☒ Alameda County Training Registration Site, at <http://alameda.netkeepers.com/TPOnline/TPOnline.dll/Home>
- ☒ SAMHSA's Evidence-Based Practices Resource Center, at <https://www.samhsa.gov/ebp-resource-center>

ACBH Staff Completing Report & Date:

ACBH Staff Final Review Report & Date: