

**9.0 PERSONNEL REQUIREMENTS (All Treatment Modalities)**

Audit Date:	
Audit Timeframe:	

Provider/Modality/LOC:	
Name/Title:	
Hire Date:	

	Compliance				Findings	Class	Reference
	Y	N	NA	%			
<b>There is evidence of the following included in the personnel chart:</b> <b>REQUIREMENTS</b>							

1	Certification/Licensure (document evidence in comment section)				#DIV/0!	a) Reg/Cert/Lic Number: b) Date of expiration & certifying agency: c) If SUD counselor, are they registered or certified?	R	9 CCR § 10564 MQDTS for SABG IA(III)(PP)(6)(i)(h) PM p. 68
2	Application for Employment/Resume				#DIV/0!		Q	AOD 13010 9 CCR § 10564 MQDTS for SABG IA(III)(PP)(6)(i)(a)
3	Signed employment confirmation statement/duty statement				#DIV/0!		Q	AOD 13010 MQDTS for SABG IA(III)(PP)(6)(i)(b) PM p. 67-68
4	<b>Job Description includes the following:</b>							
	a) Position title and classification				#DIV/0!		Q	AOD 13010 MQDTS for SABG IA(III)(PP)(6)(ii)
	b) Duties and responsibilities				#DIV/0!		Q	
	c) Lines of supervision				#DIV/0!		Q	
	d) Education, training, work experience and other qualifications for the position				#DIV/0!		Q	
5	Performance Evaluations				#DIV/0!		Q	IA(III)(PP)(6)(i)(d)
6	Other personnel actions (commendations, discipline etc.) are included				#DIV/0!		Q	AOD 13010 MQDTS for SABG IA(III)(PP)(6)(i)(f) PM p. 68
7	Child Abuse Reporting Acknowledgement form has been signed				#DIV/0!		Q	MHSUDS IN 17-056 Welfare and Institutions Code, Division 9, Part 3, Chapter 11, Section 15610.37
8	<b>(Adolescent only)</b> The live scan has been completed				#DIV/0!		R	9 CCR § 10625

**HEALTH RELATED REQUIREMENTS**

9	<b>Health Screening Report or Questionnaire:</b>							AOD 13010 & 13030 MQDTS for SABG 9 CCR § 10564
	a) Outpatient: <b>6 months prior or within 15 days</b> after hire date				#DIV/0!		S	9 CCR § 10564
	b) Residential: <b>60 days prior or 7 days</b> after hire date (performed under medical supervision)				#DIV/0!		S	9 CCR § 10564
10	<b>Tuberculosis Test:</b>							AOD 13030 9 CCR § 10564 MQDTS for SABG
	a) The tuberculosis test shall be conducted under licensed medical supervision not more than <b>60 calendar days prior to or 7 calendar days</b> after employment and renewed annually from the date of the last tuberculosis test				#DIV/0!		S	
	b) Staff with a known record of tuberculosis or record of positive testing shall obtain, <b>within 45 calendar days</b> of employment, a chest x-ray result and a physician's statement that he/she does not have communicable tuberculosis and has been under regular care and monitoring for tuberculosis. A chest x-ray within the <b>prior 6 months</b> is acceptable. The physician's statement shall be renewed annually.				#DIV/0!		S	AOD 13030

**CODE OF CONDUCT REQUIREMENTS**

11	<b>(All Staff)</b> There is a signed acknowledgement of the agency's code of conduct in the file.				#DIV/0!		Q	
12	The agency code of conduct includes the following:							
	a) Use of substances				#DIV/0!		Q	

	Compliance				Findings	Class	Reference
	Y	N	NA	%			
<b>There is evidence of the following included in the personnel chart:</b>							
				#DIV/0!		Q	AOD 13020 MQDTS for SABG IA(III)(PP)(6)(iii)
				#DIV/0!		Q	
				#DIV/0!		Q	
				#DIV/0!		Q	
				#DIV/0!		Q	
				#DIV/0!		Q	
				#DIV/0!		Q	
				#DIV/0!		Q	
				#DIV/0!		Q	
13				#DIV/0!		Q	IA(III)(PP)(6)(v) 22 CCR § 51341.1 MQDTS for SABG
14	The written roles and responsibilities of the MD includes at least the following:						
				#DIV/0!		Q	
				#DIV/0!		Q	
				#DIV/0!		Q	
				#DIV/0!		Q	
				#DIV/0!		Q	
15				#DIV/0!		Q	9 CCR § 10564 MQDTS for SABG
<b>TRAINING REQUIREMENTS</b>							
16				#DIV/0!		R	
17				#DIV/0!		Q	MQDTS for SABG IA(III)(PP)(6)(i)(g) PM p. 13
18				#DIV/0!		Q	AOD 13040 PM pp. 12-13
19	There is evidence of required <b>initial trainings</b> (this is a recoupment issue if not completed at time of hire):						
				#DIV/0!		R	IA(III)(GG)(3)(i)
				#DIV/0!		R	
20	There is proof of initial ASAM trainings for all <b>clinical staff</b> prior to providing services						
				#DIV/0!		R	IA(III)(GG)(3)(ii)
				#DIV/0!		R	
				#DIV/0!		R	
21	There is evidence of required the <b>annual trainings</b> as follow:						
				#DIV/0!		Q	IA(III)(GG)(3)(i)
				#DIV/0!		Q	
22				#DIV/0!		S	9 CCR § 10572
<b>CMES/CEUs REQUIREMENTS</b>							
23				#DIV/0!		Q	MQDTS for SABG IA(III)(PP)(6)(i)(i)

