

# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

## POLICY / PROCEDURE

<b>Policy/Procedure Number:</b> MCQP1025 (previously MPQP1025, QP100125)				<b>Lead Department:</b> Health Services	
<b>Policy/Procedure Title:</b> Substance Use Disorder (SUD) Facility Site Review and Medical Record Review (previously Behavioral Health/ Substance Abuse Facility Site Review)				<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 02/18/2004			<b>Next Review Date:</b> 06/12/2025		
			<b>Last Review Date:</b> 06/12/2024		
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>		<input type="checkbox"/> <b>Employees</b>		
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>		<input type="checkbox"/> <b>P &amp; T</b>		<input checked="" type="checkbox"/> <b>QUAC</b>
	<input type="checkbox"/> <b>OPERATIONS</b>		<input type="checkbox"/> <b>EXECUTIVE</b>		<input type="checkbox"/> <b>COMPLIANCE</b> <input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>		<input type="checkbox"/> <b>COMPLIANCE</b>		<input type="checkbox"/> <b>FINANCE</b> <input checked="" type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b>	<input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALING</b>		<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA				<b>Approval Date:</b> 06/12/2024	

### I. RELATED POLICIES:

- A. MPQP1022 - Site Review (SR) Requirements and Guidelines
- B. MPQP1016 - Potential Quality Issue Investigation & Resolution
- C. MPQP1053 - Peer Review Committee
- D. CMP36 - Delegation Oversight and Monitoring
- E. MCUP3144 - Residential Substance Use Disorder Treatment Authorization
- F. MCUG3118 - Prenatal and Perinatal Care
- G. MCUP3101 - Screening and Treatment for Substance Use Disorders
- H. CMP41 - Wellness and Recovery Program Records
- I. MPCR601 - Fair Hearings Process for Adverse Credentialing Decisions
- J. MPCR300 – Physician Credentialing and Re-credentialing Requirements
- K. MPQP1052 Physical Accessibility Review Survey – SR Part C
- L. MPQG1011 – Non-Physician Medical Practitioners & Medical Assistants Practice Guideline

### II. IMPACTED DEPTS:

- A. Behavioral Health
- B. Health Services
- C. Provider Relations
  - 1. Credentialing
- D. External and Regulatory Affairs
- E. Claims
- F. Member Services
- G. Grievance and Appeals
- H. Compliance

### III. DEFINITIONS:

- A. Substance Use Disorder Treatment Provider: Person or entity that provides direct alcohol and other drug treatment services and has been certified by the State as meeting the certification requirements for participation in the Drug Medi-Cal (DMC) program set forth in the DMC certification Standards for Substance Abuse Clinics and Standards for Drug Treatment Programs in California.
- B. Substance Use Disorders (SUD) – According to the Substance Abuse and Mental Health Services Administration (SAMHSA), substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. The term is often used synonymously with “addiction.” According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky

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use, negative consequences of use, and substance-dependent pharmacological criteria (e.g., tolerance and/or withdrawal). Substance use disorders occur in a range of severity including mild, moderate, or severe. Substances can be obtained illicitly or prescription medications can be misused for purposes other than the intended prescription (also known as “non-medical use” of prescription medications). The most common substance use disorders in the United States include the following:

1. Alcohol Use Disorder
  2. Tobacco Use Disorder
  3. Cannabis Use Disorder
  4. Stimulant Use Disorder (including cocaine, methamphetamine, and prescription stimulants)
  5. Opioid Use Disorder
- C. Drug Medi-Cal Organized Delivery System (DMC-ODS): an opt-in 1115 waiver program available in California since 2015 that provides for the opportunity for counties to expand substance use treatment options outside of traditional Medicaid substance use treatment offerings. In DMC-ODS, opted-in counties provide a continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services, enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidenced based practices in substance abuse treatment, and coordinates with other systems of care. Of Partnership’s 24 counties, seven participate in a Partnership-organized DMC-ODS program (“Wellness and Recovery Program”): Humboldt, Mendocino, Shasta, Siskiyou, Solano, Modoc, and Lassen counties. Five other counties have organized their own county-managed DMC-ODS programs (over which Partnership has no regulatory oversight responsibilities): Marin, Yolo, Napa, Nevada and Placer counties. The remaining counties have not opted into the DMC-ODS program and therefore abide by the county-managed “state plan” DMC program.
- D. Non-Physician Medical Practitioners (NPMP) are defined as nurse practitioners (NPs), physician assistants (PAs), certified nurse midwives (CNM) and licensed midwives (LM). See MPQG1011 – Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines.
- E. Licensed Practitioner of the Healing Arts (LPHA) includes physicians, NPs, PAs, registered nurses (RNs), registered pharmacists, licensed clinical psychologist, licensed clinical social worker (LCSW), licensed professional clinical counselor, licensed marriage and family therapist (LMFT), and licensed-eligible practitioners working under the supervision of licensed clinicians. See MCUP3144 - Residential Substance Use Disorder Treatment Authorization.

#### IV. ATTACHMENTS:

- A. [SUD Facility Site Review \(FSR\) Tool](#)
- B. [SUD Facility Site Review \(FSR\) Guidelines](#)
- C. [SUD Medical Record Review \(MRR\) Tool and Guidelines](#)
- D. [Physical Accessibility Review Survey \(PARS\)](#)

#### V. PURPOSE:

- A. To provide Substance Use Disorder (SUD) Service providers a guideline for Substance Use Disorder Facility Site Review (SUD FSR) and Substance Use Disorder Medical Record Review (SUD MRR) requirements and processes. This policy will apply to DMC-ODS certified providers contracted with Partnership HealthPlan of California (Partnership).
- B. The purpose of the SUD FSR and SUD MRR is to ensure that practice sites have sufficient capacity to:
  1. Provide appropriate SUD services
  2. Carry out processes that support continuity and coordination of care
  3. Operate in compliance with industry documentation standards of format and legal protocols
  4. Maintain patient safety standards and practices, and
  5. Operate in compliance with applicable federal, state, and local laws and regulations. Findings of the

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Site Review are used to:

- a. Provide information for credentialing/re-credentialing decisions
- b. Identify areas where education and technical assistance is needed
- c. Identify and share best practices in patient safety, medical error prevention, and provision of quality care.

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## VI. POLICY / PROCEDURE:

### A. Requirements

1. Partnership will conduct annual (Partnershipfiscal year July 1- June 30 calendar) onsite monitoring reviews of services and subcontracted services, and submit a secure copy of their monitoring and audit reports to the Department of Health Care Services (DHCS) within two weeks of issuance.

### B. Review Personnel

1. The Partnership HealthPlan of California (Partnership) Chief Medical Officer (CMO) is ultimately responsible for Site Review activities completed by Partnership personnel. At a minimum, Partnership's Site Review team will consist of one of the following staff: a physician, a registered nurse (RN), or other Non-Physician Medical Practitioner (NPMP).
2. Licensed physicians, RNs, NPMPs, and Certified Counselors, are eligible to act as Site Reviewers and may perform a site review (SR) independently and sign off on the FSR and MRR tools. Partnership will assure that reviewers collect data that is appropriate to their level of education, expertise, training and professional licensing scope of practice as determined by California statute. **Reviews of survey elements will be completed by the appropriate category of reviewer, as noted by survey labels (e.g., LPHA or RN/Physician/NPMP only).**
3. Site reviewers can independently make determinations regarding implementation of appropriate reporting or referral of abnormal review findings to initiate peer reviews procedures.

### C. Site Review (SUD SR) – A Substance Use Disorder Site Review consists of two basic components: the Substance Use Disorder Facility Site Review (SUD FSR) and the Substance Use Disorder Medical Record Review (SUD MRR). (See Attachments A, B, and C.) Provider Relations' Credentials staff assesses the accreditation status of Substance Use Disorder Treatment Providers as part of the credentialing process.

1. A SUD FSR is required to be completed prior to final credentialing of the site. The SUD FSR consists of the following 10 sections. (See Attachments A and B.)
  - a. Access/Safety
  - b. Office Management
  - c. Policy/Procedures
  - d. Program Policy Booklet
  - e. Intake Packet
  - f. Interpreter Services
  - g. Staff Requirements
  - h. Detox Facility
  - i. Perinatal Services
  - j. Pharmaceutical/Laboratory
  - k.
2. A SUD MRR consists of up to 10 randomly selected member medical records and consists of the following nine sections (See Attachment C.)
  - a. Format Criteria
  - b. Intake Services
  - c. Care Planning Guidelines-treatment plans- NTP Only
  - d. Care Planning Guidelines- Problem Lists- All LOC (except NTP)
  - e. Treatment Services Discharge ServicesCare Coordination Services
  - f. Residential Services
  - g. Perinatal/Family Services
3. Physical Accessibility Review Survey (PARS) (See Attachment D.)
  - a. During the Initial SUD SSR and subsequent annual SUD SRs, a PARS will be addressed every year at all Substance Use Disorder practice sites within the Partnership Medi-Cal network.

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D. Initial SUD SR

1. An initial SUD SR includes a SUD FSR.
  - a. The SUD FSR is conducted first to ensure the site operates in compliance with all applicable local, state, and federal laws and regulations. Credentialing is not completed until the site has received a passing score and Corrective Action Plan (CAP) items are signed off. An initial SUD FSR is not required when a new provider joins a site that has a current passing SUD FSR score.
2. An initial SUD MRR must be completed within 11 months of the SUD FSR assuming services have been rendered. This may be deferred based on claims.
3. Additional scenarios that require an Initial SUD SR, but are not limited to, instances when:
  - a. A new site is added to the Partnership network.
  - b. The site relocates.

E. Subsequent SUD SRs

1. Subsequent SUD SRs consist of a SUD FSR and SUD MRR conducted annually during Partnership's fiscal calendar year. The SUD FSR and SUD MRR are scored separately by the Site Reviewer.
2. Site reviews may be conducted more frequently based on monitoring, evaluation, or follow up related to an applied CAP.
3. The SUD MRR score is based on a review of randomly selected records based off the prior fiscal year. Up to 10 medical records will be reviewed unless there are not enough member claims to support this. If Partnership is unable to generate a list of 10 medical records, due to a lack of claims, Partnership will conduct the medical records review with the records available.
4. The site reviewer will advise the practice site of any deficiencies in high priority elements during the SUD SR. Compliance level categories include: Exempted Pass, Conditional pass, and Not Pass.
5. The total points on the SUD FSR or SUD MRR will differ from site to site because the "not applicable" items do not factor into the scoring where noted. All standards where review determinations result in a "N/A" (non-applicable) or "No" shall include an explanation regarding the exemption.
6. The reviewer will advise the practice site of any deficiencies during the Site Review.
  - a. The reviewer conducting the site review is responsible for providing the site with the CAP requirements, including the CAP template and appropriate documentation as listed below:
    - 1) The specific deficiency
    - 2) Recommended corrective actions
    - 3) CAP due dates
    - 4) Instructions for CAP submission to Partnership
7. Compliance level categories for SUD FSR include:

Compliance Category	FSR Score	MRR Score
Exempted Pass (No CAP required)	90% or above without deficiencies in High Priority Elements related to ASAM, SABG, Perinatal and Pharmaceutical/Laboratory	90% or above and all section scores above 80% /
Conditional Pass (CAP required)	80-89% <b>OR</b> 90% or above with deficiencies in High Priority Elements related to ASAM, SABG, Perinatal and Pharmaceutical/Laboratory	80-89% <b>OR</b> 90% or above with one or more section scores below 80%.

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<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b> Not Pass (CAP required)		<input type="checkbox"/> <b>Employees</b> 79% and below

F. Outside Entity Reviews

1. Partnership will determine whether to conduct a SUD SR or accept review findings from an outside entity that performed the most recent review if the collaboration processes is defined in detail and meets and/or exceeds the standards according to this policy. A copy of the annual reviews will be provided by the entity or Partnership will conduct the review. If Partnership accepts these reviews, Partnership will still do a complete on site SUD Site Review at a minimum of every three years. Partnership will submit a copy of outside entity reviews to DHCS as proof of annual monitoring.

G. Focused Review

1. A focused review is a targeted review of one or more specific areas of the SUD FSR or SUD MRR. Partnership must not substitute a focused review for the SUD SR. Focused reviews may be used to monitor providers between SUD SRs to investigate problems identified through monitoring activities or to follow up on corrective actions.
2. Site Reviewers utilize the appropriate sections of the SUD FSR and SUD MRR tools for the focused review, or other methods to investigate identified deficiencies or situations.
3. All deficiencies identified in a focused review must require the completion and verification of the corrective action plan (CAP) according to the CAP timelines.

H. Requirements for New Practitioners at a Site

1. A SUD SR will not be repeated if a new provider is added to a provider site that has a current passing SUD SR score. If a Substance Use Disorder Treatment provider moves to a site that has not undergone a previous SUD SR, Partnership performs a SUD SR at this site.

I. Corrective Action Plan (CAP) Requirements and Timelines

1. A CAP is required for SUD sites that have a SUD FSR / SUD MRR conditional pass or not pass score, on a focused review, or for deficiencies identified by Partnership through oversight and monitoring activities. Partnership may require a CAP for other findings identified during the survey that require correction, regardless of the score.
2. Conditional Pass  
Partnership will provide the practice site with a review findings report and a formal written request for corrections of all deficiencies within 10 calendar days after the site visit. The practice site must submit a CAP to Partnership addressing deficiencies within 30 calendar days of the written initial CAP request date. Partnership will then review/revise/approve the CAP. Under extenuating circumstances, an extension will be given in 30-day increments to complete deficiencies that have not been addressed may be granted.
3. Not Pass
  - a. Survey deficiencies must be corrected by the provider and verified by Partnership within the CAP timelines. Partnership reserves the right to remove any provider with a not pass score from the provider network.
4. CAP Documentation
  - a. CAPs will be completed using a standard format and form. The minimum elements to be included on a CAP:
    - 1) CAP Documentation
    - 2) Correction Date
    - 3) Practitioner Comments
    - 4) Signature and Title of Responsible Practitioner or Designee
    - 5) Evidence of the Corrections
    - 6) Completion and Closure Dates

J. Non-Compliance with Corrective Action Process

1. Providers who do not correct survey deficiencies, or do not cooperate with the CAP process within the established CAP timelines may result in referral to the Partnership CMO; Provider Relations



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staff and/or the Credentials Committee. Actions taken by the Credentials Committee may include termination of the site from the provider network.

2. If Partnership chooses to remove the site from the network, per IGA, Exhibit A: Partnership shall make a good faith effort to give written notice of termination of a network provider, within 15 calendar days after receipt or issuance of the termination notice, to each beneficiary who received his or her primary care from, or was seen on a regular basis by, the terminated provider.
- K. Organizational Provider Appeals
1. See Partnership Policy MPCR601 “Fair Hearings Process for Adverse Credentialing Decisions” for appeal procedures.
  2. If the decision is not reversed, and the provider is terminated from the network, the practice may reapply to become a network provider and Partnership will complete a new site review upon approval.
- L. Systematic Monitoring
1. Monitoring following the SUD SR will include, but is not limited to, data gathered through the following sources in order to coincide with ODS monitoring requirement 4.2.2:
    - a. Potential Quality Issue information (reviewed when identified)
    - b. Focused review or other on-site visit
- M. Delegation of Site Reviews
1. Delegation Agreement
    - a. Prior to delegating Site Review to an outside entity, Partnership will establish a formal, mutually agreed upon Delegation Agreement that will:
      - 1) Identify specific delegated functions
      - 2) Specify policies/procedures to be used for delegated functions
      - 3) Specify reporting requirements of the delegate
      - 4) Specify Partnership training, communication, and oversight activities
  2. Potential Quality of Care Issues
    - a. Potential quality of care issues identified during the course of the Site Review will be conducted in accordance with the Partnership policy for Potential Quality Issue Investigation and Resolution. The clinical reviewer will complete a PQI Report Form, and submit it Partnership’s Quality Improvement department for follow up review.

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## VII.

### REFERENCES:

- A. California Department of Health Care Services (DHCS) All Plan Letter ([APL](#)) 22-017 [Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review](#) (Sept. 22, 2022) supersedes APL 20-006
- B. [MMCD Policy Letter \(PL\) 12-006](#) Revised Facility Site Review Tool (Aug. 9, 2012)
- C. [DHCS All Plan Letter \(APL\) 15-023](#) Facility Site Review Tools for Ancillary Services and Community-Based Adult Services Providers (Oct. 8, 2015)
- D. 3 CCR §504; 24 CCR (CA Building Standards Code); 28 CFR §35 (American Disabilities Act of 1990, Title II, Title III)
- E. DHCS Intergovernmental Agreement for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services
- F. DHCS Behavioral Health Information Notice ([BHIN](#)) 21-056 [Ongoing-Compliance-Monitoring-FY-2021-22](#) (Sept. 14, 2021)
- G. [BHIN 24-001 Drug Medi-Cal Organized Delivery System \(DMC-ODS\) Requirements for the Period of 2022 – 2026](#) (Dec. 21, 2023) supersedes BHIN 23-001  
 BHIN 23-068 Updates to Documentation Requirements for all Specialty Mental Health (SMH), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS Services (Nov. 20, 2023) supersedes BHIN 22-019

## VIII. DISTRIBUTION:

- A. Partnership Provider Manual
- B. Partnership Department Directors

## IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

## X. REVISION DATES:

### Medi-Cal

05/18/05; 04/19/06; 06/20/07; 06/18/08; 07/15/09; 09/15/10; 02/20/13; 05/15/13; 05/21/14; 09/20/17;  
 \*10/10/18; 11/13/19; 04/08/20; 04/14/21; 05/11/22; 01/11/23; 05/10/23; 06/12/24

\*Through 2017, Approval Date reflective of the Quality Utilization Advisory Committee meeting date.  
 Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

### PREVIOUSLY APPLIED TO:

#### Partnership Advantage:

MPQP1025 - 06/20/2007 to 02/20/2013

#### Healthy Families:

MPQP1025 - 10/01/2010 to 02/20/2013

#### Healthy Kids

MPQP1025 - 06/20/2007 to 02/20/2013