9.0 PERSONNEL REQUIREMENTS (All Treatment Modalities)							
Audit Date:		Provider/Modality/LOC:					
Audit Timeframe:		Name/Title:					
	-	Hire Date:					

	Compliance		e	Findings			
						Class	Reference
There is evidence of the following included in the personnel chart:	Υ	N	NA	%	Class: H = HIPAA, Q = Quality, R = Recoupment, S = Safety		
REQUIREMENTS							
1 Certification/Licensure (document evidence in comment section)					a) Reg/Cert/Lic Number:		9 CCR § 10564
1 Certification/ Elcensure (document evidence in comment section)				#DIV / OI	b) Date of expiration & certifying agency:		MQDTS for SABG
				#DIV/U!	c) If SUD counselor, are they registered or certified?	R	IA(III)(PP)(6)(i)(h)
					c) if SOD counselor, are they registered of certified?		PM p. 68
2 Application for Employment/Resume							AOD 13010 9 CCR § 10564
				#DIV/0!		Q	MQDTS for SABG
							IA(III)(PP)(6)(i)(a)
3 Signed employment confirmation statement/duty statement							AOD 13010
				#DIV/0!		Q	MQDTS for SABG
							IA(III)(PP)(6)(i)(b) PM p. 67-68
4 Job Description includes the following:							1 W p. 07 00
a) Position title and classification				#DIV/0!		Q	AOD 13010
b) Duties and responsibilities				#DIV/0!		Q	MQDTS for SABG
c) Lines of supervision				#DIV/0!		Q	IA(III)(PP)(6)(ii)
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							AOD 13010
				#DIV/0!		Q	MQDTS for SABG
				,			IA(III)(PP)(6)(i)(f)
7 Child Abuse Reporting Acknowledgement form has been signed							PM p. 68 MHSUDS IN 17-056
7 Child Abdae Reporting Additionledgement form has been signed				#DIV//01		_	Welfare and Institutions Code,
				#DIV/0!		Q	Division 9, Part 3, Chapter 11,
				"D" (/OI			Section 15610.37
8 (Adolescent only)The live scan has been completed				#DIV/0!		R	9 CCR § 10625
HEALTH RELATED REQUIREMENTS							100 10010 0 10000
9 Health Screening Report or Questionnaire:							AOD 13010 & 13030 MQDTS for SABG
a) Outpatient: 6 months prior or within 15 days after hire date				#DIV/0!		S	9 CCR § 10564
b) Residential: 60 days prior or 7 days after hire date (performed under medical							
supervision)				#DIV/0!		S	9 CCR § 10564
10 Tuberculosis Test:							
							AOD 13030
a) The tuberculosis test shall be conducted under licensed medical supervision not more than 60 calendar days prior to or 7 calendar day s after employment and renewed				#DIV/0!		s	9 CCR § 10564
annually from the date of the last tuberculosis test				nbiv,o.			MQDTS for SABG
b) Staff with a known record of tuberculosis or record of positive testing shall obtain,							
within 45 calendar days 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				#DIV/0!		s	AOD 13030
and monitoring for tuberculosis. A chest x-ray within the <i>prior 6 months</i> is acceptable.				ŕ			
The physician's statement shall be renewed annually.							
CODE OF CONDUCT REQUIREMENTS							
11 (All Staff) There is a signed acknowledgement of the agency's code of conduct in				#DIV/0!		Q	
the file.				#DIV/0!		Q	
12 The agency code of conduct includes the following:							
a) Use of substances				#DIV/0!		Q	

		Compliance		е	Findings		
						Class	Reference
There is evidence of the following included in the personnel chart:	Y	N	NA	%	Class: H = HIPAA, Q = Quality, R = Recoupment, S = Safety		
b) Prohibition of social/business relationships with persons served or their fam	ilv						
members for personal gain	ıy			#DIV/0!		Q	
c) Prohibition of sexual conduct with persons served				#DIV/0!		Q	AOD 13020
d) Conflict of interest				#DIV/0!		Q	MQDTS for SABG
e) Providing services beyond scope				#DIV/0!		Q	IA(III)(PP)(6)(iii)
f) Discrimination against persons served or staff				#DIV/0!		Q	
g) Verbally, physically, or sexually harassing, threatening or abusing persons				#DIV/OI		0	
served, family members or other staff				#DIV/0!		Q	
h) Protection of person served confidentiality				#DIV/0!		Q	
i) Cooperate with complaint investigations				#DIV/0!		Q	
13 (Medical Director Only) There is evidence of the written roles and							
responsibilities and a code of conduct signed and dated by a provider				#DIV/0!		Q	
representative and the medical director							
14 The written roles and responsibilities of the MD includes at least the following:							
a) Ensures that medical care provided by physicians, Nurse Practitioners (NP),				#DD1//01		_	
and Physician Assistants (PA) meet the applicable standard of care				#DIV/0!		Q	
b) Ensures that physicians do not delegate their duties to nonphysician				#DIV/0!		Q	IA(III)(PP)(6)(v)
c) Develops and implements medical policies and standards for the provider?				#DIV/0!		Q	22 CCR § 51341.1
d) Ensures that physicians, NPs, and PAs follow the provider's medical policies							MQDTS for SABG
and standards?				#DIV/0!		Q	
e) Ensures that the medical decisions made by physician's are not influenced b	/						
fiscal considerations				#DIV/0!		Q	
f) Ensures that provider's LPHAs are adequately trained to perform diagnosis o	F						
substance use disorders for beneficiaries, determine the medical necessity of				#DIV/0!		Q	
treatment for beneficiaries and perform other physician duties outlined in Title				#DIV/0:		Q	
22 CCR 513 <u>4</u> 1 1							
15 (Registered/Certified Counselors Only) There is a copy of the				#DIV/0!		Q	9 CCR § 10564
certifying/licensing body's code of conduct for registered, certified staff							MQDTS for SABG
TRAINING REQUIREMENTS							
16 (Clinical Staff) Credentialing with DBH completed for all clinical staff and				#DIV/0!		R	
recredentialing every three (3) years (include initial credentialing date)							MQDTS for SABG
17 (All Staff) Training documentation relative to SUD treatment has been provided	i.			#DIV/0!		Q	IA(III)(PP)(6)(i)(g)
				#Ы17/0:		٩	PM p. 13
18 (All Staff) The mandated Fresno County SUD Annual Training Plan is in the file							A OD 13040
and has evidence of completion for trainings by certificate or supervisor				#DIV/0!		Q	AOD 13040 PM pp. 12-13
signature							1 W pp. 12 13
19 There is evidence of required initial trainings (this is a recoupment issue if not							
completed at time of hire):							
a) SUD Documentation and Billing Training/Completion Date (Clinical Staff)				#DIV/0!		R	IA(III)(GG)(3)(i)
b) Compliance Training/Completion Date (All Staff)				#DIV/0!		R	
20 There is proof of initial ASAM trainings for all clinical staff prior to providing							
services a) Initial ASAM A (Completion Date)				#DIV/0!		R	IA(III)(GG)(3)(ii)
b) Initial ASAM B (Completion Date)				#DIV/0!		R	IA(III)(GG)(S)(II)
c) Initial ASAM C (Completion Date) - not required until the end of 2021				#DIV/0!		R	
21 There is evidence of required the annual trainings as follow:							
a) SUD Documentation and Billing Training/Completion Date (Clinical Staff)				#DIV/0!		Q	IA(III)(GG)(3)(i)
b) Compliance Training/Completion Date (All Staff)				#DIV/0!		Q	
22 (Residential Providers Only) The first aid/CPR certification has been completed							
				#DIV/0!		S	9 CCR § 10572
CMEs/CEUs REQUIREMENTS							
23 (All certified counselors) There is evidence of the most current CE associated				#DIV/0!		Q	MQDTS for SABG
with current certification which are required by the certifying agency				, 0.			IA(III)(PP)(6)(i)(i)

		Compliance		e	Findings		
There is evidence of the following included in the personnel chart:	Υ	N	NA	%	Class: H = HIPAA, Q = Quality, R = Recoupment, S = Safety	Class	Reference
24 (MD/Physicians only) There is evidence that the MD/Physician has completed 5 hours of continuing medical education in addiction medicine each year (scan in current year CMEs)				#DIV/0!		Q	IA(III)(A)(1)(iv)
25 (Non-physician LPHAs only) There is evidence that the LPHA has completed 5 hours of continuing education unites (CEUS) in addiction each year (ASAMs count: scan in current year CEUs)				#DIV/0!		Q	IA(III)(A)(1)(v)
26 Only program staff that have been trained in the provisions of detoxification services may conduct observations and physical checks of clients receiving detoxification services. Copies of detoxification training records shall be kept in personnel files				#DIV/0!		Q	AOD 11030 & 11040 BHIN 21-001 exhibit a
 7 Trainings shall include the following: a) First aid and cardiopulmonary resuscitation (CPR). b) Information on detoxification medications, and signs and symptoms that 				#DIV/0!		Q Q	AOD 11030 & 11040
require referral to a higher level of care. c) Six (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				#DIV/0!		Q	
d) 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				#DIV/0!		Q	BHIN 21-001 exhibit a
 e) Trained in the use of Naloxone f) Annual eight (8) hours of training that covers the needs of residents who receive WM services. 				#DIV/0!		Q Q	
28 During the provision of detoxification services, the minimum staffing or volunteer ratios and health-related requirements shall be as follows: a) Policies and Procedures: In a program with 15 or fewer clients who are receiving detoxification services, there shall be at least one staff member or volunteer on duty and awake at all times with a current cardiopulmonary				#DIV/0!		Q	
resuscitation certificate and current first aid training b) Policies and Procedures: In a program with more than 15 clients who are receiving detoxification services, there shall be at least two staff members or volunteers, per every 15 clients, on duty and awake at all times, one of whom shall have a current cardiopulmonary resuscitation certificate and current first				#DIV/0!		Q	AOD 11030 & 11040
c) Clients shall not be used to fulfill the requirements of this section.				#DIV/0!		Q	

REVIEWERS								
Name/Title	Date	Name/Title	Date					