Policy:	GG.1608
Title:	**Full Scope Site Reviews**
Department:	Medical Management
Section:	Quality Improvement
CEO Approval:	*/s/ Michael Hunn 10/17/2024*
Effective Date:	01/01/1996
Revised Date:	10/01/2024
Applicable to:	☒ Medi-Cal ☒ OneCare ☒ PACE ☐ Administrative

I. PURPOSE

This policy outlines CalOptima Health's site review process, including the Facility Site Review (FSR), Medical Record Review (MRR), and Physical Accessibility Review Survey (PARS), and the process by which CalOptima Health conducts, scores, tracks, and reports site reviews in accordance with applicable state and federal guidelines.

II. POLICY

A. CalOptima Health shall assess the quality, safety, and accessibility of sites where care is delivered in accordance with Department of Health Care Services (DHCS) and Centers for Medicare & Medicaid (CMS) guidelines and regulations and shall ensure access for Members with disabilities which includes, but is not limited to, ramps, elevators, restrooms, designated parking spaces and drinking water, as well as accessible web content.

B. CalOptima Health shall retain responsibility and accountability for the coordination and consolidation of FSR, MRR, or PARS and shall not delegate such reviews to a Health Network, except as provided in Section II.C. of this Policy.

C. CalOptima Health may choose to delegate site review responsibilities to another Managed Care Plan (MCP). While each collaborating MCP determines whether it will accept a collaborating MCP's site review findings, each MCP retains ultimate responsibility for the assigned sites and oversight of site review completion, results, any necessary Corrective Action Plan (CAP), and monitoring of assigned Primary Care Provider (PCP) sites per county collaboration.

D. In instances where contracted PCP sites are located in a bordering county, CalOptima Health may share site activity information such as scores, CAP completion, and/or noncompliance, with bordering county MCPs to avoid duplicative site reviews. Formal agreements must be in place in order to disclose PHI, such as the review of Medical Records of a member belonging to another MCP.

E. CalOptima Health is responsible for the oversight of its site review policies whether CalOptima Health retains its site review functions, delegates them to another MCP, or subcontracts site review functions. DHCS only accepts site reviews that are conducted and completed by a Certified Master Trainer (CMT) and/or a Certified Site Reviewer (CSR).

F. CalOptima Health's Quality Improvement (QI) Department shall conduct FSR, MRR, and PARS, as well as subsequent periodic site reviews, as part of the initial Credentialing and recredentialing process, regardless of a PCP site's other accreditations.

G. CalOptima Health must ensure that Initial Site Reviews will be conducted if:

1. A new PCP site is added to the CalOptima Health Network;

2. There is no documented evidence that the PCP site has a current passing score on a survey conducted by another Medi-Cal Managed Care health plan;

3. A PCP from a certified PCP site moves to a new site that has not been previously reviewed;

4. A newly contracted provider joins/assumes a PCP site with a previous failing FSR and/or MRR score within the last three (3) years;

5. A PCP site is returning to the Medi-Cal Managed Care program and has not had a passing FSR in the last three (3) years;

6. At the discretion of CalOptima Health, a separate site review may be conducted for solo practices/organizations;

7. A separate site review must be completed for all PCP practices at that site, upon identification of multiple, independent practices that occupy the same site;

    a. A unique alphanumeric DHCS Site ID must be assigned for each independent PCP practice at the site, if ownership is different;

8. A change of ownership of an existing provider is planned and/or identified; or

9. A PCP site relocates. In this scenario:

    a. The relocating PCP is required to undergo an initial Facility Site Review process.

    b. CalOptima Health must allow established Members to continue to see the provider at the new location but not assign Members until the initial FSR is completed.

    c. The relocated PCP must pass the initial FSR within sixty (60) days of notification or discovery of the completed move.

    d. Upon passing the initial FSR and closing CAPs, if applicable, the following will occur:

        i. The PCP site may be formally added to the network(s); and

        ii. New and established relocating Members can be formally assigned to the new provider location.

10. If the relocated PCP site does not pass the initial FSR within two (2) attempts, or does not complete required CAPs per established timelines, the following will occur:

    a. The relocated PCP site may not be added to the CalOptima Health provider network;

b. The previous PCP site must be removed from the CalOptima Health provider network, if the site has closed;

c. Current assigned membership must be reassigned to another CalOptima Health provider network PCP, if the previous site has closed; and

d. The relocated PCP site may reapply six (6) months from the last FSR survey.

H. A Full Scope/Periodic Site Review consists of the FSR and MRR.

1. CalOptima Health is not required to conduct a Full Scope Site Review for a PCP site if a new PCP is added to a PCP site that has a current passing Full Scope Site Review score.

I. Full Scope Site Reviews shall be conducted as outlined in Section III.A. of this Policy by specified CalOptima Health staff.

J. CalOptima Health's QI Department shall conduct an MRR survey for new PCP sites as provided in Section III.B.1. of this Policy.

K. CalOptima Health's QI Department shall conduct a PARS at the time of initial Credentialing for the following:

1. All PCP offices;

2. Specialty Care Provider offices, Community Based Adult Services (CBAS) Provider Sites, and Ancillary Service Provider Sites serving a high volume of Seniors and Persons with Disabilities (SPD); and

3. Supplemental facilities.

L. CalOptima Health shall conduct a subsequent site review consisting of the FSR, MRR, and PARS of a PCP site and supplemental facilities at least every three (3) years, beginning no later than three (3) years after the Initial FSR and at least every three (3) years, thereafter.

1. CalOptima Health may waive an FSR, MRR, and/or PARS for a pre-contracted PCP site if the PCP site has documented proof that an FSR, MRR, and/or PARS with a passing score was completed by a Medi-Cal Managed Care health plan within the past three (3) years.

2. CalOptima Health may conduct an FSR, MRR, and/or PARS more frequently if required by local collaborative decision, or if CalOptima Health determines that it is necessary based on monitoring, evaluation, or CAP follow-up issues.

M. A unique DHCS Site Identification Number (DHCS Site ID) must be assigned to each PCP site reviewed.

1. In the event of an ownership change at an established PCP site, a new DHCS Site ID will be assigned.

2. The new DHCS Site ID may be the existing Site ID but with a modifier to represent change of ownership at the site.

N. CalOptima Health shall monitor a PCP site between each regularly scheduled FSR.

1. CalOptima Health shall conduct an interim audit midcycle (approximately eighteen (18) months) after the previous audit date to evaluate the fourteen (14) Critical Elements from the FSR.

    a. If there was no Critical Element CAP received during the previous audit, the office will receive an attestation to sign and return to CalOptima Health attesting all Critical Elements are in effect.

    b. If a Critical Elements CAP was received during the previous audit, an on-site audit will be conducted on the Critical Elements only.

O. CalOptima Health's QI Department shall score the FSR, MRR, and PARS in accordance with Section III.D. of this Policy.

P. CalOptima Health's QI Department shall identify deficiencies and request CAP for FSR and MRR deficiencies, in accordance with Section III.E of this Policy.

1. CAPs will not be issued for PARS results, as these results are informational.

2. CalOptima Health shall document PARS results and make survey records available to DHCS for review upon request.

Q. Members shall not receive Covered Services at a new PCP site until the site receives a passing FSR score, as outlined in Section III.D.1. of this Policy, and completes required CAPs issued by CalOptima Health's QI Department, if any.

R. Notwithstanding the corrective action time requirements set forth in this Policy, CalOptima Health shall not allow an existing PCP site with major or serious uncorrected deficiencies to continue providing care to Members until the site corrects all such deficiencies.

S. All Health Networks shall accept CalOptima Health site review surveys status or results to coordinate and consolidate site audits for shared PCPs.

T. A PCP shall notify CalOptima Health when the PCP intends to relocate its practice at least thirty (30) calendar days prior to the relocation. Upon notification of the relocation, CalOptima Health shall conduct an FSR, MRR, and PARS on the new location, except as described in Section II.E.1. of this Policy.

1. If a PCP notifies CalOptima Health after the move:

    a. CalOptima Health will permit established Members to continue to see the PCP;

    b. CalOptima Health will not assign new Members to the PCP until CalOptima Health conducts an FSR on the new location and all issued CAPs are closed; and

    c. The relocated PCP site must pass the Initial FSR within sixty (60) calendar days of notification or discovery of the completed move.

U. The site review process described in this Policy shall remain confidential and protected from disclosure in accordance with applicable law.

V. CalOptima Health shall conduct an unannounced site visit of offices when one (1) or more Member Complaints related to physical accessibility or Member safety, pursuant to Section III.F. of this Policy, are filed with CalOptima Health's QI Department.

W. CalOptima Health may collect additional information at PCP sites during the FSR process, including but not limited to, information on member experience, and timely access to Covered Services.

III. PROCEDURE

A. Facility Site Review:

1. The FSR includes on-site inspection and interviews with site personnel to review criteria outlined by DHCS including, but not limited to, the following fourteen (14) Critical Elements that may adversely affect a Member's health or safety.

   a. Exit doors and aisles are unobstructed and egress (escape) accessible;

   b. Airway management; oxygen delivery system, nasal cannula or mask, bulb syringe, and Ambu bag and are present on site;

   c. Emergency medicine for anaphylactic reaction management, opioid overdose, chest pain, asthma, and hypoglycemia. Epinephrine 1mg/ml (injectable) and Diphenhydramine (Benadryl) 25 mg (oral) or Diphenhydramine (Benadryl) 50 mg/ml (injectable), Naloxone, chewable Aspirin 81 mg, Nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose (any type of glucose containing at least 15 grams). Appropriate sizes of ESIP needles/syringes and alcohol wipes;

   d. Only qualified/trained personnel retrieve, prepare, or administer medications;

   e. Physician review and follow-up of referrals/consultation reports and diagnostic test results;

   f. Only lawfully authorized persons dispense drugs to patients;

   g. Drugs and vaccines are prepared and drawn only prior to administration;

   h. Personal Protective Equipment (PPE) for Standard Precautions is readily available for staff use;

   i. Blood, other potentially infectious materials, and regulated wastes are placed in appropriate leak-proof, labeled containers for collection, handling, processing, storage, transport, or shipping;

   j. Needlestick safety precautions are practiced on site;

   k. Staff demonstrate/verbalize necessary steps/process to ensure sterility and/or high-level disinfection of equipment;

   l. Appropriate PPE is available, exposure control plan, Material Safety Data Sheets and clean up instructions in the event of a cold chemical sterilant spill;

   m. Spore testing of autoclave/steam sterilizer with documented results (at least monthly); and

n. Management of positive mechanical, chemical, and biological indicators of the sterilization process.

B. Medical Record Review:

1. CalOptima Health may conduct the MRR at the same time as the FSR, or at another mutually agreed-upon time.

a. CalOptima Health shall conduct an initial MRR within ninety (90) calendar days after the first (1st) day Members are assigned to the PCP, except if the PCP has a "shared" Medical Records system, as described in Section III.B.2.b. of this Policy.

b. CalOptima Health may grant an extension of ninety (90) calendar days if the new PCP does not have a sufficient number of Members assigned to complete a review of ten (10) Medical Records.

c. If, at six (6) months after the first (1st) day Members are assigned to the PCP, the PCP still has fewer than ten (10) assigned Member Medical Records, CalOptima Health shall conduct a MRR of all available Member Medical Records.

2. CalOptima Health shall adjust the scoring of the MRR according to the number of records reviewed.

3. CalOptima Health may choose to conduct the MRR portion of the site review on site or virtually.

a. The virtual process must comply with all applicable Health Insurance Portability and Accountability (HIPAA) standards at all times.

2. Medical Record selection

a. Individual PCP Medical Record system

i. The MRR is based on a survey standard of ten (10) randomly selected Medical Records per PCP, consisting of five (5) pediatric and five (5) adult and/adults or obstetric (OB) records.

ii. If a PCP site has only pediatric, only adult, or only obstetric patients, CalOptima Health shall conduct the MRR on ten (10) records in the preventive care area relevant to the Member population served at the PCP site.

iii. Prior to initiating the MRR, a Certified Site Reviewer shall determine the Member populations (adult, pediatric, OB/Comprehensive Perinatal Services Program (CPSP)) served by the PCP site and shall determine the Medical Records and audit tools appropriate for the PCP site.

b. Shared PCP Medical Record system

i. CalOptima Health shall consider a PCP site where documentation of patient care by multiple PCPs occurs in the same medical record as a "shared" Medical Records system. Shared Medical Records shall be considered those that are not identifiable as separate records belonging to any specific PCP.

ii. If a new PCP joins a PCP site that uses a shared Medical Records system that has a current passing MRR Survey score, CalOptima Health shall review the new PCP according to the periodic review cycle of the PCP site.

iii. CalOptima Health must review the number of medical records according to the number of PCPs and population served in the shared medical record system, as follows:

Number of PCPs	Minimum number of medical records (based on the general patient population distribution: Pediatric, Adults, Obstetric)
1-3	10
4-6	20
7+	30

a) CalOptima Health shall select Medical Records randomly from all PCPs at the site.

b) CalOptima Health shall select Medical Records for CalOptima Health Members only.

c) CalOptima Health prefers that each Medical Record include at least three (3) visits within the twelve (12) months preceding the date of review.

C. Physical Accessibility Review Survey:

1. The PARS for PCP and Specialist sites shall evaluate access for Members with disabilities to parking, building, elevator, and restroom facilities. It includes twenty-nine (29) critical elements, all of which must be met for the site to satisfy Basic Access requirements.

2. The PARS for Ancillary Service Provider Sites shall evaluate ancillary facility site access for Members with disabilities to parking, building, elevator, restrooms, diagnostic and treatment room/equipment use. It includes thirty-four (34) critical elements, all of which must be met for the site to satisfy Basic Access requirements.

3. The PARS for CBAS Provider Sites evaluate facility site access for Members with disabilities to parking, building, elevator, participant areas, and restrooms. It includes twenty-four (24) critical elements, all of which must be met for the site to satisfy Basic Access requirements.

4. Scoring of the PARS:

   a. Physical accessibility shall be determined as Basic or Limited based on the type of site assessment.

   b. To meet Basic Access requirements, all critical elements found in the PARS specific to the provider site must be met.

   c. PCPs, as well as Specialty Care Providers, Ancillary Service Provider Sites, and CBAS Provider Sites serving a high volume of SPD Members will receive a deficiency and be classified as Limited Access if one (1) or more of the critical elements of the PAR Survey are not met.

5. PARS Deficiencies Process:

a. If deficiencies in one (1) or more of the critical elements are identified, the facility site shall be deemed Limited Access, in accordance with the PARS.

i. CalOptima Health shall provide a record of deficiencies to the office receiving the PARS to maintain compliance with the Americans with Disabilities Act (ADA).

a) The reviewer will summarize the list of deficiencies and discuss all deficiencies at the exit interview with the PCP and will send a summary of deficiencies to the facility manager within forty-five (45) calendar days of the review.

ii. The office must address all deficiencies and provide reasons why deficiencies will not be corrected to meet ADA requirements.

a) The PCP or facility manager shall respond to CalOptima Health within thirty (30) calendar days of the PARS review for how deficiencies will be addressed, including the timeframe and activities for correcting identified deficiencies.

iii. If major construction deficiencies are identified, the office must have the property management company provide a written statement, on their business letterhead, as to why the deficiency cannot be corrected.

iv. Upon receipt of the letter, it will be filed with the FSR folder and reported to DHCS upon request.

v. If the deficiencies are minor and within reason to correct and the provider refuses to make the corrections the issue will be taken to Credentialing and Peer Review Committee (CPRC) for discussion and a decision.

6. CalOptima Health shall publish physical accessibility indicators including, but not limited to, level of access results met per provider site as either Basic Access or Limited Access, in the Provider Directory and web-based Directory.

D. Facility Site Review and Medical Record Review Survey Scoring

1. Scoring of the FSR and MRR:

a. FSR and MRR shall only be completed and scored by designated personnel, in accordance with Section III.I. of this Policy.

b. To pass a Full Scope Site Review, a PCP site shall achieve a minimum score of eighty percent (80%) on both the FSR and the MRR.

i. CalOptima Health shall not average the FSR and the MRR scores.

ii. A score of seventy nine percent (79%) or below on either the FSR or MRR shall be considered a non-passing Full Scope Site Review score.

c. CalOptima Health shall award only full point value for any scored element on the FSR or MRR. CalOptima Health shall not award any partial points.

i. If an element does not fully meet criteria, the Certified Site Reviewer shall give a score of zero (0) points for that element.

ii. The Certified Site Reviewer shall determine the "not applicable" status of a criterion based on the relevance to the Member population served at the PCP site, and the site-specific assessment.

iii. The Certified Site Reviewer shall document a written explanation for every score of zero (0) points, and every criterion determined as "not applicable".

d. After completing the FSR and MRR, the Certified Site Reviewer shall calculate the PCP site score in each survey to determine the compliance rate and the need for CAPs.

e. The minimum passing score for the FSR is eighty percent (80%) of the total points available. A PCP site may earn up to one hundred seventy (170) points for a site review with the following compliance level categories:

Compliance Categories	Compliance Rate
Exempted Pass	Score of 90% and above with no deficiencies in CEs, infection control, or pharmacy-CAP not required
Conditional Pass	Score of 90% and above with deficiencies in CEs, infection control or pharmacy-CAP required
Fail	Score of 79% or below-CAP required

f. N/A applies to any scored item that does not apply to a specific site, as determined by the Certified Site Reviewer.

g. The MRR contains three (3) general categories of Format, Documentation, and Coordination/Continuity of Care, and three (3) specific preventive categories of Pediatric Preventive, Adult Preventive, and OB/CPSP. PCP sites may earn up to twenty-four (24) points for the three (3) general categories multiplied by the number of Medical Records reviewed, plus the points given for the preventive services categories, as follows:

i. Pediatric Preventive: Thirty-four (34) points multiplied by the number of pediatric medical records reviewed;

ii. Adult Preventive: Thirty (30) points multiplied by the number of adult medical records reviewed; and

iii. OB/CPSP: Fifty-nine (59) points multiplied by the number of OB/CPSP Medical Records reviewed.

h. The MRR compliance levels are as follows:

Compliance Categories	Compliance Rate
Exempted Pass	Score of 90% and above, with all section scores at 80% and above-CAP not required
Conditional Pass	Score of 80-89% with one or more section scores below 80%-CAP required
Fail	Score of 79% or below

i. Any section score of <80% requires a CAP for the entire MRR, regardless of the total MRR score.

2. Failing Scores:

a. If a PCP site receives a failing score from one (1) MCP, all other MCPs must consider the PCP site as having a failing score.

b. When a PCP site receives a failing score on an FSR or MRR, CalOptima Health must notify the PCP site of the score, all cited deficiencies, and all CAP requirements.

c. CalOptima Health may choose to remove any PCP site with a failing FSR or MRR scores from its network.

   i. If CalOptima Health allows a PCP site with a failing FSR or MRR score to remain in its network, CalOptima Health must require and verify that the PCP site has corrected the identified deficiencies within the CAP timelines.

   ii. CalOptima Health must not assign new Members to network PCPs that receive a failing score on an FSR or MRR until CalOptima Health has verified that the PCP site has corrected the deficiencies, and the CAP is closed.

d. Based upon mutual agreement between CalOptima Health and the provider site, additional training and technical assistance may be available when a PCP site fails an initial FSR prior to contracting with CalOptima Health.

   i. Pre-contracted providers who do not pass the initial FSR may use the first attempt as a learning and technical assistance opportunity.

e. If the provider fails the site review after the second (2nd) attempt, the provider will need to reapply to CalOptima Health after six (6) months from the date of the second (2^{nd}) attempt.

f. If the PCP site fails the FSR or MRR on its third (3rd) consecutive attempt, despite CalOptima Health's ongoing monitoring and assistance, the PCP site will not have the opportunity to complete a CAP and must be removed from CalOptima Health's provider network.

   i. Impacted Members must be reassigned to other network providers, as appropriate and as contractually required.

   ii. If a PCP site is removed from CalOptima Health's provider network due to three (3) consecutive failing scores, all other MCPS must also remove the PCP site from their networks.

   iii. Three (3) years from the effective date of termination, the PCP site can reapply for participation in the CalOptima Health provider network, which includes the CalOptima Health Community Network (CHCN) and/or any affiliated Health Network.

   iv. If the PCP site reapplies after three (3) years, the PCP site is required to undergo and successfully pass an initial FSR and close all issued CAPs prior to being credentialed at this site address.

E. Identified Deficiencies and CAPs

1. The CAP is a standardized, pre-formatted document developed to assist a PCP in meeting DHCS requirements. The CAP includes the following:

a. Specific deficiencies identified through the FSR and MRR processes;

b. Corrective action required in order to comply with DHCS standards;

c. CAP due dates;

d. Instructions for CAP submission; and

e. CalOptima Health contact information

2. The CAP contains three (3) separate sections:

   a. Critical Elements;

   b. Facility Site Review; and

   c. Medical Record Review.

3. The CAP includes Disclosure and Release statements regarding CAP submission timelines and authorization to furnish results of the reviews and corrective actions to other health plans and Health Networks.

4. Government agencies that have authority over health plans and authorized county entities in California shall have access to this data.

5. The CAP informs the PCP that participating health plans collaborated for the FSR and MRR and agreed to accept the review findings and to furnish to each other the reviews and CAPs.

6. CalOptima Health shall furnish the results of reviews and CAPs to the Health Network with which the PCP site is affiliated.

7. CalOptima Health shall maintain the signed FSR CAP and/or MRR CAP in the PCP site file. The closed CAP documentation must include:

   a. Documentation of problems in completing corrective actions (if any);

   b. Resources and technical assistance provided by CalOptima Health;

   c. Evidence of corrections;

   d. Completion and closure dates; and

   e. Name and title of CalOptima Health Certified Nurse Reviewer(s).

8. CalOptima Health is responsible for conducting follow-up, verification, and closure of critical element, FSR and MRR CAPs to ensure that the site has implemented a process and/or procedures to make corrections as noted on the CAP(s).

9. Per Certified Nurse Reviewer and/or CalOptima Health policies and procedures, all CAP (CE, FSR, MRR) verifications may be done via review of document submission via fax, email, virtual platform.

10. DHCS reserves the right to require CalOptima Health to conduct CAP verification onsite.

11. CalOptima Health shall require a Critical Element (CE) or FSR CAP for a score of seventy-nine percent (79%) or below or for a score of ninety percent (90%) or above with deficiencies in the areas of critical elements, infection control, or pharmacy.

12. CalOptima Health shall require a MRR CAP for a score of seventy-nine percent (79%) or below or for a score of eighty to eighty-nine percent (80-89%) with one or more section scores below eighty percent (80%).

13. CAP Process

    a. The Certified Site Reviewer shall complete the FSR and the MRR, and shall document the deficiencies on the surveys and the CAP.

    b. Upon completion of the review process, the Certified Site Reviewer shall conduct an exit interview with the PCP or the PCP site contact to discuss the findings and required corrective actions.

    c. The Certified Site Reviewer shall instruct the PCP or PCP site contact that the signature of the PCP or PCP site contact acknowledges the receipt of the CAP and agreement to comply with the designated timeframes for corrective actions as outlined in Section III.E.16 of this Policy.

14. PCP Process for Noting Corrections on the CAP Document

    a. The PCP or Designee shall document the corrective actions taken in the "Corrective Action" required column. The PCP or Designee shall document the date of implementation of the required corrective actions. Additional steps taken to implement the corrective actions may be documented in this column.

    b. The PCP or Designee shall initial the appropriate column of the CAP to indicate the person responsible for the corrective actions.

    c. The PCP or Designee shall attach evidence of corrections, such as, but not limited to, applicable policies and procedures, sample forms, invoices for purchased items and services, training in-service agendas, and sign-in sheets.

15. FSR CAP Follow-up Process

    a. Verification of correction of identified deficiencies may be accomplished by PCP submission of the appropriate evidence of correction.

    b. CAP verification may require an on-site visit thirty (30) calendar days after the date of the review if there is insufficient evidence to determine compliance, or if the deficiency cannot be verified in writing. The Certified Site Reviewer shall determine the need for the on-site visit.

16. MRR CAP Follow-up Process

    a. The Certified Site Reviewer shall determine the process for CAP follow-up.

    b. The process may include the following activities:

i. Score less than eighty percent (80%): On-site visit to verify processes implemented.

ii. Score between eighty and eighty nine percent (80 – 89%): Documented CAP or a CAP verification visit, and focused record review may be requested at the discretion of the Certified Site Reviewer.

iii. Score ninety to one hundred percent (90 – 100%): Exempted Pass without CAP.

17. CalOptima Health shall monitor the CAP until completion. CalOptima Health shall communicate information regarding a PCP Site that shows no improvement, or non-compliance with the required CAP activities within the DHCS designated timeframes, to all affiliated Health Networks.

18. Review and Acceptance of CAP

    a. Following receipt of the completed CAP, CalOptima Health shall evaluate or verify corrections to approve the CAP.

    b. CalOptima Health shall communicate CAP approval, in writing, to the PCP and his or her assigned CalOptima Health contracted Health Network(s). CalOptima Health shall issue a quality Provider Site Certificate to the PCP site.

    c. If CalOptima Health does not accept a PCP site's CAP, a Certified Site Reviewer shall follow-up with the PCP for technical assistance, and to ensure compliance with completion of required activities.

19. CalOptima Health shall conduct pre-contractual PCP site reviews and will accept sites with a passing score of eighty percent (80%) or above.

    a. A new PCP site that receives a score between eighty and eighty-nine percent (80-89%) (Conditional pass) shall not be considered a Health Network PCP until the PCP site submits a CAP and the CAP is approved by CalOptima Health.

    b. A new PCP site that receives a score of seventy-nine percent (79%) or below (Failed) shall not be accepted into a Health Network. CalOptima Health must resurvey the PCP, and the PCP must pass with at least a score of eighty percent (80%) to be considered a CalOptima Health network provider. Any CAPs issued must be completed per CAP timeline requirements.

20. CalOptima Health shall not assign new Members to a PCP with a score of seventy-nine percent (79%) or below in the FSR or MRR.

21. Time Frames for CAP Activities

    a. At the time of the FSR or MRR, a Certified Site Reviewer shall notify the PCP or Designee of the following:

        i. The FSR and/or MRR score;

        ii. A formal written request for CAPs to address all critical elements, if applicable;

iii. Verbal notification of any critical element finding(s) and a signed attestation by the PCP/Site Designee and the Certified Site Reviewer confirming that a discussion regarding CE findings occurred; and

iv. Other deficiencies determined by the Certified Site Reviewer to require immediate corrective action.

b. Within three (3) business days after the survey date, CalOptima Health shall notify Health Network of a PCP site that does not meet the passing score of seventy-nine percent (79%) or below for the FSR or the MRR.

c. Within ten (10) business days from the date of completing the FSR and/or MRR:

i. The PCP or Designee must submit to CalOptima Health a completed CAP and evidence of corrections for all critical element deficiencies and other deficiencies determined by the reviewer to require immediate corrective action;

ii. CalOptima Health must review, approve, or request additional information on the submitted CAP(s) for critical element findings;

iii. CalOptima Health must provide a report to the PCP site containing FSR and/or MRR findings;

iv. CalOptima Health must provide a formal, written CAP request for all non-critical element deficiencies; and

v. CalOptima Health must provide educational support and technical assistance to the PCP sites, as needed.

d. Within thirty (30) calendar days from the date of the completed FSR:

i. CalOptima Health must verify all aspects of critical element CAPs are completed; and

ii. Providers can request a definitive, time-specific extension to correct critical element deficiencies, to be granted at the discretion of CalOptima health (not to exceed 60 calendar days from the date of the FSR).

e. Within thirty (30) calendar days from the date of the FSR and/or MRR report:

i. The PCP site must submit a CAP for all non-critical element (FSR/MRR) deficiencies to CalOptima Health; and

ii. CalOptima Health must provide educational support and technical assistance to PCP sites, as needed.

f. Within sixty (60) calendar days from the date of the FSR:

i. For those sites that were granted an extension for the critical element CAPs, CalOptima Health must verify that all critical element CAPs are closed.

g. Within sixty (60) calendar days from the date of the FSR and/or MRR report:

i. CalOptima Health must verify that non-critical CAPs are completed;

ii. CalOptima Health must review, approve, or request additional information on the CAP(s) submitted for non-critical findings; and

iii. CalOptima Health must continue to provide educational support and technical assistance to PCP sites, as needed.

h. Within ninety (90) calendar days from the date of the FSR and/or MRR report:

i. All non-critical CAPs must be closed; and

ii. Providers can request a definitive, time-specific extension period to complete the CAP(s), not to exceed one hundred twenty (120) calendar days from the date of the initial report of the FSR/and/or MRR findings.

i. Beyond one hundred twenty (120) calendar days from the date of the FSR and/or MRR report:

i. Under extenuating circumstances, CalOptima Health can request a definitive, time-specific extension period from DHCS to allow for the PCP site to complete the CAP(s) and/or for CalOptima Health to verify CAP(s) have been completed;

ii. CalOptima Health must conduct a focused FSR and/or MRR, as applicable, within twelve (12) months from the original FSR and/or MRR date(s); and

iii. CalOptima Health may impose disciplinary action up to and including administrative termination from CalOptima Health.

j. CalOptima Health shall provide the PCP with written notification of Member reassignment at least ninety (90) calendar days prior to such reassignment.

22. PCP Non-Compliance with CAP Completion Requirements

a. If a PCP submits a CAP but continues to be non-compliant with the CAP request, the Certified Site Reviewer shall follow up to provide technical support, in order assist the PCP in CAP completion.

b. Delayed CAP Submission Process:

i. If the PCP fails to complete and submit a CAP for critical elements within ten (10) business days after the date of the review, the Certified Site Reviewer shall communicate by telephone with the PCP or Designee or send a second and final critical element CAP request letter to the PCP. If the PCP fails to submit required documentation within seventy-two (72) hours after the second (2nd) notice, CalOptima Health may impose disciplinary action up to and including reassignment of Members.

ii. If CalOptima Health does not receive the CAP for non-critical element deficiencies within thirty (30) calendar days after the date of the CAP request, CalOptima Health shall contact the PCP or Designee and request the CAP completion within seventy-two (72) hours. If CalOptima Health does not receive the CAP within seventy-two (72) hours, CalOptima Health shall notify all Health Networks and may impose disciplinary action up to and including termination from CalOptima Health.

iii. CalOptima Health shall report a PCP who fails to submit a CAP within the established timelines to the appropriate committee for review and action.

c. CalOptima Health shall not assign new Members to a PCP who fails to correct deficiencies within established timelines. If a PCP fails to comply with survey criteria within established timelines, CalOptima Health shall remove the PCP from the CalOptima Health networks and shall appropriately reassign Members to other PCPs.

d. PCPs removed from a contracted Health Network may appeal CalOptima Health's decision in accordance with CalOptima Health Policy HH.1101: CalOptima Health Provider Complaint.

F. CalOptima Health shall review other performance indicators such as Member Complaints, Grievances, and Potential Quality Issues. CalOptima Health shall conduct an unannounced site visit of offices when three (3) or more separate Member Complaints are identified. If any Complaints are related to physical accessibility or Member safety then CalOptima Health shall conduct an unannounced site visit no later than seven (7) calendar days of identification, depending on the severity of the identified patient safety or physical accessibility issue.

G. If the QI Department identifies issues such as, but not limited to physical appearance, adequacy of waiting and examining room space, and adequacy of medical/treatment record keeping, then CalOptima Health shall monitor sites and determine if or when an unannounced visit is required.

1. To identify the need for an unannounced site visit, the QI Department monitors Grievance and Appeals Resolution Services (GARS) related to Complaints with provider sites. If a provider site receives three (3) or more separate Complaints within twelve (12) months, CalOptima Health shall conduct an unannounced visit.

2. If the standard threshold of eighty percent (80%) is not met upon review, the site will receive a CAP.

    a. The CAP must include how the Provider will address and correct deficiencies.

3. CalOptima Health's Provider and Health Network Relations Departments, in conjunction with the FSR Nurse Reviewer, shall collaborate with the Provider site to ensure that the site meets the required threshold of eighty percent (80%).

4. CalOptima Health shall evaluate deficient sites within forty-five (45) calendar days of the CAP issuance until the site meets the threshold score of eighty percent (80%).

5. CalOptima Health shall conduct a follow-up site visit to evaluate correction of deficiencies, utilizing the DHCS FSR and/or MRR Tools and CAPs.

    a. If deficiencies have not been addressed within sixty (60) calendar days of the unannounced visit or sooner, the provider new Member panel shall be put on hold until deficiencies are resolved.

    b. CalOptima Health shall monitor the facility site every six (6) months following the CAP resolution to evaluate the effectiveness of the corrections.

H. CalOptima Health shall issue a certificate of completion to Providers that successfully complete both the FSR and MRR, and close all CAPs

I. Tracking, Reporting, and Trending

1. On a quarterly basis, CalOptima Health's QI Department shall report a summary of FSR, MRR and PARS activity and action plans to the CPRC for monitoring. Reports include assessments, findings, monitoring of previous issues and next steps. CPRC will provide quarterly updates to the CalOptima Health Quality Improvement Health Equity Committee (QIHEC).

2. CalOptima Health's QI Department shall conduct an annual assessment of the PARS process and report findings to the Credentialing Peer Review Committee (CPRC) and CalOptima Health Quality Improvement Health Equity Committee (QIHEC). Annually the PARS process and findings will be reported to the QIHEC as follows:

    a. Assessment of completion of planned activities and the objectives of the plan were met;

    b. Identification of issues or barriers that impacted meeting the objectives;

    c. Recommended interventions to overcome barriers and issues identified;

    d. Overall effectiveness of the PARS compliance; and

    e. Annual assessment of PARS process and findings shall be included in CalOptima Health's annual evaluation.

3. Data Submission Procedures

    a. CalOptima Health is required to submit site review data to DHCS every six (6) months (July 31 for the period January - June, and January 31 for the period July - December) in an approved format uploaded to a designated DHCS secure site.

    b. CalOptima Health is also permitted to submit data more frequently than every six (6) months.

    c. DHCS will make available the database containing all necessary tables and data input forms for the mandatory bi-annual submission of site review data. DHCS will reject site review data that CalOptima Health submits in nonconforming formats.

    d. CalOptima Health is required to collect protected health information (PHI) as part of the MRR process and must include the PHI in the bi-annual data submission to DHCS.

J. Review Personnel, Training and Certification

1. FSR and MRR shall be completed by appropriately trained staff, as outlined in this section.

    a. In accordance with DHCS guidance, PARS need not be completed by a Registered Nurse (RN) or physician.

    b. PARS shall be completed by appropriately trained CalOptima Health QI staff.

2. Initial certification: A candidate for certification as a Master Trainer, or Site Reviewer shall meet the following criteria as defined by DHCS.

Initial Certification Requirements	Certified Master Trainer	Certified Site Reviewer
Possess current and valid California RN, Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO), NP, or PA license	**X**	**X**
Be employed by or subcontracted with CalOptima Health	**X**	**X**
Submit Attachment A, Application for DHCS Site Review Master Trainer Certification	**X**	
Have experience in conducting training in a health-related field, or conducting quality improvement activities such as medical audits, site reviews, or utilization management activities within the past three (3) years	**X**	
Complete twenty (20) FSRs and twenty (20) MRRs, and one (1) year of experience as a CSR	**X**	
Achieve an inter-rater score within five percent (5%) of FSR and five percent (5%) of MRR from the DHCS Nurse Evaluator	**X**	
Attend didactic site review training or completion of DHCS site review training modules on the current site review tools under supervision of a CMT		**X**
Completion ten (10) FSRs and ten (10) MRRs with a CSR or CMT		**X**
Achieve an inter-rater score of ten percent (10%) in FSR and ten percent (10%) in MRR with designated CMT		**X**

3. Re-certification: A candidate for re-certification as a Master Trainer, or Site Reviewer shall meet the following criteria as defined by DHCS.

Re-Certification Criteria	Certified Master Trainer	Certified Site Reviewer
Possess a current and valid California RN, MD, DO, NP, or PA license.	**X**	**X**
Be employed or subcontracted with an MCP.	**X**	**X**
Be responsible for staff training on the most current DHCS site review tools and standards.	**X**	
Participate in DHCS-sponsored site review trainings as well as site review work group (SRWG) meetings and teleconferences.	**X**	
Maintain CMT certification.	**X**	
Complete a minimum of thirty (30) site reviews following initial certification or recertification.	**X**	**X**
Attend DHCS-sponsored inter-rater workshops in person every three (3) years.	**X**	**X**
Achieve a five percent (5%) variance on the MRR, on the inter-rater score as defined by the SRWG and DHCS.	**X**	

Re-Certification Criteria	Certified Master Trainer	Certified Site Reviewer
Achieve within a ten percent (10%) variance on the MRR, on the statewide inter-rater score as defined by the SRWG and DHCS.		**X**

4. Candidates for Certified Master Trainer (CMT) and Certified Site Reviewer (CSR) certifications must complete an inter-rater review process as part of both the initial certification and recertification processes. The inter-rater for CMT candidates is a DHCS Nurse Evaluator. The inter-rater review process requires the CMT candidate to concurrently complete and score a site review with the DHCS Nurse Evaluator utilizing the DHCS FSR and MRR tools and standards. The inter-rater for CSR candidates is CalOptima Health's CMT. The inter-rater review process requires the CSR candidate to participate with CalOptima Health's CMT to concurrently complete and score a site review utilizing the DHCS FSR and MRR tools and standards. The CMT or CSR candidate must achieve the required inter-rater score as described in the tables above to be certified.

5. If the CMT or CSR candidate does not meet the appropriate inter-rater score variance, they may repeat the process one time. The appropriate inter-rater (DHCS Nurse Evaluator or CalOptima Health's CMT) and the candidate with the failing inter-rater score will jointly assess training needs and implement a training plan prior to conducting the second inter-rater review. CMT and CSR candidates that do not meet the appropriate inter-rater variance score for the second inter-rater review must wait six (6) months to reapply for certification.

6. Attained CMT and CSR certification is transferable across participating managed care plans. CalOptima Health may confirm certification by contacting DHCS.

7. Assigning Certificate Numbers

   a. Certified Site Reviewer shall receive a certificate upon successfully completing the initial and subsequent certification.

   b. CalOptima Health shall issue certificates to a Certified Site Reviewer. DHCS shall issue certificates to a Master Trainer.

   c. The certificates shall contain a series of numeric and alpha values to identify the health plan, county, month, and year the certification was granted, and identification code and level of designation for Master Trainer, Certified Site Reviewer.

   d. A certificate may be issued in the following format: "000-04-0702-01-A"

000	Plan identification Code (CalOptima Health)
04	Plan Code
0702	Month and Year Certification Granted
01	Plan Trainer or Site Reviewer
A	Master Trainer or Other Trainer
B	Site Reviewer

8. CalOptima Health shall maintain certification records including, but not limited to, site review training activities and documentation to support the issuance of certificates.

K. DHCS-Conducted Site Reviews

1. DHCS conducts separate site reviews on PCP sites within CalOptima's network to validate CalOptima Health's FSR and MRR processes.

2. CalOptima Health will be notified approximately four (4) weeks in advance of site reviews.

3. CalOptima Heath must notify its providers in advance of the site reviews whether the site review is conducted by DHCS or CalOptima Health.

4. An inspection of CalOptima's facilities or other elements of a review may be conducted without prior notice, in conjunction with other medical surveys or as part of an unannounced inspection program.

5. DHCS will notify CalOptima Health of critical findings in writing via email within 10 business days following the date of the FSR and/or MRR.

6. DHCS will provide a written report summarizing all of the DHCS review findings within 30 calendar days following the date of the FSR and/or MRR.

7. Within thirty (30) calendar days form the date CalOptima Health receives the DHCS-conducted site review report, CalOptima Health must provide a CAP to DHCS responding to all cited deficiencies documented in the report. CalOptima Health's response must include:

    a. The identified deficiencies; and

    b. A description of action(s) taken to correct the deficiencies.

8. If a deficiency is determined to require long-term corrective action, CalOptima's CAP response must include indication that CalOptima Health has:

    a. Initiated remedial action(s);

    b. Developed a plan to achieve an acceptable level of compliance; and

    c. Documented the date the provider is in full compliance or when full compliance will be achieved.

IV. ATTACHMENT(S)

A. Department of Health Care Services (DHCS) 2024 Facility Site Review (FSR) Tool
B. Department of Health Care Services (DHCS) 2024 Facility Site Review (FSR) Standards
C. Department of Health Care Services (DHCS) 2024 Medical Record Review (MRR) Tool
D. Department of Health Care Services (DHCS) 2024 Medical Record Review (MRR) Standards

V. REFERENCE(S)

A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
B. CalOptima Health, Health Network Service Agreement
C. CalOptima Health Policy HH.1101: CalOptima Health Provider Complaint
D. Department of Health Care Services (DHCS) All Plan Letter (APL) 15-023: Facility Site Review Tools for Ancillary Service and Community-Based Adult Services Providers
E. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-017: Facility Site Review and Medical Record Review (Supersedes APL 20-006)

F. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-001: Network Certification Requirements (Supersedes APL 21-006)
G. Department of Health Care Services (DHCS) Policy Letter (PL) 12-006: Revised Facility Site Review Tool (Supersedes PL 11-013)
H. National Committee for Quality Assurance (NCQA) Standards: MED3-Practitioner Office Site Quality
I. Titles II and III of the Americans with Disabilities Act of 1990
J. Title 22, California Code of Regulations (CCR), sections 53856 and 53230.
K. Affordable Care Act of 2010 §1557
L. Rehabilitation Act of 1973 §§504 and 508
M. Government Code §§11135 and 7405

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
04/30/2015	Department of Health Care Services (DHCS)	Approved as Submitted
01/10/2020	Department of Health Care Services (DHCS)	Approved as Submitted
09/07/2021	Department of Health Care Services (DHCS)	Approved as Submitted
01/10/2023	Department of Health Care Services (DHCS)	Approved as Submitted
08/23/2023	Department of Health Care Services (DHCS)	File and Use
10/16/2024	Department of Health Care Services (DHCS)	File and Use

VII. BOARD ACTION(S)

Date	Meeting
10/03/2019	Regular Meeting of the CalOptima Board of Directors
12/08/2021	Quality Assurance Committee Meeting
12/20/2021	Special Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program
Effective	01/01/1996	GG.1608	PCP Site Reviews	Medi-Cal
Revised	01/01/1998	GG.1608	PCP Site Reviews	Medi-Cal
Revised	04/01/1999	GG.1608	PCP Site Reviews	Medi-Cal
Revised	08/01/2000	GG.1608	PCP Site Reviews	Medi-Cal
Revised	10/01/2002	GG.1608	Facility Site Reviews	Medi-Cal
Revised	10/01/2003	GG.1608	Facility Site Reviews	Medi-Cal
Revised	04/01/2007	GG.1608	Facility Site Review	Medi-Cal
Revised	09/01/2011	GG.1608	Full Scope Site Reviews	Medi-Cal
Revised	02/01/2013	GG.1608	Full Scope Site Reviews	Medi-Cal OneCare
Revised	12/01/2014	GG.1608	Full Scope Site Reviews	Medi-Cal OneCare OneCare Connect PACE
Revised	12/01/2015	GG.1608	Full Scope Site Reviews	Medi-Cal OneCare OneCare Connect PACE
Revised	05/01/2016	GG.1608	Full Scope Site Reviews	Medi-Cal

Action	Date	Policy	Policy Title	Program
				OneCare OneCare Connect PACE
Revised	10/01/2017	GG.1608	Full Scope Site Reviews	Medi-Cal OneCare OneCare Connect PACE
Revised	02/01/2018	GG.1608	Full Scope Site Reviews	Medi-Cal OneCare OneCare Connect PACE
Revised	10/03/2019	GG.1608	Full Scope Site Reviews	Medi-Cal OneCare OneCare Connect PACE
Revised	01/01/2022	GG.1608	Full Scope Site Reviews	Medi-Cal OneCare OneCare Connect PACE
Revised	12/31/2022	GG.1608	Full Scope Site Reviews	Medi-Cal OneCare PACE
Revised	08/01/2023	GG.1608	Full Scope Site Reviews	Medi-Cal OneCare PACE
Revised	05/01/2024	GG.1608	Full Scope Site Reviews	Medi-Cal OneCare PACE
Revised	10/01/2024	GG.1608	Full Scope Site Reviews	Medi-Cal OneCare PACE

IX. GLOSSARY

Term	Definition
Ancillary Service Provider Sites	Ancillary service provider sites are free-standing facilities that provide diagnostic and therapeutic services such as radiology, imaging, cardiac testing, kidney dialysis, physical therapy, occupational therapy, speech therapy, cardiac rehabilitation, pulmonary testing, audiology, and laboratory draw stations
Ancillary Services	For the purposes of this policy, ancillary services refers to diagnostic and therapeutic services such as, but not limited to: radiology, imaging, cardiac testing, kidney dialysis, physical therapy, occupational therapy, speech therapy, cardiac rehabilitation, pulmonary testing, audiology, and laboratory draw stations.
Certified Site Reviewer (CSR)	Medi-Cal & PACE: An appropriately qualified and trained physician or registered nurse (RN) who is responsible for conducting provider site reviews, in accordance with DHCS All Plan Letter 22-017 and subsequent updates. OneCare: A Physician or a registered nurse (RN) who is responsible for conducting Practitioner Site Review. Only a Physician or a RN CSR is qualified to sign the site review survey and medical record review survey documents (DHCS All Plan Letter 22-017). A Trainer or a Master Trainer is responsible for training and certifying a CSR.
Community-Based Adult Services (CBAS) Providers Sites	CBAS provider sites include all facilities that provide bundled CBAS services, and do not include Licensed Only Adult Day Health Care centers and Programs of All-Inclusive Care for the Elderly (PACE). CBAS services (defined in W&I Code section 14550.5 and provided each day of attendance) include professional nursing services, personal care services and/or social services, therapeutic activities, one meal per day, and additional services as specified on the participant's Individual Care Plan.
Community-Based Adult Services (CBAS) Services	For purposes of this policy, CBAS services include professional nursing services, personal care services and/or social services, therapeutic activities, one meal per day, and additional services as specified on a Member's Individual Care Plan.
Complaint	Medi-Cal: A complaint is the same as a Grievance. If CalOptima Health is unable to distinguish between a Grievance and an Inquiry, it must be considered a Grievance. OneCare: Any expression of dissatisfaction to CalOptima Health, a Provider, or the Quality Improvement Organization (QIO) by a Member made orally or in writing. A Complaint may also involve CalOptima Health's refusal to provide services to which a Member believes he or she is entitled. A Complaint may be a Grievance or an Appeal, or a single Complaint could include both.
Corrective Action Plan (CAP)	A plan delineating specific identifiable activities or undertakings that address and are designed to correct program deficiencies or problems identified by formal audits or monitoring activities by CalOptima Health, the Centers of Medicare & Medicaid Services (CMS), Department of Health Care Services (DHCS), or designated representatives. FDRs and/or CalOptima Health departments may be required to complete CAPs to ensure compliance with statutory, regulatory, or contractual obligations and any other requirements identified by CalOptima Health and its regulators.

Term	Definition
Covered Services	Medi-Cal: Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS. Covered Services do not include: 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima

Term	Definition
	Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012. OneCare: Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers of Medicare & Medicaid Services (CMS) Contract. PACE: Those services set for the in California Code of Regulations, title 22, chapter 3, article 4, beginning with section 51301, and title 17, division 1, chapter 4, subchapter 13, beginning with Section 6840, unless otherwise specifically excluded under the terms of the DHCS PACE Contract with CalOptima Health, or other services as authorized by the CalOptima Health Board of Directors.
Credentialing	The process of determining a Provider or an entity's professional or technical competence, and may include registration, certification, licensure and professional association membership.
Credentialing Peer Review Committee (CPRC)	The Credentialing and Peer Review Committee makes decisions, provides guidance, and provides peer input into the CalOptima Health provider selection process and determines corrective action necessary to ensure that all practitioners and providers who provide services to CalOptima Health Members meet generally accepted standards for their profession in the industry. The CPRC meets at least quarterly and reports to the CalOptima Health Quality Improvement Health Equity Committee (QIHEC).
Critical Elements (CE)	Fourteen (14) critical elements of the site review that defines the potential for adverse effects on patient health and safety, and has a scored weight of two points on the FSR tool.

Term	Definition
Designee	For the purposes of this policy, a person selected or designated to carry out a duty or role. The assigned designee is required to be in management or hold the appropriate qualifications or certifications related to the duty or role, as determined by CalOptima Health Quality Improvement staff.
Facility Site Review (FSR) Survey	A DHCS tool utilized to assess the quality, safety, and accessibility of PCPs and high-volume specialists physician offices.
Full Scope Site Review	For the purposes of this policy, means a comprehensive site review as required by DHCS guidelines which encompass a Facility Site Review (FSR) and Medical Record Review (MRR) of a Primary Care Provider (PCP) site.
Grievance	Medi-Cal: Any expression of dissatisfaction about any matter other than an Adverse Benefit Determination (ABD), and may include, but is not limited to the Quality of Care or services provided, aspects of interpersonal relationships with a Provider or CalOptima Health's employee, failure to respect a Member's rights regardless of whether remedial action is requested, and the right to dispute an extension of time proposed by CalOptima Health to make an authorization decision. A complaint is the same as Grievance. An inquiry is a request for more information that does not include an expression of dissatisfaction. Inquiries may include, but are not limited to, questions pertaining to eligibility, benefits, or other CalOptima Health processes. If CalOptima Health is unable to distinguish between a Grievance and an inquiry, it must be considered a Grievance. OneCare: An expression of dissatisfaction with any aspect of the operations, activities or behavior of a plan or its delegated entity in the provision of health care items, services, or prescription drugs, regardless of whether remedial action is requested or can be taken. A grievance does not include, and is distinct from, a dispute of the appeal of an organization determination or coverage determination or an LEP determination. PACE: A complaint, either written or oral, expressing dissatisfaction with service delivery or the quality of care furnished, as defined by the federal PACE regulation 42 CFR Section 460.120.
Health Network	A Physician Hospital Consortium (PHC), a physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide covered services to Members assigned to that Health Network.
Health Maintenance Organization (HMO)	A health care service plan, as defined in the Knox-Keene Health Care Service Plan Act of 1975, as amended, commencing with Section 1340 of the California Health and Safety Code.
Medical Record	For the purposes of this policy, a medical record, health record, or medical chart in general is a systematic documentation of a single individual's medical history and care over time. The term 'Medical Record' is used both for the physical folder for each individual patient and for the body of information which comprises the total of each patient's health history. Medical records are intensely personal documents and there are many ethical and legal issues surrounding them such as the degree of third-party access and appropriate storage and disposal.
Medical Record Review (MRR)	A DHCS tool utilized to audit PCP medical records for format, legal protocols, and documented evidence of the provision of preventive care and coordination and continuity of care services.

Term	Definition
Physical Accessibility Review Survey (PARS)	A DHCS tool used to assess the level of physical accessibility of provider sites, including specialist and ancillary service providers.
Potential Quality Issues (PQI)	For the purposes of this policy, means any issue whereby a Member's quality of care may have been compromised.
Primary Care Provider (PCP)	For the purposes of this policy, a primary care provider may be a primary care practitioner, or other institution or facility responsible for supervising, coordinating, and providing initial and primary care to Members and serves as the medical home for Members.
Quality Improvement Health Equity Committee (QIHEC)	The CalOptima Health committee that is responsible for the Quality Improvement (QI) process.
Seniors and Persons with Disabilities (SPD)	Medi-Cal beneficiaries who fall under specific Aged and Disabled Aid Codes as defined by the Department of Health Care Services (DHCS).
Specialty Care Provider	Provider of Specialty Care given to Members by referral by other than a Primary Care Provider.
Supplemental Facilities	Mobile, satellite, school-based or other extension clinics that assist in the care delivery of primary care services to geographically remote areas. These facilities may serve as an extension of a PCP site, a community-based clinic, a Federally Qualified Health Center (FQHC), or a standalone clinic with members assigned.