



Substance Use Disorder (SUD) Programs  
**Withdrawal Management Program Review**

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

**Administrative Review Section**

Program Policies							
Line	Description	M	NM	PM	N/A	Regulations	Comments
1	Program Policies and Procedures must contain the following: <ul style="list-style-type: none"> <li>• Program mission and philosophy statement</li> <li>• Program description</li> <li>• Program objectives</li> <li>• Program evaluation plan</li> </ul>					AOD Cert.	

**Program Policies**

Line	Description	M	NM	PM	N/A	Regulations	Comments
2	Admission and Readmission Criteria includes the following: <ul style="list-style-type: none"> <li>• ICD-10 codes</li> <li>• Use of alcohol/drugs of abuse;</li> <li>• Physical health status; and</li> <li>• Documentation of social and psychological problems</li> </ul>					AOD Cert. BHIN 22-013	
3	Intake					AOD Cert.	
4	Treatment Plan <ul style="list-style-type: none"> <li>• Initial Treatment Plan: Completed 4-7 days from date of admission (exempt during detox phase)</li> <li>• Updated Treatment Plan: At least every 7-days from initial treatment plan being signed</li> </ul>					BHIN 21-001	
5	Discharge					AOD Cert.	
6	Individual/Group sessions					AOD Cert.	
7	Alumni Involvement					AOD Cert.	
8	Use of volunteers					AOD Cert.	

**Program Policies**

Line	Description	M	NM	PM	N/A	Regulations	Comments
9	Recreational Activities					AOD Cert.	
10	Detoxification services, if applicable Protocol specific to WM includes information related to Observation/Detoxification Practices may include: <ul style="list-style-type: none"> <li>• At least one staff member shall be assigned to the observation of detoxification participants at all times</li> <li>• Each individual undergoing detoxification shall be closely observed and physically checked at least every 30 minutes during the first 72 hours following admission</li> <li>• After 24 hours the close observation and physical checks may be discontinued or reduced based upon a determination by a staff member trained in providing detoxification services</li> <li>• Documentation of information supporting a decrease in observation and physical checks shall be recorded in the participant’s file</li> <li>• Documentation of observations and physical checks shall be recorded systematically in the client’s detox log and then scanned into the Avatar electronic medical record</li> <li>• A daily assessment of resident’s progress should be documented</li> <li>• Client must have a treatment plan identifying problem identification in</li> </ul>					BHIN 22-001	

**Program Policies**

Line	Description	M	NM	PM	N/A	Regulations	Comments
	Dimensions 2-6 and development of treatment goals and activities designed to meet those goals within 72 hours of admission						
11	Program Administration					AOD Cert.	
12	Personnel Practices					AOD Cert.	
13	Client Grievances/complaints					AOD Cert.	
14	Fiscal practices					AOD Cert.	
15	Continuous Quality Improvement					AOD Cert.	
16	Client Rights					AOD Cert.	
17	Nondiscrimination in provision of employment and services					AOD Cert.	
18	Confidentiality					AOD Cert.	

**Program Policies**

Line	Description	M	NM	PM	N/A	Regulations	Comments
19	<p>Community Relations</p> <ul style="list-style-type: none"> <li>• Including the following components around Intravenous Drug Use (IVDU Treatment)                             <ul style="list-style-type: none"> <li>○ Selecting, training and supervising outreach workers</li> <li>○ Contacting, communicating and following-up with high-risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2</li> <li>○ Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV</li> <li>○ Recommend steps that can be taken to ensure that HIV transmission does not occur</li> <li>○ Encouraging entry into treatment</li> </ul> </li> </ul>					CFR Title 45 USC Title 42 AOD Cert	
20	Maintenance of program in clean, safe and sanitary physical environment					AOD Cert.	
21	Use of prescribed medications by clients					AOD Cert.	
22	Maintenance and disposal of client files					AOD Cert.	

**Program Policies**

Line	Description	M	NM	PM	N/A	Regulations	Comments
23	Drug screening					AOD Cert.	
24	Client Code of Conduct					AOD Cert.	
25	Health screening and TB					AOD Cert.	
26	Staff Training					AOD Cert.	
27	<p>Withdrawal Management Training Requirements:</p> <ul style="list-style-type: none"> <li>• Completing 6 hours of orientation training that covers the needs of residents who receive WM services for personnel providing WM services or monitoring or supervising the provision of these services.</li> <li>• On an annual basis, completing 8 hours of training that covers the needs of residents who receive WM services.</li> <li>• Repeating the orientation training within 14 calendar days of return if staff is returning to work after a break in employment of more than 180 consecutive calendar days.</li> <li>• Documentation of training must be maintained in personnel records.</li> </ul>					BHIN 21-001	

**Program Policies**

<b>Line</b>	<b>Description</b>	<b>M</b>	<b>NM</b>	<b>PM</b>	<b>N/A</b>	<b>Regulations</b>	<b>Comments</b>
28	Staff training on Communicable Diseases					AOD Cert.	
29	Trafficking Victims Protection Act of 2000 Policy					State-County Contract	
29	Code of Conduct (Provider) at a minimum must include the following: <ul style="list-style-type: none"> <li>• Use of alcohol and/or other drugs on the premises and when off the premises;</li> <li>• Prohibition of social/business relationship with client's or their family members for personal gain;</li> <li>• Prohibition of sexual contact with clients;</li> <li>• Conflict of interest;</li> <li>• Providing services beyond scope;</li> <li>• Discrimination against client's or staff Verbally, physically, or sexually harassing, threatening, or abusing client's, family members or other staff;</li> <li>• Protecting client's Confidentiality;</li> <li>• Cooperate with complaint investigations;</li> <li>• Signed by employees and/or volunteers/interns</li> </ul>					AOD Cert. State-County Contract	

**Program Policies**

Line	Description	M	NM	PM	N/A	Regulations	Comments
30	Procedures for utilizing the services of volunteers and/or interns addressing the following: <ul style="list-style-type: none"> <li>• Recruitment;</li> <li>• Screening;</li> <li>• Selection;</li> <li>• Training and orientation;</li> <li>• Duties and assignments;</li> <li>• Scope of practice;</li> <li>• Supervision;</li> <li>• Evaluation; and</li> <li>• Protection of client confidentiality</li> </ul>					State-County Contract	
31	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	



32	<p>SUD Medical Director Responsibilities must include at minimum the following:</p> <ul style="list-style-type: none"> <li>• Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standards of care</li> <li>• Ensure that physicians do not delegate their duties to non-physician personnel</li> <li>• Develop and implement written medical policies and standards for the provider</li> <li>• Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider’s medical policies and standards</li> <li>• Ensure that the medical decisions made by physicians are not influenced by fiscal considerations</li> <li>• Ensure that provider’s physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for clients and determine services are medically necessary</li> <li>• Ensure that provider’s physicians are adequately trained to perform other physician duties</li> </ul> <p>*SUD Medical Director may delegate their responsibilities 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</p>					State-County Contract	
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**Program Policies**

<b>Line</b>	<b>Description</b>	<b>M</b>	<b>NM</b>	<b>PM</b>	<b>N/A</b>	<b>Regulations</b>	<b>Comments</b>
33	Is information on availability of referrals document regarding HIV/Tuberculosis testing and services					CCR Title 9	
34	Individual/Group Sessions provided in confidential setting so that individuals not participating in session cannot hear comments by client(s), therapist, or counselor					CFR Title 42, Part 2	
35	<p>Telehealth Policy for Youth that includes the following:</p> <ul style="list-style-type: none"> <li>• Staff are trained to use technology and will be updated on emerging technologies in delivering services to adolescents to assist in the provision of quality, innovative care.</li> <li>• Staff are trained on how privacy laws at the state and federal levels (e.g., HIPAA, 42 CFR Part 2, Health Information Technology for Economic and Clinical Health Act) interact with use of technology for adolescent treatment and recovery support services.</li> <li>• Potential risks and benefits of any electronic communications (e.g., texting, social media) used to engage adolescents in treatment and recovery supports (NASADAD, 2014).</li> <li>• In communities in which it is difficult to access appropriate adolescent treatment, such as some rural or frontier areas, e-therapy,</li> </ul>					Adolescent Best Practice Guide	

	<p>telemedicine, or telephone-based continuing care may be used to increase access to care.</p> <ul style="list-style-type: none"> <li>• Telemedicine, web-based applications, personal digital assistants, electronic media, use of tablets, and internet-based tools, when available and developmentally appropriate, should be used to assist with treatment and recovery support.</li> </ul>						
36	<p>Advertisement Requirements</p> <p>Licensed SUD Recovery or treatment facility and certified alcohol or other drug programs, shall NOT do any of the following:</p> <ul style="list-style-type: none"> <li>• Make a false or misleading statement or provide false or misleading information about the entity’s products, goods, services, or geographical locations in its marketing, advertising materials, or media, or on its internet website or on a third-party internet website.</li> <li>• Make a false or misleading statement or provide false or misleading information about medical treatments or medical services offered in its marketing, advertising materials, or media, or on its internet website, on a third-party internet website, or in its social media presence.</li> <li>• Include on its internet website a picture, description, staff information, or the location of an entity, along with false contact information that surreptitiously directs the reader to a business that does not have a contract with the entity.</li> <li>• Include on its internet website false information or an electronic link that</li> </ul>					BHIN 22-022 & 23-007	

	<p>provides false information or surreptitiously directs the reader to another internet website.</p> <p>A facility licensed and a program certified by the department shall disclose license number and the date the licenses is scheduled to expire to all of the following circumstances:</p> <ol style="list-style-type: none"> <li>1. To any person who inquires about the certification of the program or the services provided by the program in writing, verbally, electronically, or by any other method of communication between the person and the program.</li> <li>2. By posting on the internet website of the program or the services provided by the program in a clear and conspicuous manner the following language and a link to the department’s internet website that contains its certification number and expiration date: “Certified by the State Department of Health Care Services.”</li> <li>3. Included in any print, audio, or electronic advertising or marketing of the program or the services provided by the program in a clear and conspicuous manner. For the purpose of complying with this paragraph, a program may include the following language and a link to the department’s internet website that contain its certification number and expiration date, as described in paragraph (2): “Certified by the State Department of Health Care Services.”</li> </ol>						
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37	<p>Provider is implementing and maintaining a MAT policy approved by DHCS.</p> <p><b><u>The MAT policy:</u></b></p> <p>(1) Explains how a client receives information about the benefits and risks of MAT.</p> <p>(2) Describes the availability of MAT at the facility, if applicable, or the referral process for MAT.</p> <p>(3) Identifies an evidence-based assessment for determining a client’s MAT needs.</p> <p>(4) Address administration, storage, and disposal of MAT, if applicable.</p> <p>(5) Outlines training for staff about the benefits and risks of MAT.</p> <p>(6) Outlines training for staff on the MAT policy.</p>				BHIN 23-054	
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**Charitable Choice Requirements**

Line #	Description	Yes	No	N/A	Regulations	Comments
1	Organization identifies as a religious provider? <b>If answer is no than questions 2 – 6 will not apply and can check box for N/A</b>				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

<b>Line #</b>	<b>Description</b>	<b>M</b>	<b>NM</b>	<b>PM</b>	<b>N/A</b>	<b>Regulations</b>	<b>Comments</b>
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 linguistically diverse staff responsive to the population in the service area					CLAS 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. Required for all clients regardless of payer source, including Prop 47 clients

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Is CalOMS data submitted by the last day of service each month					CFR Title 45	
2	Does provider update outstanding items reported by MCBH by the ninth (9 <sup>th</sup> ) day of the following service month					CFR Title 45	
3	If client remains in treatment for one year or longer, did the provider complete CalOMS Tx update data					CFR Title 45	
4	If a client leaves treatment, due to completion or discontinues treatment without notice, did the provider complete CalOMS Tx discharge data					CFR Title 45	

**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					CFR Title 45	
2	Does the provider submit reports by the 10 <sup>th</sup> of the month following the report activity month					CFR Title 45	

### 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	Regulations Comments
1	Census *Number Authorized:  *Number present during review:  *Over Capacity: ____ Yes or ____ No				WIC 14182
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				

**Facility Walk-Through**

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

<b>Line #</b>	<b>Description</b>	<b>Compliant</b>	<b>Non-Compliant</b>	<b>N/A</b>	<b>Regulations Comments</b>
8	Interior *paint (chipped, dirty, clean)				
	*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				

## 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)
<b>Location/LOC</b>	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
<b>Employee</b>	First and last name		Nancy Smith	Nancy Smith
<b>Title</b>	Title/Position at the time of review	Update only if this has changed since the last review period	Counselor	Counselor
<b>Date of Hire</b>	Date of actual hire		3/20/2014	3/20/2014
<b>Date of Seperation (if applicable)</b>	Date or N/A if this does not apply	Update only if separated since the last review period	N/A	N/A
<b>Licensed, Certified, or Registered on Date of Hire?</b>	Date	Update only if this has changed since the last review period	9/12/2019	9/12/2019
<b>License, Certification, or Registration #</b>	Lic #	Update only if this has changed since the last review period	CADC II CA AII999999999	CADC II CA AII999999999
<b>Certifying Board</b>	Accronym or full name of board	Update only if this has changed since	CCAPP	CCAPP

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

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

<b>Initial Confidentiality Statement</b>	Date		Retained: 2/21/2014	Retained: 2/21/2014
<b>Annual Confidentiality statement</b>	Date	Annual Requirement: Date signed (must be within the FY)	Retained: 1/12/2023	Retained: 1/10/2024
<b>Confidentiality statements retained for 6 years</b>	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
<b>Mandated Reporting</b>	Yes/No		Yes	Yes
<b>L&amp;E 42 CFR Part Annual Training Required for ALL Staff</b>	Date	Annual Requirement: Date completed (must be within the FY)	No	5/1/2024
<b>Annual DMC-ODS Training/ Certificate of Completion Required for ALL Staff</b>	Date	Annual Requirement: Date completed (must be within the FY)	4/25/2023	5/10/2024
<b>Annual Trafficking Victims Protection Act Training</b>	Date	Annual Requirement: Date completed (must be within the FY)	No	10/10/2023
<b>Annual Cultural Competence Training (6-hrs)</b>	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



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

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

Annual	Yes/No	Yes/No (Annual		
<b>Personnel Actions: Discipline; Status Change; Commendations; Employment Incidents; Injuries</b>	Yes and action taken or No or N/A	If this applies	N/A	N/A