

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

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

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

Site Review Scores						Scoring Procedure	Compliance Rate
	Pts. poss.	Yes Pts. Given	No's	N/A's	Section Score %	1) Add points given in each section. 2) Add total points given for all ten sections. 3) Adjust score for "N/A" criteria (if needed). Subtract "N/A" points from total points possible. 4) Divide total points given by "adjusted" total points. 5) Multiply by 100 to get the compliance (percent) rate. $\frac{\text{Points given}}{\text{Total/ Adjusted points}} = \frac{\text{Decimal Score}}{\text{Compliance Rate}} \times 100 = \text{\%}$	Note: Any section score of < 80% requires a CAP for the entire FSR, regardless of the Total FSR score. Any deficiency in ASAM requirements requires a CAP. _____ Exempted Pass: 90% or above: (Total score is \geq 90% and all section scores are 80% or above) _____ Conditional Pass: 80-89%: (Total FSR is 80-89% OR any section(s) score is < 80%) _____ Not Pass: Below 80% _____ CAP Required _____ Other follow-up Next Review Due: _____
I. Access/Safety	16						
II. Office Management	5						
III. Policy/Procedures	21						
IV. Program Policy Booklet	27						
V. Intake Packet	9						
VI. Interpreter Services	7						
VII. Staff Requirements	30						
VIII. Detox Facility	7						
IX. Perinatal Services	19						
X. Pharmaceutical/Laboratory	8						
	149						
	Total Pts. Poss.	Total Yes Pts.	Total No Pts.	Total N/A Pts.			

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

California Department of Health Services
Medi-Cal Managed Care Division

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

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

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

- 1) Add the points given in each section.
- 2) Add points given for all 10 (10) sections to determine total points given for the site.
- 3) Subtract all “N/A” items from total possible points to determine the “adjusted” total possible points. If there are no “N/A” items, calculation of site score will be based on the total points possible.
- 4) Divide the total points given by the total points possible or by the “adjusted” total. Multiply by 100 to calculate percentage rate.

Scoring Example:

<p>Step 1: Add the points given in each section.</p>	<p>Step 2: Add points given for all 10 (10) sections.</p> <ul style="list-style-type: none"> (16) Access/Safety (5) Office Management (21) Policy/Procedures (27) Program Policy Booklet (9) Intake Packet (7) Interpreter Services (30) Staff Requirements (7) Detox Facility (19) Perinatal Services (8) Pharmaceutical/Laboratory <p style="text-align: center;">149 (POINTS)</p>
<p>Step 3: Subtract “N/A” points from 149 total points possible.</p> $ \begin{array}{r} 149 \text{ (Total points possible)} \\ - \underline{6} \text{ (N/A points)} \\ \hline 143 \text{ (“Adjusted” total points possible)} \end{array} $	<p>Step 4: Divide total points given by 143 or by the “adjusted” points, then multiply by 100 to calculate percentage rate.</p> $ \frac{\text{Points given}}{126 \text{ or “adjusted” total}} \quad \text{or} \quad \frac{126}{143} = .88111 = 88\% $

I. Access/Safety

 RN/MD/LPHA Review only

Site Access/Safety Survey Criteria	Wt	Yes	No	NA	Score
<p>A. Site is accessible and useable by individuals with physical disabilities CCR §504; 24 CCR (CA Building Standards Code); 28 CFR §35 (American Disabilities Act of 1990, Title II, Title III)</p> <p>1) Site is accessible and useable by individual with physical disabilities</p> <p>2) If the site is NOT accessible, are reasonable alternatives available?</p>	<p>1</p> <p>1</p>	<p>1)___</p> <p>2)___</p>	<p>1)___</p> <p>2)___</p>	<p>1)___</p> <p>2)___</p>	
<p>B. Site environment is maintained in a clean and sanitary condition. 8 CCR §5193; 28 CCR §1300.80</p> <p>1) All patient areas including floor/carpet, walls, and furniture are neat, clean, and well maintained.</p> <p>2) Restrooms are clean and contain appropriate sanitary supplies</p> <p>3) The program is maintained in a clean, safe, sanitary, and alcohol/drug-free environment.</p> <p>4) The Program is free from all of the following (AOD 20000)</p> <ul style="list-style-type: none"> a. Broken glass, filth, litter, or debris b. Flies, insects, or other vermin c. Toxic chemicals or noxious fumes and odors d. Exposed electrical wiring e. Other health or safety hazards <p>5) Program equipment and supplies shall be stored in an appropriate space and shall not be stored in a space designated for other activities</p> <p>6) The program shall safely dispose if contaminated water and chemicals used for cleaning purposes</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>1)___</p> <p>2)___</p> <p>3)___</p> <p>4)___</p> <p>5)___</p> <p>6)___</p>	<p>1)___</p> <p>2)___</p> <p>3)___</p> <p>4)___</p> <p>5)___</p> <p>6)___</p>	<p>1)___</p> <p>2)___</p> <p>3)___</p> <p>4)___</p> <p>5)___</p> <p>6)___</p>	

Comments: Write comments for all “No” (0 points) and “N/A” scores.
 8 points possible this page

I. Access/Safety

 RN/MD/LPHA Review only

Site Access/Safety Survey Criteria (Continued)	Wt	Yes	No	NA	Score
<p>C. Site environment is safe for all patients, visitors, and personnel. 8 CCR §3220; 22 CCR §53230; 24 CCR, §2, §3, §9; 28 CCR §1300.80; 29 CFR §1910.301, §1926.34 There is evidence that staff has received safety training and/or has safety information available in the following:</p> <ol style="list-style-type: none"> 1) Fire safety and prevention 2) Emergency non-medical procedures (e.g. site evacuation, workplace violence) 3) Lighting is adequate in all areas to ensure safety. 4) Exit doors and aisles are unobstructed and egress (escape) accessible. 5) Exit doors are clearly marked with “Exit” signs. 6) Clearly diagramed “Evacuation Routes” for emergencies are posted in a visible location. 7) Electrical cords and outlets are in good working condition. 8) At least one type of firefighting/protection equipment is accessible at all times. 	<p>1 1 1 1 1 1 1 1</p>	<p>1)____ 2)____ 3)____ 4)____ 5)____ 6)____ 7)____ 8)____</p>	<p>1)____ 2)____ 3)____ 4)____ 5)____ 6)____ 7)____ 8)____</p>	<p>1)____ 2)____ 3)____ 4)____ 5)____ 6)____ 7)____ 8)____</p>	
<p>Comments: Write comments for all “No” (0 points) and “N/A” scores. 8 points possible this page 16 points possible in this section</p>					
	Total				

II. Office Management

 RN/MD/LPHA Review only

Office Management Survey Criteria	Wt	Yes	No	NA	Score
<p>A. Confidentiality of personal medical information is protected according to State and federal guidelines. 22 CCR §51009, §53761, §75055; §27 CCR §1300.70; CA Civil Code §56.10 (Confidentiality of Medical Information Act) 42CFR</p> <p>1) Substance Use Disorder consult and therapy rooms safeguard patients’ right to privacy.</p> <p>2) Procedures are followed to maintain the confidentiality of personal patient information.</p> <p>3) Medical record release procedures are compliant with State and federal guidelines.</p> <p>4) Copies of the following shall be posted in a prominent place accessible to all beneficiaries:</p> <ul style="list-style-type: none"> a. Statement of non-Discrimination b. PHC grievance policy and phone number c. Appeal process for involuntary discharge d. Program rules and expectations <p>5) All patient's health service records must be retained for a minimum of ten (10) years from the patient's discharge date or seven years after a minor patient reaches the age of eighteen.</p>	1	1)____	1)____	1)____	
	1	2)____	2)____	2)____	
	1	3)____	3)____	3)____	
	1	4)____	4)____	4)____	
	1	5)____	5)____	5)____	
<p>Comments: Write comments for all “No” (0 points) and “N/A” scores. 5 points possible in this section</p>	Total				

III. Policy/Procedure

RN/MD/LPHA Review only

Site Specific Policy/Procedure Survey Criteria	Wt	Yes	No	NA	Score
A. Site has a policy/procedure that addresses each of the following: (each policy in this section should be obtained for evidence)					
1) Obtaining appropriate documentation of admission and readmission criteria	1	1)___	1)___	1)___	
2) Determining appropriate Medical Necessity	1	2)___	2)___	2)___	
3) Proof of MediCal eligibility as payment	1	3)___	3)___	3)___	
4) Completing ASAM, how is criteria used to determine medical necessity	1	4)___	4)___	4)___	
5) Completion of all appropriate and required documentation during intake	1	5)___	5)___	5)___	
6) Completion of initial Problem list and/or Treatment plan	1	6)___	6)___	6)___	
7) Notification to clients of their right to services from an alternative service provider if they object to the religious character of the program	1	7)___	7)___	7)___	
8) Does the program adhere to priority administration requirements and provides interim services when required	1	8)___	8)___	8)___	
9) Maintaining confidentiality	1	9)___	9)___	9)___	
10) Missed appointments	1	10)___	10)___	10)___	
11) Progress note requirements	1	11)___	11)___	11)___	
12) Process for self-administered medications	1	12)___	12)___	12)___	
13) Case management/care coordination referrals for education, vocation, counseling, job referral, legal, medical, and dental, social and recreational	1	14)___	14)___	14)___	
14) Clients to obtain or have access to MAT	1	15)___	15)___	15)___	
15) Fraud, Waste and Abuse					
16) Medical record release procedures are compliant with State and federal guidelines	1	16)___	16)___	16)___	
17) All patient's health service records must be retained for a minimum of ten (10) years from the patient's discharge date or seven years after a minor patient reaches the age of eighteen	1	17)___	17)___	17)___	
18) Serving Native Americans	1	18)___	18)___	18)___	
19) Serving Co-Occurring clients.	1	19)___	19)___	19)___	
20) Program policy on group counseling- List EBPs used: _____,	1	20)___	20)___	20)___	
21) Providers will implement and deliver to fidelity at least two of the following Evidence Based Practices (EBPs) in patient's treatment	1	21)___	21)___	21)___	
Comments: Write comments for all “NO” (0 Points) and “N/A” scores 21 points in this section	Total				

IV. Program Policy Booklet

RN/MD/LPHA Review only

Program Policy Booklet Survey Criteria	Wt	Yes	No	NA	Score
A. Site has a program policy booklet that is available to all employees and volunteers that includes the following, but not limited to: (A copy of this booklet should be obtained, location should be noted)					
1) Program Mission and Philosophy Statement	1	1)___	1)___	1)___	
2) Program Description, objectives, and evaluation plan.	1	2)___	2)___	2)___	
3) Admission and Re-admission; including client assignment to counselor and contact information	1	3)___	3)___	3)___	
4) Intake Services	1	4)___	4)___	4)___	
5) Discharge Services	1	5)___	5)___	5)___	
6) Recovery Services	1	6)___	6)___	6)___	
7) Individual and Group Sessions	1	7)___	7)___	7)___	
8) Alumni involvement and Use of volunteers	1	8)___	8)___	8)___	
9) Recreational activities	1	9)___	9)___	9)___	
10) Detoxification Services (if applicable)	1	10)___	10)___	10)___	
11) Program administration and personnel practices	1	11)___	11)___	11)___	
12) Client grievances/complaints	1	12)___	12)___	12)___	
13) Fiscal practices and budget mechanisms	1	13)___	13)___	13)___	
14) Continuous quality improvement	1	14)___	14)___	14)___	
15) Client rights	1	15)___	15)___	15)___	
16) Medical policies	1	16)___	16)___	16)___	
17) Nondiscrimination in provision of employment and services	1	17)___	17)___	17)___	
18) Community Relations	1	18)___	18)___	18)___	
19) Confidentiality	1	19)___	19)___	19)___	
20) Maintenance of program in a clean, safe, and sanitary physical environment	1	20)___	20)___	20)___	
21) Maintenance and disposal of client files	1	21)___	21)___	21)___	
22) Drug screening	1	22)___	22)___	22)___	
23) Staff code of conduct as specified in section 13020 of these Standards	1	23)___	23)___	23)___	
24) Client code of conduct	1	24)___	24)___	24)___	
25) Care Coordination/Case Management	1	25)___	25)___	25)___	
26) Continuing Services	1	26)___	26)___	26)___	
27) Cultural Competency Program around CLAS standards (inclusive of all 15 standards)	1	27)___	27)___	27)___	
Comments: Write comments for all “No” (0 points) and “N/A” scores. 27 points possible in this section					
Total					

V. Intake Packet

 RN/MD/LPHA Review only

Intake Packet Survey Criteria	Wt	Yes	No	NA	Score
A. A copy of a complete admissions/intake packet should be provided (A copy of this packet should be obtained, if posted photo should be taken)					
1) A statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability to pay	1	1)___	1)___	1)___	
2) Complaint process and grievance procedures	1	2)___	2)___	2)___	
3) Appeal process for involuntary discharge	1	3)___	3)___	3)___	
4) Program rules and expectations	1	4)___	4)___	4)___	
5) Client rights and responsibilities	1	5)___	5)___	5)___	
6) Consent to release information	1	6)___	6)___	6)___	
7) HIPAA notification	1	7)___	7)___	7)___	
8) Consent to treat	1	8)___	8)___	8)___	
9) Admission agreement	1	9)___	9)___	9)___	
Comments: Write comments for all “No” (0 points) and “N/A” scores. 9 points possible in this section	Total				

VI. Interpreter Services

 RN/MD/LPHA Review only

Interpreter Services Survey Criteria	Wt	Yes	No	NA	Score
A. Interpreter services (a copy of policy should be obtained)					
1) All sites must provide 24-hour interpreter services for all members either through telephone language services or interpreters on site. Site personnel used as interpreters have been assessed for their medical interpretation performance skills/capabilities.	1	1)____	1)____	1)____	
2) Note: https://lep.gov/commonly-asked-questions D2 .	1	2)____	2)____	2)____	
3) If bilingual staff are asked to interpret or translate, they should be qualified to do so. Assessment of ability, training on interpreter ethics and standards, and clear policies that delineate appropriate use of bilingual staff, staff or contract interpreters and translators, will help ensure quality and effective use of resources.	1	3)____	3)____	3)____	
4) Those utilizing the services of interpreters and translators should request information about certification, assessments taken, qualifications, experience, and training. Quality of interpretation should be a focus of concern for all recipients.	1	4)____	4)____	4)____	
5) Family or friends should not be used as interpreters, unless specifically requested by the member.	1	5)____	5)____	5)____	
6) ACA 2010 § 1557: prohibits from using low-quality video remote interpreting services or relying on unqualified staff, translators when providing language assistance services.	1	6)____	6)____	6)____	
7) A request for or refusal of language/interpreter services must be documented in the member’s medical record.	1	7)____	7)____	7)____	
Comments: Write comments for all “No” (0 points) and “N/A” scores. 7 points possible in this section					Total

VII. Staff Requirements

RN/MD/LPHA Review only

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

Comments: Write comments for all “No” (0 points) and “N/A” scores.
12 points possible this page

VII. Staff Requirements continued

RN/MD/LPHA Review only

Staff Requirements Survey Criteria Continued	Wt	Yes	No	NA	Score
B. Program/Facility has a written plan for training staff that is updated annually (Proof of training should be readily available)					
1) The program/facility has a written plan for training staff that is updated annually	1	1)___	1)___	1)___	
2) All providers and staff conducting, reviewing, using ASAM assessments have completed the two e-Trainings.	1	2)___	2)___	2)___	
3) All employees have mandatory training on annual DMC-ODS requirements	1	3)___	3)___	3)___	
4) All appropriate staff have received regular training on evidence based practices (EBP)	1	4)___	4)___	4)___	
5) Staff are trained in the CalOMS treatment data collection and reporting methods	1	5)___	5)___	5)___	
6) Staff are trained in the DATAR reporting methods	1	6)___	6)___	6)___	
7) Cultural and Linguistic training annually	1	7)___	7)___	7)___	
8) Title 22 training	1	8)___	8)___	8)___	
9) Education on the Trafficking Victims Protection Act of 2000	1	9)___	9)___	9)___	
10) Annual confidentiality training	1	10)___	10)___	10)___	
11) ONLY MEDICAL DIRECTOR minimum of five hours of continuing medical education related to addiction medicine each year for medical director	1	11)___	11)___	11)___	
12) ONLY LPHA minimum of five hours of continuing medical education related to addiction medicine each year for LPHA	1	12)___	12)___	12)___	
13) Tuberculosis (TB) Testing is offered and performed onsite for all staff who have contact with food preparation and/or any clients.	1	13)___	13)___	13)___	
14) A code of conduct for the Medical Director shall be clearly documented, signed and dated by a provider representative and the physician.	1	14)___	14)___	14)___	

Comments: Write comments for all “No” (0 points) and “N/A” scores.
14 points possible this page

VII. Staff Requirements continued

 RN/MD/LPHA Review only

Staff Requirements Survey Criteria Continued	Wt	Yes	No	NA	Score
<p>C. Professional health care personnel have current California Licenses and Certifications. CA Business & Professional (B&P) Code §2050, §2585, §2725, §2746, §2834, §3500, §4110</p> <p>1) All staff have received appropriate credentialing</p> <p>2) At least 30% of staff providing counseling are licensed or certified as Drug & Alcohol Counselors.</p> <p>3) Staff files are maintained for the required length of time. (6 years current)</p> <p>4) NTP/OTP program only Facility must provide policy showing conforming to CCR, Title 9, and Division 4 with regard to medication practices</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>1)____</p> <p>2)____</p> <p>3)____</p> <p>4)____</p>	<p>1)____</p> <p>2)____</p> <p>3)____</p> <p>4)____</p>	<p>1)____</p> <p>2)____</p> <p>3)____</p> <p>4)____</p>	
<p>Comments: Write comments for all “No” (0 points) and “N/A” scores. 4 points possible this page 30 points possible this section.</p>	Total				

VIII. Detox

 RN/MD/LPHA Review only

Detox Survey Criteria	Wt	Yes	No	NA	Score
<p>A. During the provision of detoxification services, the minimum staffing or volunteer ratios and health-related requirements shall be as follows: (Clients shall not be used to fulfill the requirements of this section.)</p> <p>1) In a program with 15 or fewer clients who are receiving detoxification services, there shall be at least one staff member or volunteer on duty and awake at all times with a current cardiopulmonary resuscitation certificate and current first aid training.</p> <p>2) In a program with more than 15 clients who are receiving detoxification services, there shall be at least two staff members or volunteers, per every 15 clients, on duty and awake at all times, one of whom shall have a current cardiopulmonary resuscitation certificate and current first aid training.</p>	1	1)____	1)____	1)____	
<p>B. A full ASAM Criteria assessment shall not be required as a condition of admission to a facility providing Withdrawal Management. To facilitate an appropriate care transition, a full ASAM assessment, brief screening, or other tool to support referral to additional services is appropriate.</p>	1	1)____	1)____	1)____	
<p>C. Evidence of personnel training shall be implemented and maintained by the licensee pursuant to CCR, Title 9, Section 10564(k).</p> <p>1) Evidence of eight (8) hours of training annually that covers the needs of residents who receive Withdrawal Management services in personnel files.</p> <p>2) Evidence of repeated orientation training within 14-days for returning staff following a 180 continuous day break in employment personnel files.</p> <p>3) Evidence of six (6) hours of orientation training for all personnel providing WM services, monitoring and supervising the provision of Withdrawal Management services</p> <p>4) Naloxone training policy and completion of naloxone training</p>	1	1)____	1)____	1)____	
<p>1) Evidence of eight (8) hours of training annually that covers the needs of residents who receive Withdrawal Management services in personnel files.</p>	1	2)____	2)____	2)____	
<p>2) Evidence of repeated orientation training within 14-days for returning staff following a 180 continuous day break in employment personnel files.</p>	1	3)____	3)____	3)____	
<p>3) Evidence of six (6) hours of orientation training for all personnel providing WM services, monitoring and supervising the provision of Withdrawal Management services</p>	1	4)____	4)____	4)____	
<p>4) Naloxone training policy and completion of naloxone training</p>	1				
<p>Comments: Write comments for all “No” (0 points) and “N/A” scores. 7 points possible in this section</p> <p style="text-align: right;">Total</p>					

IX. Perinatal Services

 RN/MD/LPHA Review only

Perinatal Services Survey Criteria	Wt	Yes	No	NA	Score
<p>A. These standards apply to programs who provide SUD treatment to pregnant and parenting women, which includes: Pregnant women; Women with dependent children; Women attempting to regain custody of their children; Postpartum women and their children; or Women with substance exposed infants</p> <p>1) The Program publicizes that pregnant women are given preference in admission to recovery and treatment programs and encourage women in need of treatment services to access them</p> <p>2) Does the Program adhere to priority admission requirements as follows:</p> <ul style="list-style-type: none"> a. Pregnant injecting drug users b. Pregnant substance abusers c. Injecting drug users d. All Others <p>3) The program shall admit IV drug users within 14 days of request or provide interim services and admit within 120 days</p>	1	1)____	1)____	1)____	
	1	2)____	2)____	2)____	
	1	3)____	3)____	3)____	
<p>B. The Program shall have in place policies, procedures, and practices to support the provision Interim services within their program(s)</p> <p>1) Pregnant women receiving interim services shall be placed at the top of the waiting list for program admission</p> <p>2) The Program shall make interim services available, either on-site or by referral, within 48 hours for those individuals who are in need of treatment and who cannot be admitted within 14 days of their request for treatment</p> <p>3) The Program shall have an established waiting list that includes a unique patient identifier for injecting drug users seeking treatment, including patients receiving interim services while awaiting admission</p> <p>4) The Program shall maintain contact with individuals awaiting treatment admission</p> <p>5) The Program shall ensure that Injection drug-using women must be admitted within 14 days after request or within 120 days if interim services are provided</p>	1	1)____	1)____	1)____	
	1	2)____	2)____	2)____	
	1	3)____	3)____	3)____	
	1	4)____	4)____	4)____	
	1	5)____	5)____	5)____	

Perinatal Services Survey Criteria	Wt	Yes	No	NA	Score
C. The Program shall:					
1) The Program shall make referrals based on individual assessments, such as 12 step groups, housing support, food and legal aid, case management, children's services, medical service and social services	1	1)___	1)___	1)___	
2) The Program shall ensure that child care is provided on-site for participants' children between birth and 36 months while the mothers are participating in the program.	1	2)___	2)___	2)___	
3) Program has a policy that addresses therapeutic intervention for children of the women receiving SUD treatment services to address the child's: Developmental needs, Sexual Abuse, physical abuse and neglect.	1	3)___	3)___	3)___	
4) Program shall ensure Perinatal /Pediatric Patient Care is available	1	4)___	4)___	4)___	
5) Program shall provide or arrange for sufficient case management	1	5)___	5)___	5)___	
6) Program shall provide or arrange for primary medical care for women in treatment	1	6)___	6)___	6)___	
7) Program shall provide or arrange for primary pediatric care	1	7)___	7)___	7)___	
8) Program shall provide or arrange for transportation	1	8)___	8)___	8)___	
9) Program shall maintain a vehicle log	1	9)___	9)___	9)___	
10) Program shall provide or arrange therapeutic interventions for children	1	10)___	10)___	10)___	
11) Program shall program shall provide or arrange for required services	1	11)___	11)___	11)___	
Comments: Write comments for all “No” (0 points) and “N/A” scores. 11 points possible this page 19 points possible for this section Total					

VI. Pharmaceutical/Laboratory

 RN/MD Review only

Pharmaceutical/Laboratory Services Survey Criteria	Wt	Yes	No	NA	Score
A. Drugs and medication supplies are maintained securely to prevent unauthorized access. CA B&P Code §4051.3, §4071, §4172; 22 CCR §75037(a-g), §75039; 21 CFR §1301.75, §1301.76, §1302.22					
1) Drugs are stored in specifically designated cupboards, cabinets, closets, or drawers.	1	1)___	1)___	1)___	
2) Controlled drugs are stored in a locked space accessible only to authorized personnel.	1	2)___	2)___	2)___	
3) A dose-by-dose medication log is maintained.	1	3)___	3)___	3)___	
4) There are no expired medications on site.	1	4)___	4)___	4)___	
5) Site has a procedure to check expiration date and a method to dispose of expired medications.	1	5)___	5)___	5)___	
6) Site has a procedure to check expiration date and a method to dispose of expired lab test supplies.	1	6)___	6)___	6)___	
7) Site has appropriate process for handling Sharps	1	7)___	7)___	7)___	
8) For MAT Treatment Only: Where medications are a part of the beneficiary’s treatment, provider practices conform to medical policies with regard to different dosing levels, administration and take home practices.	1	8)___	8)___	8)___	
Comments: Write comments for all “No” (0 points) and “N/A” scores. 7 Points possible for this section					
Total					

Reviewer Comments:

If more than one Reviewer, both must sign here.

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