



Substance Use Disorder (SUD) Programs
DMC ODS Narcotic Treatment Program Monitoring Tool - Administrative

Program Name:		Provider #:	
Program Address:		Charts Reviewed	
License Capacity:	Valid From:		
Date of Review:		Review Period:	
County Reviewers:		Program Staff:	

Administrative Review Section

Administrative							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Policies, procedures, and practices					AOD Cert.	
2	Ensure compliance with "nondiscrimination in services" and "nondiscrimination in employment"					AOD Cert.	
3	Use of qualified					CLAS Standards	

Administrative

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	interpreters and no use of minors as interpreters						
4	Confidentiality of patient records					CCR Title 9	
5	Procedure in event of patient hospitalization					CCR Title 9	
6	Requirements for pregnant patients					CCR Title 9	
7	Procedure in event of patient incarceration					CCR Title 9	
8	Procedure in event of patient death					CCR Title 9	
9	Procedure for collection of patient body specimen *Failure to provide body specimen					CCR Title 9	
10	Procedures for detection of multiple registration					CCR Title 9	
11	Test or analysis records for illicit drug use					CCR Title 9	
12	Medication handling and security *Record keeping *security of stocks *initial doses *dosage levels *Detoxification *Maintenance *LAAM					CCR Title 9	

Administrative

Line #	Description	M	NM	PM	N/A	Regulations	Comments
13	Take-Home Medication *Privileges *Restricting *Restoring *Suspension *Holiday *Exceptions					CCR Title 9	
14	Event of emergency					CCR Title 9	
15	Admission Procedures					CCR Title 9	
16	Readmission Policy					CCR Title 9	
17	Criteria for patient selection *Detoxification Treatment *Maintenance Treatment *Pregnant Women *Under the age of 18 years					CCR Title 9	
18	Patient Orientation *female patients of childbearing age					CCR Title 9	
19	Referral Policy					BHIN 23-054	
20	Patient consent					CCR Title 9	
21	Patient attendance					CCR Title 9	
22	Patient absence/ missed dose					CCR Title 9	
23	Treatment plans *Detoxification					CCR Title 9	

Administrative

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	*Maintenance *Pregnant women						
24	Counseling services					CCR Title 9	
25	Termination of treatment					CCR Title 9	
26	Transfers (courtesy dosing)					CCR Title 9	
27	Medical Director's duties and responsibilities and delegation					CCR Title 9	
28	Program physician's duties and delegation					CCR Title 9	
29	Physician extenders (registered nurse practitioners and physician's assistance)					CCR Title 9	
30	Counselor duties and responsibilities					CCR Title 9	
31	Program Rules:					CCR Title 9	
32	Hours of Operation					CCR Title 9	
33	Fees					CCR Title 9	
34	Payment Schedule					County - Provider Contract	
35	Grounds for involuntary termination					CCR Title 9	

Administrative

Line #	Description	M	NM	PM	N/A	Regulations	Comments
36	Fair Hearing procedures					CCR Title 9	
37	Patient Rights					CCR Title 9	
38	Provisions for emergencies					CCR Title 9	
39	Patient identification					CCR Title 9	
40	Trafficking Victims Protection Act of 2000 Policy					State-County Contract	
41	Written roles and responsibilities and a code of conduct for the medical director must be clearly documented, signed and dated by a provider representative and the physician					State-County Contract	
42	SUD Medical Director Responsibilities must include at minimum the following: <ul style="list-style-type: none"> Ensure that medical care provided by physicians, registered nurse practitioners, and physician 					State-County Contract	

Administrative

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	assistants meets the applicable standards of care <ul style="list-style-type: none"> • Ensure that physicians do not delegate their duties to non-physician personnel • Develop and implement medical policies and standards for the provider • Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards • Ensure that the medical decisions made by 						

Administrative

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	<p>physicians are not influenced by fiscal considerations</p> <ul style="list-style-type: none"> • Ensure that provider’s physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for clients, determine the medical necessity of treatment for clients • Ensure that client’s physicians are adequately trained to perform other physician duties <p>*SUD Medical Director may delegate their responsibilities</p>						

Administrative

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	s to a physician consistent with the provider’s medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed						
43	Individual/Group Sessions provided in confidential setting so that individuals not participating in session cannot hear comments by client(s), therapist, or counselor					State-County Contract	
44	Provider is implementing and maintaining a MAT policy approved by DHCS. <u>The MAT policy:</u> (1) Explains how a					BHIN 23-054	

Administrative

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	client receives information about the benefits and risks of MAT. (2) Describes the availability of MAT at the facility, if applicable, or the referral process for MAT. (3) Identifies an evidence-based assessment for determining a client's MAT needs. (4) Address administration, storage, and disposal of MAT, if applicable. (5) Outlines training for staff about the benefits and risks of MAT. (6) Outlines training for staff on the MAT policy.						

Charitable Choice Requirements

Line #	Description	Yes	No	N/A	Regulations	Comments
1	Organization identifies as a religious provider? If answer is no than questions 2 – 6 will not apply and can check box for N/A				CFR Title 42, Part 54	
2	Provider has been advised of the requirements contained in Title 42 CFR Part 54?				CFR Title 42, Part 54	
3	Provider takes steps to ensure that their inherently religious activities, such as religious worship, instruction, proselytization, are separate-in time or location from the government-funded services that they offer.				CFR Title 42, Part 54	
4	Provider has policy and procedure stating that clients can't be discriminated against for beliefs or "refusing" to "actively participate." Policy also includes nondiscrimination requirement against a program beneficiary on basis of religion, religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.				CFR Title 42, Part 54	
5	Provider gives notice to program beneficiary of his or her right for services from an alternate provider. Notice clearly articulates the beneficiary's right to referral and to services that reasonably meet the requirements of timeliness, capacity, accessibility, and equivalency.				CFR Title 42, Part 54	
6	Provider is fiscally accountable, in accordance with generally accepted auditing and accounting principles, for the use of Federal Funds.				CFR Title 42, Part 54	

Accessibility of Service Requirements							
Provide full and equal access to services to people with disabilities							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	If there are barriers to access to persons with disabilities, has the provider developed plans with measurable timeframes to remove or mitigate said barriers					Policy 150	
2	If a subcontracted provider is unable to meet the accessibility needs of a client at the time of the client's request for admission, was the client referred to another provider that can sufficiently meet the accessibility needs of the client and provide sufficiently equivalent services provided to non-disabled individuals					Policy 150	

Cultural and Linguistically Appropriate Services (CLAS) Standards							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Effective, equitable, understandable, respectful quality care and services responsive to diverse cultural beliefs, preferred language and other communication needs					CLAS Standards	
2	Advance/sustain organizational leadership that promotes CLAS standards through policy, practices, and allocated resources.					CLAS Standards	
3	Recruit, promote, and support culturally and					CLAS	

	linguistically diverse staff responsive to the population in the service area					Standards	
4	Ongoing education and training to leadership and staff in culturally and linguistically appropriate policies and practices					CLAS Standards	
5	Offer language assistance services to individuals who have limited English proficiency and/or other communication needs at no cost to the beneficiary					CLAS Standards	
6	Verbal and written notices of language assistance services in client's preferred language					CLAS Standards	
7	Ensure competency of interpreters and no use of untrained individuals and/or minors as interpreters					CLAS Standards	
8	Provide easy-to-understand print and multimedia materials and signage in languages commonly used by population in service area					CLAS Standards	
9	Establish culturally and linguistically appropriate goals and policies and infuse them throughout the organizations planning and operations					CLAS Standards	
10	Ongoing assessments of the organizations CLAS-related activities and integrate quality improvement activities					CLAS Standards	
11	Demographic data to monitor and evaluate impact of CLAS standards on health and equity and outcomes to inform service delivery					CLAS Standards	
12	Assessment of community health assets and needs, use results to plan and implement services to respond to diversity of populations in service area					CLAS Standards	
13	Partner with community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness					CLAS Standards	
14	Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints					CLAS Standards	
15	Communicate the organizations progress in implementing and sustaining CLAS to all stakeholders and the general public					CLAS Standards	

Data Submission/Outcomes Management (CalOMS Tx)

California’s data collection and reporting system for providers of AOD providers; data is collected by treatment providers and entered in MCBH electronic health record via CalOMS Admission, Discharge, and Update screens; The “859 CalOMS Monthly Admission Data Entry” report is used to review, monitor, and update information on a monthly basis.

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Is CalOMS data submitted by the last day of service each month					State - County Contract	
2	Does provider update outstanding items reported by MCBH by the ninth (9 th) day of the following service month					DMC-ODS Documentation Manual	
3	If client remains in treatment for one year or longer, did the provider complete CalOMS Tx update data					DMC-ODS Documentation Manual	
4	If a client leaves treatment, due to completion or discontinues treatment without notice, did the provider complete CalOMS Tx discharge data					DMC-ODS Documentation Manual	

Drug and Treatment Access Reports (DATAR)

System used to collect data on AOD (including narcotic programs) treatment capacity and waiting lists; treatment providers that receive State or Federal funding through MC; data submitted on a monthly basis (95% minimum required)

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Do wait lists include a summary about the people on that list					State -County Contract	
2	Does the provider submit reports by the 10 th of the month following the report activity month					DMC-ODS Documentation Manual	

Facility Walk-Through

A review of the entire facility is necessary to determine that it is safe and healthy environment

Line #	Description	Compliant	Non-Compliant	N/A	Comments
1	Census *Number Authorized: _____ *Number present during review: _____ *Over Capacity: ___Yes OR ___No				
2	Security *Records locked/secured				
3	Floors: Carpet or Tile *Clean				
	*Torn				
	*Damaged				
4	Furniture *Clean				
	*Torn				
	*Damaged				
5	Windows (broken, cracked, torn screens, shades, clean, dirty)				
6	Restrooms (door locks, clean, toilet paper, towels, soap, leaky faucets, water temperature)				
7	Client's Safety (fire exits, fire escapes, exit signs, smoke detectors, sprinklers, emergency numbers posted) For residential—Telephone made available, escape ladder for multi-story facility				
8	Interior *paint (chipped, dirty, clean)				

Facility Walk-Through

A review of the entire facility is necessary to determine that it is safe and healthy environment

Line #	Description	Compliant	Non-Compliant	N/A	Comments
	*Ceiling (damaged, water damage, missing tiles, clean)				
	*Lights (covers, bulbs missing, not working, exposed, switches)				
9	Specimens and disposal of biohazard material (refrigerated, appropriate receptacle)				
10	Kitchen (residential placement)				
11	Refrigerator (residential placement)				
12	Sleeping Quarters (residential placement) (bed/mattress, dressers, lamps, closet, basements, clean, dirty, stained damaged)				
13	Employee Break Room (clean, well-lighted, food)				
14	Valid Fire Clearance				AOD Certification Standards

Facility Personnel Section

Requirements	Initial Response (Already completed by MCBH)	Cell Guide of Required Updates	Sample Staff (FY 22/23)	Sample Staff (FY 23/24)
Location/LOC	City and level of care	Update only if this has changed since the last review period	Salinas, 3.1 and 3.5	Salinas, 3.1 and 3.5
Employee	First and last name		Nancy Smith	Nancy Smith
Title	Title/Position at the time of review	Update only if this has changed since the last review period	Counselor	Counselor
Date of Hire	Date of actual hire		3/20/2014	3/20/2014
Date of Separation (if applicable)	Date or N/A if this does not apply	Update only if separated since the last review period	N/A	N/A
Licensed, Certified, or Registered on Date of Hire?	Date	Update only if this has changed since the last review period	9/12/2019	9/12/2019
License, Certification, or Registration #	Lic #	Update only if this has changed since the last review period	CADC II CA AII999999999	CADC II CA AII999999999
Certifying Board	Accronym or full name of board	Update only if this has changed since the last review	CCAPP	CCAPP

		period		
Effective date	Date	Update only if this has changed since the last review period	9/12/2019	9/12/2019
Expiration date	Date	Update only if this has changed since the last review period	9/12/2025	9/12/2025
Copy of Licensure	Yes/No	Update only if this has changed since the last review period	Yes	Yes
Last TB Test	Date	-Skin Test: Required annually -X-Ray: Physician statement reviewed annually for those that have record of + test	4/24/2023	4/15/2024
First Aid/CPR Expiration (Valid 2 yrs)	Date Range	Update date range if expired since last review period	9/9/2021-9/9/2023	9/12/2023-9/12/2025
Health Questionnaire	Yes/No		Yes	Yes
ID card	Yes/No		Yes	Yes

Job Application	Yes/No		Yes	Yes
Signed employment confirmation statement/duty of statement	Yes/No		Yes	Yes
MCBH Attestation (Use 677 Report)	Date	Required every 3 years	1/7/2022	1/7/2022
Resume	Yes/No		Yes	Yes
Job Description: Position Title and Classification; Duties and Responsibilities; Lines of supervision; Education, training, work experience, and other qualifications for the position	Current job and date	Update only if this has changed since the last review period	Counselor 3/20/2014	Counselor 3/20/2014
Code of Conduct (Provider)	Date		1/15/2021	1/15/2021
Code of Conduct (Certifying Board)	Date		5/4/2021	5/4/2021

Initial Confidentiality Statement	Date		Retained: 2/21/2014	Retained: 2/21/2014
Annual Confidentiality statement	Date	Annual Requirement: Date signed (must be within the FY)	Retained: 1/12/2023	Retained: 1/10/2024
Confidentiality statements retained for 6 years	List Dates for last 6-years	Add to date list for last 6-years included most recent FY	Retained: 6/26/2018 1/25/2022 1/12/2023	Retained: 6/26/2018 1/25/2022 1/12/2023 1/10/2024
Mandated Reporting	Yes/No		Yes	Yes
L&E 42 CFR Part Annual Training Required for ALL Staff	Date	Annual Requirement: Date completed (must be within the FY)	No	5/1/2024
Annual DMC-ODS Training/ Certificate of Completion Required for ALL Staff	Date	Annual Requirement: Date completed (must be within the FY)	4/25/2023	5/10/2024
Annual Trafficking Victims Protection Act Training	Date	Annual Requirement: Date completed (must be within the FY)	No	10/10/2023
Annual Cultural Competence Training (6-hrs)	Date	Annual Requirement: Date completed (must be within the FY)	3/18/2023: 4.00 3/30/2023: 5.00 Total: 9.00	3/1/2024: 4.00 6/24/2024: 5.00 Total: 9.00

Withdrawal Management: Trained in the use of Naloxone (if applicable)	Date	Annual Requirement: Date completed (must be within the FY)	N/A	N/A
Withdrawal Management: Six (6) hours of orientation training for all personnel providing WM services, monitoring and supervising the provision of WM services (if applicable)	Name of training, date, and hours completed	Required once (at orientation)	N/A	N/A
Withdrawal Management: Repeated orientation training within 14-days for returning staff following a 180 continuous day break in employment (if applicable)	Date	As needed for returning staff	N/A	N/A
Withdrawal Management: Eight (8) hours of training annually that covers the needs of residents who	Name of training, date, and hours completed	Annual Requirement: Name of training, date, and hours completed (must be within FY)	N/A	N/A

receive WM services (if applicable)				
MD: complete annual minimum 5 hours of continuing medical education in addiction medicine and retained	Name of training, date, and hours completed	Annual Requirement: Name of training, date, and hours completed (must be within FY) Must send MCBH Certificates of Completion	N/A	N/A
LPHA: complete annual minimum 5 hours of continuing medical education in addiction medicine and retained	Name of training, date, and hours completed	Annual Requirement: Name of training, date, and hours completed (must be within FY) Must send MCBH Certificates of Completion	N/A	N/A
Ethics	Yes/No		Yes	Yes
Harassment policy	Yes/No		Yes	Yes
Drug-Free workplace	Yes/No		Yes	Yes
CEU's	Yes/No	Yes/No (Annual Requirement...no required # of CEUs)	Yes	Yes

M= Met NM= Not Met PM= Partially Met N/A= Not Applicable/Not Reviewed

Updated: 08/2024

Annual Performance Evaluations/Review	Yes/No	Yes/No (Annual Requirement)	Yes	Yes
Personnel Actions: Discipline; Status Change; Commendations; Employment Incidents; Injuries	Yes and action taken or No or N/A	If this applies	N/A	N/A