**PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

**POLICY / PROCEDURE**

<table>
<tr><td colspan="4">Policy/Procedure Number: MCQP1025 (previously MPQP1025, QP100125)</td><td colspan="3">Lead Department: Health Services<br>Business Unit: Quality Improvement</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Substance Use Disorder (SUD) Facility Site Review and Medical Record Review (previously Behavioral Health/ Substance Abuse Facility Site Review)</td><td colspan="3">☒ External Policy<br>☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 02/18/2004</td><td colspan="4">Next Review Date: 08/12/2027<br>Last Review Date: 08/12/2026</td></tr>
<tr><td>Applies to:</td><td colspan="2">☐ Employees</td><td>☒ Medi-Cal</td><td colspan="3">☐ Partnership Advantage</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="3">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 08/12/2026</td></tr>
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**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. MPBP8007 - 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. Health Services
B. Network Services
C. Regulatory Affairs and Compliance
D. Claims
E. Member Services
F. Grievance & Appeals

**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 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) Standards
B. SUD Medical Record Review (MRR) Standards
C. Community Based Adult Services (CBAS) Physical Accessibility Review Survey

## V. PURPOSE:

A. To provide Substance Use Disorder (SUD) Service providers with guidelines 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 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, consistent with 42 CFR § 438.208.
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 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.

## VI. POLICY / PROCEDURE:

A. Requirements

Partnership will perform annual monitoring reviews of services and subcontracted services, aligned with the fiscal year (July 1 – June 30). A secure copy of the resulting monitoring and audit reports must be submitted to the Department of Health Care Services (DHCS) within two weeks of the report's issuance.

B. Site 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.
3. Site reviewer personnel can independently make determinations regarding implementation of appropriate reporting or referral of abnormal review findings to initiate peer review procedures.
4. Findings shall be documented and maintained per applicable recordkeeping requirements.

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. Site review activities support Partnership's ongoing quality assessment and performance improvement programs per CFR § 438.330.

1. A SUD FSR is required to be completed prior to final credentialing of the site. The SUD FSR consists of the following 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. Telehealth
   l. Peer support services
   m. Adolescent services

2. A SUD MRR consists of 10 randomly selected member medical records and consists of the following sections. (See Attachment B.)
    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 Services
    f. Care Coordination Services
    g. Residential Services
    h. Perinatal/Family Services
    i. Telehealth
    j. Peer support services
    k. Adolescent services
3. Community Based Adult Servies (CBAS) Physical Accessibility Review Survey (PARS) (See Attachment C.)
    a. During the Initial SUD SSR and subsequent annual SUD SRs, a CBAS/PARS will be addressed every year at all substance use disorder program sites within the Partnership DMC-ODS network.

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 from the previous fiscal year. ten 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. A reduced number of records may be reviewed at the discretion of the Plan based on actual services rendered

F. Corrective Action Plan (CAP) Requirements and Timelines

If Partnership determines that a provider is out of compliance following a site review, Partnership will issue a CAP identifying found deficiencies. The provider must submit a CAP response to Partnership within 60 calendar days of receipt of the CAP. Failure to complete CAP requirements may result in additional monitoring or corrective action.

The CAP must include the following information:

- Description of corrective actions that will be taken by the provider to address deficiencies
- Date of completion of corrective action(s);
- Supporting evidence of correction;
- Site Provider, Program Director or designee (e.g., compliance administrator) name, and the date of their approval of the CAP.

The provider shall submit the CAP and supporting documentation as applicable electronically email to W&RQuality@partnershiphp.org or as specified by Partnership. Upon receipt of the CAP, Partnership will provide an Acknowledgement email within five business days. Partnership may approve an extended resolution timeline only if necessary and appropriate. Compliance level categories for SUD FSR include:

| Compliance Category | FSR Score | MRR Score |
|---|---|---|
| Exempted Pass (No CAP required) | No Deficiencies noted. Score of 100% | No Deficiencies noted. Score of 100% |
| Conditional Pass (CAP required) | Deficiencies noted. Score of 99%-80% | Deficiencies noted. Score of 99%-80% |
| Not Pass (CAP required) | 79% and below | 79% and below |

G. 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 staff and/or the Credentials Committee. Actions taken by the Credentials Committee may include termination of the site from the provider network. 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 care from, or was seen on a regular basis by, the terminated provider in accordance with applicable DHCS and federal requirements.

H. 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.

I. Systematic Monitoring
   1. Monitoring following the SUD SR will include, but is not limited to, data gathered through the following sources 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

J. Outside Entity Reviews
   1. Outside reviews will be accepted on a case by case basis upon review by Partnership Site Review and Behavioral Health team.
   2. 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.

K. 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.

L. Potential Quality of Care Issues
   1. Potential quality of care issues identified during 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.

## 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

H. 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

I. 42 CFR § 438.208: Care Coordination

J. 42 CFR § 438.330: Quality Assessment and Performance Improvement Program

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**VIII. DISTRIBUTION:**

B. A. Partnership Provider ManualPartnership 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; 08/13/25; 08/12/26

*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