



Substance Use Disorder (SUD) Programs

DMC ODS Residential Treatment Program Monitoring Tool - Chart Review

Program Name:	Client #:
Program Address:	Status: Open or Closed
Date of Review:	Date ASAM established:
County Reviewer:	LOC:
Counselor's Name:	Date of Program Admission:

Chart Review Section

Resident Records							
Content of Records							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Demographic information: <ul style="list-style-type: none"> • Client Full Name • Date of Birth • Gender • Race and/or ethnic background • Address • Telephone Number • Next of Kin or emergency contact • Date of Admission 					CCR Title 22	

Resident Records

Content of Records							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
2	Copies of the following documents provided to client upon admission: <ul style="list-style-type: none"> • Notification of DMC funding accepted as payment in full • Client signed consent to treatment form (Informed Consent) 					CCR Title 9	
3	Notice to patients of federal confidentiality requirements. Written Summary: <ul style="list-style-type: none"> • Limited circumstances under which part 2 program may acknowledge individual is present or disclosing information identifying client as having SUD • Statement that violation of 42 CFR Part 2 program is a crime and may be reported to appropriate authorities • Statement that information related to a crime on the premises of part 2 program or against personnel of part 2 program is not protected • Statement that reports of suspected child abuse and neglect made under state law are not protected • Citation to the federal law and regulations 					CFR Title 42	
4	Consent requirements: <ul style="list-style-type: none"> • Name of the patient • Specific name of entity or individual(s) permitted to make the disclosure 					CFR Title 42	

Resident Records

Content of Records							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
	<ul style="list-style-type: none"> •How much and what kind of information is to be disclosed including explicit description of SUD information that may be disclosed •Name of individual(s) to whom a disclosure is to be made •If using general designation: must include on consent form that upon client’s request, they must be provided a list of entities to which their information has been disclosed •Purpose of disclosure •Statement that consent is subject to revocation at any time •Date, event, or condition upon which consent will expire •Signature of client 						
5	Within Authorization for Disclosure of Confidential Information					Policy 350-B	
6	Copies of the following provided to client or posted in prominent place accessible to all clients: <ul style="list-style-type: none"> • Statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability to pay • Complaint process and grievance procedure; 					Provider-County Contract	

Resident Records

Content of Records							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
	<ul style="list-style-type: none"> Appeal process for involuntary discharge; 						
7	Pregnant and Postpartum Women: Medical documentation that substantiates pregnancy and last day of pregnancy					CCR Title 22	
8	Copy of program rules and expectations provided to client or posted in a prominent place accessible to all clients					Provider-County Contract	
9	DHCS 5103 Form signed by participant and reviewed by Program Staff					BHIN 22-024	
10	PPD/TB test results (within 6 months prior to or 30 days after admission AND annually thereafter					CCR Title 9	
11	Record of any illness or injury requiring treatment by physician or dentist (where facility provided assistance or referral for resident to address issue)					CCR Title 9	
12	Record of any permitted current medication including name prescribing physician and instruction of use, when applicable					CCR Title 9	
13	Is information on availability of referrals document regarding HIV/Tuberculosis testing and services					CFR Title 45	
14	If applicable, UA results scanned into client chart					CCR Title 22	

SUD Screening							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Screening completed					BHINs 21-071 21-073 22-013	
2	Diagnosis entered (may use Z55-65 or Z03.89)					BHINs 21-071 21-073 22-013	
3	Opened to an OP/IOP/WM/NTP episode indicated in screening					BHINs 21-071 21-073 22-013	
4	Only Assessment and Case Management billed in Screening Episode					BHINs 21-071 21-073 22-013	
5	Interim services offered in an outpatient level of care while awaiting authorization for residential LOC					BHINs 21-071 21-073 22-013	

Assessment of Client Needs Conducted by qualified AOD counselor or LPHA							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Drug/Alcohol Use History					CCR Title 22	
2	Previous SUD Treatment History					CCR Title 22	
3	Medical History					CCR Title 22	

Assessment of Client Needs Conducted by qualified AOD counselor or LPHA							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
4	Family History					AOD Cert.	
5	Psychiatric/Psychological History					CCR Title 22	
6	Social/Recreational History					AOD Cert.	
7	Financial Status/History					AOD Cert.	
8	Educational History					AOD Cert.	
9	Employment History					AOD Cert.	
10	Criminal History					AOD Cert.	
11	Legal Status					AOD Cert.	
12	Signed and dated by LPHA					BHIN 23-068	
13	Was the assessment completed and finalized within 72 hours of the date/time of residential admission (required starting 4/1/24. Does not apply if MCBH referred and authorized prior to admission)					BHIN 21-001 23-068 24-001	

Assessment for Youth (Ages 12 – 17)							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Youth meets diagnostic criteria for a health condition (including substance misuse or SUD) that					BHIN 24-001	

	may be sustained, supported, improved, or made more tolerable by medically necessary services.						
2	Substance Abuse Issues					ABPG	
3	Mental Health Issues					ABPG	
4	Physical Health History					ABPG	
5	Legal History					ABPG	
6	Developmental History					ABPG	
7	School/Education/Employment					ABPG	
8	Family, Peer, and Romantic Relationships Descriptions of family systems, family priorities and concerns, assessment of family members for family-centered services. Consideration of individual family members' referral needs (Best practice recommendations)					ABPG	
9	Developmental and Cognitive Levels					ABPG	
10	Social/Emotional/Communication and Self-Help/Independent Living Skills					ABPG	
11	Exploration of trauma including identification of reaction to trauma (Best practice recommendation)					ABPG	
12	Cultural identity, language preference/barriers, gender and sexual identity					ABPG	

13	Strengths, resiliencies, natural supports and interests					ABPG	
14	Risk of suicide: Current/History					ABPG	
15	Risk to others: Current/History. Include how the program will address the issue or make a referral to the appropriate source. Notification of appropriate family members and/or guardians					ABPG	
16	Current or past emotional, physical, or sexual abuse					ABPG	
17	Presence of emotional, physical, or sexual abuse in current relationship					ABPG	
18	Perpetration of physical or sexual abuse on others					ABPG	
19	Motivation and readiness for treatment					ABPG	
20	Areas of functional impairment or skills deficit					ABPG	
21	Signed and dated by LPHA					BHIN 23-068	

Initial Request for SUD Residential Treatment
Starting 4/1/24 = SUD Residential/Inpatient Authorization Request
(Initial request valid for up to 90 days)
IN 21-021 removes residential treatment limitations

Line #	Description	M	NM	PM	N/A	Regulations	Comments
Requirements when SUD Providers Request Residential Treatment							
1	SUD assessment completed by SUD registered or certified counselor or LPHA within 30 days or up to 60 days for persons experiencing homelessness or if under 21 years old prior to initial request for residential services (Note: Starting 3/7/24, the 30/60 day rule for assessments no longer apply)					Policy 730 & BHIN 21-071, BHIN 23-068	

Initial Request for SUD Residential Treatment
Starting 4/1/24 = SUD Residential/Inpatient Authorization Request
(Initial request valid for up to 90 days)
IN 21-021 removes residential treatment limitations

Line #	Description	M	NM	PM	N/A	Regulations	Comments
2	<p>Medical Necessity note includes the following:</p> <ul style="list-style-type: none"> • Met with counselor face to face or over telehealth (only if SUD assessment was completed by SUD certified or registered counselor) • Current SUD diagnosis • Basis for SUD diagnosis • Describes level of care recommended <p>Note: Starting 4/1/24 a medical necessity note is not required for SUD Res/Inpatient Auths</p>					Policy 730	
3	<p>DSM Diagnosis Dx for Substance-Related and Addictive Disorders (exception of Tobacco-Related Disorders & Non-Substance-Related Disorders) OR Had at least one DSM Diagnosis Dx for Substance-Related and Addictive Disorders (exception of Tobacco-Related Disorders & Non-Substance-Related Disorders) prior to incarceration</p>					BHIN 21-071	
MCBH Authorization Requirements							
4	SUD Residential request reviewed and Provider received response within 24 hours of request by MCBH Authorization team?					Policy 730	
5	<p>Client was authorized for residential services by MCBH</p> <ul style="list-style-type: none"> • Level of care authorized matches the level of care received 					Policy 730	
Requirements when Monterey County Behavioral Health Request Residential Treatment							

Initial Request for SUD Residential Treatment
Starting 4/1/24 = SUD Residential/Inpatient Authorization Request
(Initial request valid for up to 90 days)
IN 21-021 removes residential treatment limitations

Line #	Description	M	NM	PM	N/A	Regulations	Comments
6	CalAIM Assessment completed and finalized by MCBH LPHA within 30 days prior to client's admission to residential treatment					Policy 730	
7	If CalAIM Assessment is completed beyond 30 days prior to client's admission into residential treatment, then the following requirement must be met: <ul style="list-style-type: none"> Progress note documenting any changes to ASAM dimensions and documenting whether client still meets criteria for residential treatment 					Policy 730	
8	Diagnostic assessment and clinical formulation in CalAIM Assessment includes the following: <ul style="list-style-type: none"> Current SUD diagnosis Basis for SUD diagnosis Describes level of care recommended. 					Policy 730	
9	DSM Diagnosis Dx for Substance-Related and Addictive Disorders (exception of Tobacco-Related Disorders & Non-Substance-Related Disorders) OR Had at least one DSM Diagnosis Dx for Substance-Related and Addictive Disorders (exception of Tobacco-Related Disorders & Non-Substance-Related Disorders) prior to incarceration					BHIN 21-071	

Continuation of SUD Residential Treatment Request
(MCBH is no longer authorizing continuation requests as of 8/17/2020)
(Starting 4/1/24, Continuation of Stay is no longer required)

Line #	Description	M	NM	PM	N/A	Regulations	Comments
Assessment Requirements							
1	SUD Re-Assessment completed by SUD registered or certified counselor or LPHA before the 45 th day of residential treatment					Policy 730	
LPHA Justification for Continuing Services							
2	Justification for services/medical necessity note completed by before the 45 th day of residential treatment via medical necessity note					Policy 730	
3	Medical Necessity note includes the following: <ul style="list-style-type: none"> • Met with counselor face to face or over telehealth (only if SUD Assessment was completed by SUD certified or registered counselor) • Current SUD diagnosis • Basis for SUD diagnosis • Describes level of care recommended. 					Policy 730	

Extension of SUD Residential Treatment Request
Starting 4/1/24 = SUD Re-Authorization Request
(Required for clients receiving residential treatment beyond 90 days)

Line #	Description	M	NM	PM	N/A	Regulations	Comments
Assessment Requirements							
1	SUD Assessment completed by SUD certified or registered counselor or LPHA and submitted for authorization at least 10 days prior to the 90 th day of treatment. OR					Policy 730	

Extension of SUD Residential Treatment Request
Starting 4/1/24 = SUD Re-Authorization Request
(Required for clients receiving residential treatment beyond 90 days)

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	Starting 4/1/24, is the SUD Re-Authorization Request submitted in chart to Authorization team at least 10 days prior to the 90 th day of treatment.						
LPHA Justification for Extension							
2	Justification for services/medical necessity note completed at least 10 days prior to the 90 th day of treatment via medical necessity note. OR Starting 4/1/24, the SUD Re-Authorization request form has the continuation criteria (A, B, or C selected and the Explanation/Reasoning for needing continued services is completed by Provider.					Policy 730	
3	Medical Necessity note includes the following: <ul style="list-style-type: none"> • Met with counselor face to face or over telehealth (only if SUD Assessment was completed by SUD certified or registered counselor) • Current SUD diagnosis • Basis for SUD diagnosis • Describes level of care recommended Not Applicable after 4/1/24.					Policy 730	
MCBH Authorization Requirements							
4	SUD extension request reviewed, and provider received response within 3 calendar days (72 hours) of request by MCBH Authorization team?					Policy 730	

**Extension of SUD Residential Treatment Request
Starting 4/1/24 = SUD Re-Authorization Request
(Required for clients receiving residential treatment beyond 90 days)**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	OR Starting 4/1/24, the SUD Re-Authorization form was reviewed and provider received response within 24 hours of request by MCBH Authorization Team?						
5	Client was authorized for extension by MCBH <ul style="list-style-type: none"> • Level of care authorized matches the level of care received 					Policy 730	

PROBLEM LIST

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Diagnosis, Symptoms, Conditions, and/or Risk Factors Diagnosis (ICD-10) <ul style="list-style-type: none"> Identified by provider (within scope of practice) Problems (i.e. z-codes) or illnesses <ul style="list-style-type: none"> Identified by provider (within scope of practice) Identified by client and/or significant support person 					BHIN 23-068	
2	Problems Added/Removed <ul style="list-style-type: none"> When relevant change to client's condition and/or needs 					BHIN 23-068	

INITIAL TREATMENT PLAN

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Is there a current INITIAL treatment plan dated within 10 days of admission					BHIN 21-001	
2	Counselor name legibly printed or typed, signed and dated within 10 days of admission					BHIN 21-001	
3	Client name legibly printed or typed, signed and dated within 10 days of admission					BHIN 21-001	
4	If client refuses to sign the treatment plan, provider shall document the reason for refusal and the provider's strategy to engage the client to participate in treatment					CCR Title 22	

5	LPHA name legibly printed or typed, signed and dated within 10 days of admission					BHIN 21-001	
6	(Youth Treatment 12 – 17 years old) Treatment plan address multiple problems experienced by the youth including but not limited to: mental health, education, family, physical health, medical illness, and legal issues					ABPG	
7	Goal that the participant will have a physical examination if one has not been performed 12 months prior to admission					CCR Title 22	
8	If documentation of a client’s physical exam, which was performed during the prior 12 months, indicates a client has a significant medical illness, a goal that the client will obtain appropriate treatment for the illness					CCR Title 22	
9	Statement of problems experienced by the client to be addressed					BHIN 23-068	
10	Statement of objectives to be reached that address each problem					BHIN 23-068	
11	Statement of actions that will be taken by the programs and/or client to accomplish identified objectives					BHIN 23-068	
12	Description of services including frequency and type of counseling					CCR Title 22	
13	Target dates(s) for accomplishment of actions and objectives					BHIN 23-068	

Updated Treatment Plan

(at least every 90 days from initial treatment plan being signed by counselor or when a change in problem identification or focus of treatment occurs)

14	Goal that the participant will have a physical examination if one has not been performed 12 months prior to admission					BHIN 23-068	
15	Updated every 90 days after counselor signing the initial treatment plan					BHIN 21-001	
16	Treatment Plan is reviewed and updated, as necessary, when a change in problem identification or focus of treatment occurs, or no later than 30 calendar days after signing the treatment plan and no later than every 30 calendar days thereafter, whichever comes first.					BHIN 21-001	
17	Counselor name legibly printed or typed, signed and dated within 90 days after signing initial treatment plan					BHIN 21-001	
18	Client name legibly printed or typed, signed and dated within 90 days after signing initial treatment plan					BHIN 21-001	
19	LPHA name legibly printed or typed, signed and dated within 15 days after counselor's signature					BHIN 21-001	

Physical Examination Requirements

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Physician review of participants physical examination within 30-days of admission to program, if participant received an exam within the previous 12-month period					CCR Title 22	
2	If provider is unable to obtain documentation of participants most recent physical exam, the provider shall document and describe efforts made to obtain such documentation					CCR Title 22	
3	Physician, Registered nurse practitioner, or a physician assistant performed a physical exam within 30-days of admission					CCR Title 22	
4	Goal that the participant will have a physical examination on initial and updated treatment plan until this goal is met					CCR Title 22	

CHART NOTES

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Translation Services/Interpreters made available as needed for participants whose primary language is not English					CMS Special Terms and Conditions	
2	Confirmation of telehealth/telephone consent either in writing or verbally at least once prior to initiating care.					BHIN 23-068	
3	Youth: Utilization of technology (i.e. email, texting, web-based applications, social media, etc.) to coordinate care and to deliver elements of treatment and recovery.					ABPG	

CHART NOTES

Line #	Description	M	NM	PM	N/A	Regulations	Comments
4	Minimum of 1 progress note per week					CCR Title 22	
5	At least one of the following services provided for each residential day billed: <ul style="list-style-type: none"> • Assessment • Individual Counseling • Group Counseling • Patient Education • Family Therapy • Collateral Services • Crisis Intervention Services • Treatment Planning • Discharge Services 					BHIN 18-001 BHIN 21-001	
6	Date of each counseling session					CCR Title 22	
7	A narrative describing the service, including how the service addressed the client’s behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors)					BHIN 23-068	
8	The progress note for the group service encounter shall also include a brief description of the member’s response to the service					BHIN 23-068	
9	Next steps including, but not limited to, planned action steps by the provider or by the client, collaboration with the client, and collaboration with other provider(s)					BHIN 23-068	
10	Counselor name typed or legibly printed, signature, and dated progress note within 3 business days of providing a service, with the exception of notes for crisis services, which shall be completed within 1 calendar day					BHIN 23-068	

CHART NOTES

Line #	Description	M	NM	PM	N/A	Regulations	Comments
11	Identify if services provided in-person, by telephone, or by telehealth					BHIN 23-068 BHIN 23-018	
12	If services provided in the community identify location					BHIN 23-068 BHIN 23-018	
13	Individual/Group Sessions provided in confidential setting so that individuals not participating in session cannot hear comments by client(s), therapist, or counselor					CCR Title 22	
14	Use of two of following evidenced based practices per provider, per service modality: <ul style="list-style-type: none"> • Motivational Interviewing • CBT • Relapse Prevention • Trauma-Informed Treatment • Psycho-education 					BHIN 21-075	
Case Management Progress Notes							
15	Translation Services/Interpreters made available as needed for participants whose primary language is not English					CMS Special Terms and Conditions	
16	LPHA or SUD counselor typed or legibly printed name, sign, and date progress note within 3 business days of providing a service, with the exception of notes for crisis services, which shall be completed within 1 calendar day					BHIN 23-068	
17	Client Name					CCR Title 22	

CHART NOTES

Line #	Description	M	NM	PM	N/A	Regulations	Comments
18	Date of Service					CCR Title 22	
19	A narrative describing the service, including how the service addressed the client’s behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors)					BHIN 23-068	
20	Next steps including, but not limited to, planned action steps by the provider or by the client, collaboration with the client, and collaboration with other provider(s)					BHIN 23-068	
21	Identify if services provided in-person, telephone, telehealth, or in the community					BHIN 23-068 BHIN 23-018	
22	If services provided in the community, identify location and how provider ensured confidentiality					BHIN 23-068 BHIN 23-018	
Clinician Consultation Services: DHCS IN 21-075							
23	LPHA or SUD counselor typed or legibly printed name, sign, and date progress note within 3 business days of providing a service, with the exception of notes for crisis services, which shall be completed within 1 calendar day					BHIN 23-068	
24	Client Name					CCR Title 22	
25	Date of Service					CCR Title 22	
26	Purpose of the service					CCR Title 22	

CHART NOTES

Line #	Description	M	NM	PM	N/A	Regulations	Comments
27	Description of how the service relates to the client's treatment plan problems, goals, action steps, objectives, and/or referrals					CCR Title 22	
28	Identify if services provided in-person, telephone, telehealth, or in the community					BHIN 23-068 BHIN 23-018	
29	If services provided in the community, identify location and how provider ensured confidentiality					BHIN 23-068 BHIN 23-018	

Group Sign-In Sheets

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Name typed or legibly printed and signed by the counselors conducting group session					CCR Title 22	
2	Date of the counseling session					CCR Title 22	
3	Topic of the counseling session					CCR Title 22	
4	Start and end time of the counseling session					CCR Title 22	
5	List of participant's names typed or legibly printed and signature of each participant that attended the session					CCR Title 22	
6	Minimum of 2 participants and maximum of 12					Special Terms and Conditions	

Closed Charts

(All Clients except for those that the provider has lost contact)

Discharge Plan

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Discharge plan completed within 30 days prior to date of last face-to-face treatment					CCR Title 22	
2	During last face-to-face session the counselor and client legibly print or type name, sign, and date discharge plan					CCR Title 22	
3	Copy of discharge plan provided to client					CCR Title 22	
4	Description of relapse triggers and plan to assist client to avoid relapse when confronted with each trigger					CCR Title 22	
5	Support plan (list of individuals and/or organizations that can provide support and assistance to a client to maintain sobriety)					CCR Title 22	
Closed Charts (Clients that have lost contact with provider)							
Discharge Summary							
Line #	Description	M	NM	PM	N/A	Regulation	Comments
1	Discharge summary completed within 30 calendar days of providers last face-to-face treatment contact with client					CCR Title 22	
2	Duration of client's treatment as determined by date of admission and date discharged from treatment					CCR Title 22	
3	Reason for discharge					CCR Title 22	
4	Narrative summary of the treatment episode					CCR Title 22	
5	Client's Prognosis					CCR Title 22	
Cal-OMS Required for all clients regardless of payer source, including Prop 47 clients							
Line #	Description	M	NM	PM	N/A	Regulation	Comments
1	Admission CalOMS submitted?					CFR Title 45	
2	Annual CalOMS submitted?					CFR Title 45	

3	Discharge CalOMS submitted?					CFR Title 45	
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Perinatal Services							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
	Assessment and Placement						
1	Did the provider obtain medical documentation that substantiates the birthing person's pregnancy?					CCR Title 22	
2	Did the provider offer perinatal services addressing treatment issues specific to the pregnant and parenting birthing persons which included the following: i. Education to reduce harmful effects of alcohol and drugs on the birthing person and fetus or the birthing person and infant (DMC); and ii. Coordination of ancillary services, such as dental, education, social services, and community services (DMC).					CCR Title 22	
	Primary Care						
3	Does the provider arrange referral for primary medical care ? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
4	Does the provider arrange referral for prenatal care? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
5	Does the provider arrange referral for pediatric care ? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
6	Does provider arrange or provide immunizations for children in care of birthing persons in treatment? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
	Intervention						
7	Does the provider provide or arrange for gender-specific treatment and other therapeutic interventions for pregnant and parenting birthing persons (i.e., issues of relationships, sexual and physical abuse, and parenting)? (3.1, 3.2, 3.5 LOC)					CFR Title 45	

Perinatal Services							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
8	Does the provider provide or arrange for therapeutic interventions for the children of the birthing person receiving SUD treatment services to address the child's needs? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
9	Does provider arrange or provide case management and/or transportation to ensure that pregnant and parenting birthing persons and their children have access to the following services: -primary medical care -primary pediatric care -gender-specific treatment -therapeutic interventions for children					CCR Title 22 CFR Title 45 BHIN 17-062	
10	Does the provider provide childcare services while the birthing persons are receiving gender-specific treatment services? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
	Referrals						
11	When the provider has insufficient capacity to provide treatment services to a pregnant and/or parenting birthing person, did the provider provide a referral? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
12	Did the providers establish, maintain, and update individual patient records for pregnant and parenting birthing persons, which included referrals?					CCR Title 22	
	Childcare						
13	Did the providers offer on-site, licensed childcare in accordance with childcare licensing requirements? (<i>Best practice</i>)					CCR Title 22	
14	If treatment provider is unable to provide licensed on-site childcare services, did they partner with local, licensed childcare facilities?					CCR Title 22 HSC	

Perinatal Services							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
15	Did provider offer on-site, license-exempt childcare through a cooperative arrangement between parents for the care of their children?					CCR Title 22 HSC	
16	In the event of a cooperative arrangement, were all of the following requirements met: A. Parents shall combine their efforts, so each parent rotates as the responsible care giver with respect to all the children in the cooperative arrangement; B. Any person caring for the children shall be a parent, legal guardian, stepparent, grandparent, aunt, uncle, or adult sibling of at least one of the children in the cooperative arrangement; C. Parents shall combine their efforts, so each parent rotates as the responsible care giver with respect to all the children in the cooperative arrangement; D. Any person caring for the children shall be a parent, legal guardian, stepparent, grandparent, aunt, uncle, or adult sibling of at least one of the children in the cooperative arrangement; E. No monetary compensation, including receipt of in-kind income, may be provided in exchange for the provision of care; and F. No more than 12 children can receive care in the same place at the same time.					CCR Title 22 HSC	
	Parenting Skills						
17	Did the program incorporate parenting skills (i.e., education in child development, skill-building training, counseling, modeling, and problem-solving in specific instances of parent-child interactions) into a birthing person's treatment plan or <i>problem list</i> ?					HSC CCR Title 22	
Interim Services							
Services provided to pregnant birthing persons and intravenous drug users (IVDU), when no admission is possible due to capacity issues; waitlisted clients must be issued a unique client identifier number; priority admission order: pregnant IVDU, pregnant substance abusers, IVDU, and all others							

Perinatal Services							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Does provider establish a wait list for IVDU and those receiving interim services that includes a unique patient identifier in DATAR? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
2	Does the provider take individuals off waitlist when person is admitted into treatment OR cannot be located for admission OR refuses treatment? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
3	Does provider admit client within 14 days of initial request for admission? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
4	Does provider offer client interim services within 14 days if provider does not have capacity for treatment? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
5	Does provider admit client within 120 days of initial request for admission and provide SUD treatment? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
Additional services for pregnant birthing persons on waitlist:							
6	<p>(IVDU) If the provider has insufficient capacity to provide treatment services to pregnant and parenting birthing persons who are using drugs intravenously, and a referral to treatment has been made, did the provider:</p> <ul style="list-style-type: none"> i. Admit the birthing person no later than 14 days of the request; or ii. Admit the birthing person no later than 120 days of the request and provide interim services no later than 48 hours after the request. (3.1, 3.2, 3.5 LOC) 					CFR Title 45	
7	Does provider make interim services available including referral for prenatal care within 48 hours of request for services? (3.1, 3.2, 3.5 LOC)					CFR Title 45	

Perinatal Services							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
8	Does the provider ensure admission into an appropriate program within a reasonable amount of time? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
Interim Services for ALL consists of:							
9	Education and counseling on Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) (3.1, 3.2, 3.5 LOC)					CFR Title 45	
10	Education and counseling on risks of needle sharing (3.1, 3.2, 3.5 LOC)					CFR Title 45	
11	Education and counseling on risks of HIV and TB transmission to sexual partners and infants(3.1, 3.2, 3.5 LOC)					CFR Title 45	
12	Education and counseling on steps to be taken to ensure HIV and TB transmission does not occur (3.1, 3.2, 3.5 LOC)					CFR Title 45	
13	Referral to HIV and TB treatment services (when necessary) (3.1, 3.2, 3.5 LOC)					CFR Title 45	
Additional Interim Services for Pregnant Birthing Person							
14	(IVDU) Did provider offer interim services for birthing person meeting criteria under Interim Services, Line # 6, ii. that including each of the following: i. All of the above listed interim services (Lines #8-12); ii. Counseling on the effects of alcohol and drug use on the fetus; and iii. Referral for prenatal care. (3.1, 3.2, 3.5 LOC)					CFR Title 45	
15	Offer counseling on effects of alcohol and drug use on the fetus (3.1, 3.2, 3.5 LOC)					CFR Title 45	
16	Referral for prenatal care (3.1, 3.2, 3.5 LOC)					CFR Title 45	

Summary of Strengths

Plan of Correction

Please refer to each section in the report for items that have been marked as NM (Not Met) or PM (Partially Met) and ensure it is addressed in the plan of correction (POC). The POC must be submitted by **TBD** to Monterey County Behavioral Health (MCBH) Quality Improvement at 415QI@co.monterey.ca.us and to the MCBH Substance Use Disorder Administrator at AmeraultRE@co.monterey.ca.us. The POC will be reviewed. At minimum, the POC must have the following elements:

- Description of how you will correct each deficiency
- Who will be responsible for quality assurance?
- How often the program will monitor participant records in order to ensure compliance?
- Proposed Implementation Date
- If applicable, submit proof of any corrections made

Your program may be contacted if further information is required.