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GAVIN NEWSOM  
GOVERNOR

**DATE:** March 4, 2020

ALL PLAN LETTER 20-004  
SUPERSEDES POLICY LETTERS 14-004 AND 03-002  
AND ALL PLAN LETTER 03-007

**TO:** ALL MEDI-CAL MANAGED CARE HEALTH PLANS

**SUBJECT:** SITE REVIEWS: FACILITY SITE REVIEW AND MEDICAL RECORD  
REVIEW

**PURPOSE:**

The purpose of this All Plan Letter (APL) is to inform Medi-Cal managed care health plans (MCPs) of updates to the Department of Health Care Services' (DHCS) site review process, which includes Facility Site Review (FSR) and Medical Record Review (MRR) policies. This APL includes changes made to the criteria and scoring of DHCS' FSR and MRR tools and standards. This APL supersedes Policy Letters (PL) 14-004, PL 03-002, and APL 03-007. MCPs are required to meet all requirements included in this APL by July 1, 2020.

The following letters are not affected by this APL: PL 12-006, Revised Facility Site Review Tool, including its Attachment C, Physical Accessibility Review Survey Tool, and APL 15-023, Facility Site Review Tools for Ancillary Services and Community-Based Adult Services Providers, including its Attachment D, Ancillary Services Physical Accessibility Review Survey and Attachment E, Community Based Adult Services Physical Accessibility Review Survey.<sup>1</sup>

**BACKGROUND:**

State law requires MCPs to have adequate facilities and service site locations available to meet contractual requirements for the delivery of primary care within their service areas.<sup>2</sup> All Primary Care Provider (PCP) sites<sup>3</sup> must have the capacity to support the safe and effective provision of primary care services. To ensure compliance, MCPs are required to perform initial and subsequent site reviews, consisting of an FSR and an MRR, using the DHCS FSR and MRR tools and standards. The site review process is part of the MCPs' quality improvement programs that focus on the capacity of each

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<sup>1</sup> APLs and PLs are available on the DHCS website at the following link:

<https://www.dhcs.ca.gov/formsandpubs/Pages/MgdCarePlanPolicyLtrs.aspx>.

<sup>2</sup> For more information on facilities and service sites, see Title 22, California Code of Regulations (CCR), sections 53856 and 53230. The CCR is searchable at the following link:

<https://govt.westlaw.com/calregs/Search/Index>.

<sup>3</sup> A PCP site is any facility in which primary care services are provided to MCP members.

PCP site to ensure and support the safe and effective provision of appropriate clinical services.<sup>4</sup>

FSRs are conducted to ensure that all contracted PCP sites have sufficient capacity to provide appropriate primary health care services and can maintain patient safety standards and practices. The FSR confirms the PCP site operates in compliance with all applicable local, state, and federal laws and regulations.

MRRs are conducted to review medical records for format, legal protocols, and documented evidence of the provision of preventive care and coordination and continuity of care services. The medical record provides legal proof that the patient received care. Incomplete records or lack of documentation implies the PCP did not provide quality, timely, or appropriate medical care.

MCPs designate professional clinical staff to be certified by DHCS as the MCP's Certified Master Trainer (CMT). The MCP's designated CMT provides training, supervision, and certification of the MCP's site reviewers (Certified Site Reviewers [CSRs]). DHCS collaborates with MCPs to develop, implement, and evaluate site review training and certification, revise training curriculum and materials as needed, and provide technical assistance to CMTs on an ongoing basis.

DHCS oversees and monitors the MCPs' implementation of the site review policy. Monitoring may include, but is not limited to, DHCS-conducted site reviews; oversight of the MCP's methods for monitoring provider sites between periodic site reviews; and verification of appropriate use of the reviewers within their legal scope of practice, the standards outlined in this policy, and local collaborative processes. Monitoring methods may also include, but are not limited to, observing site reviewer training and certification processes, assessing data collection methods, and evaluating aggregate reports.

DHCS has updated the FSR and MRR standards and criteria to reflect current guidelines of professional organizations by expanding certain criteria, re-organizing the criteria groups to help better identify deficiencies, and adjusting the scoring methods to better generalize the scores.

**POLICY:**

MCPs are responsible for oversight of their site review policies whether the MCP retains its site review functions, delegates them to another MCP, or subcontracts site review

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<sup>4</sup> MCP Contract, Exhibit A, Attachment 4, Quality Improvement System, Site Review. MCP contracts are available on DHCS' website at the following link:  
[https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplate\\_Contracts.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplate_Contracts.aspx).

functions. DHCS only accepts site reviews that are conducted and completed by a CMT and/or a CSR.

For all contracted PCP sites, MCPs are required to conduct initial and subsequent site reviews, consisting of an FSR and MRR, regardless of a PCP site's other accreditations and certifications. Each MCP must ensure that:

- Each PCP site has passed an initial FSR prior to adding the provider(s) to the MCP's network and assigning MCP members to the provider(s).
- Each PCP passes an initial MRR after the PCP is assigned members.
- Each PCP site passes periodic subsequent site reviews, consisting of both an FSR and MRR, at least every three years after the initial FSR.
- DHCS' most current FSR and MRR tools and standards are being utilized when conducting site reviews (the MCP's DHCS assigned Contract Manager or Nurse Evaluator will contact the MCP when there are updates to the tools or standards);
- All PCP sites are held to the same standards.
- The site review status of each contracted PCP site is properly tracked.
- MCPs collaborate locally to determine how they will notify each other of site review statuses and results for shared providers.

MCPs must issue a Certified Quality Provider Site certificate to providers that successfully pass a site review. This certificate is valid for up to three years and affirms that the site has been deemed a DHCS Certified Quality Provider Site. MCPs must contact their DHCS assigned Nurse Evaluator for a copy of the most current certificate template. MCPs must develop a process for issuing the certificates and coordinate with the county collaborative in the issuance and revocation of certificates to shared provider sites.

Each MCP must notify its providers in advance for scheduled site reviews. However, inspection of an MCP'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.<sup>5</sup>

MCPs may choose to delegate site review responsibilities to another MCP. While each collaborating MCP determines whether it will accept a collaborating MCP's site review findings, each MCP retains ultimate responsibility for oversight of site review

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<sup>5</sup> For more information on medical survey procedures, see Title 28 CCR, section 1300.80. The CCR is searchable at the following link: <https://govt.westlaw.com/calregs/Search/Index>.

completion, results, any necessary corrective action plan (CAP), and monitoring of assigned PCP sites per county collaboration.<sup>6</sup>

## **Site Review Process**

### Initial Site Review

An initial site review consists of an initial FSR and an initial MRR. The initial FSR and the initial MRR might not occur on the same date. The FSR is conducted first to ensure the PCP site operates in compliance with all applicable local, state, and federal laws and regulations. MCPs must not assign members to providers until their PCP sites receive a passing FSR score and completes all CAPs. An initial FSR is not required when a new provider joins a PCP site that has a current passing FSR score.

Once a PCP site passes the initial FSR, MCPs can begin assigning members to PCPs at that site. However, MCPs must complete the initial MRR of the new PCP site within 90 calendar days of the date that the MCP first assigns members. The MCP may defer this initial MRR for an additional 90 calendar days only if the new PCP does not have enough assigned MCP members to complete the MRR on the required minimum number of medical records (see Subsequent Site Reviews below for details regarding the required minimum number of medical records). If, after 180 days following assignment of members, the PCP still has fewer than the required number of medical records, the MCP must complete the MRR on the total number of medical records it has available, and adjust the scoring according to the number of medical records reviewed.

There are additional scenarios that require MCPs to conduct an initial site review. Examples of these scenarios include, but are not limited to, instances when:

- A new PCP site is added to an MCP's network.
- A newly contracted provider assumes a PCP site with a previous failing FSR and/or MRR score within the last three years.
- A PCP site is returning to the Medi-Cal managed care program and has not had a passing FSR in the last three years.
- There is a change of ownership of an existing provider site.
- A PCP site relocates. When a PCP site relocates, MCPs must:
  - Complete an initial FSR within 60 days of notification or discovery of the completed move.
  - Allow assigned MCP members to continue to see the provider.
  - Not assign new members to providers at the site until the PCP site receives passing FSR and MRR scores.

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<sup>6</sup> MCP Contract, Exhibit A, Attachment 4, Quality Improvement System, Delegation of Quality Improvement Activities.

- A new MCP is established or an existing MCP expands to a new service area. New MCPs and those that expand to a new service area must complete an initial site review on a specified number of PCP sites as outlined in the bulleted list below. The FSR portion of the initial site review must be completed prior to the start of new or expanding MCP operations.
  - Five percent of the PCP sites in its proposed network, or on thirty PCP sites, whichever is greater in number.
  - All of the remaining proposed PCP sites within the first six months of operation or expansion.
  - All of the PCP sites in the network if there are thirty or fewer PCP sites in the network.

PCP sites that are subject to site reviews must include a variety of PCP types (Family Medicine, Internal Medicine, Pediatric, etc.) and subcontracted entities (solo practice, Medical Group, etc.) from throughout the provider network.

#### Subsequent Site Reviews

MCPs are required to conduct subsequent site reviews, consisting of an FSR and MRR, at least every three years, beginning no later than three years after the initial FSR. MCPs may conduct site reviews more frequently per county collaborative decisions, or when determined necessary based on monitoring, evaluation, or CAP follow-up issues.

The MRR score is based on a standard review of ten randomly selected MCP member medical records per provider, consisting of five pediatric and five adult or obstetric medical records. For PCP sites serving only pediatric or only adult patients, all ten medical records must be reviewed using the appropriate preventive care criteria. For OB/GYNs acting as PCPs, all medical records must be reviewed using preventive care criteria for adults or pediatrics (pregnant under age 21 years) and obstetrics. During the MRR, site reviewers have the option to request additional medical records for review. If the site reviewer chooses to review additional medical records, the MCP must calculate the scores accordingly.

If a PCP site documents patient care performed by multiple PCPs in the same medical record, the MCP must consider these medical records a shared medical record system. The MCP must consider shared medical records as those that are not identifiable as separate records belonging to any specific PCP. The MCP must review a minimum of ten medical records if two or three PCPs share records, twenty medical records if four to six PCPs share records, and thirty medical records if seven or more PCPs share records. In the event that there are multiple providers in one office that do not share medical records, each PCP must be reviewed separately and receive a separate score.

### Scoring

MCPs must base FSR and MRR scores on available documented evidence, demonstration of the criteria, and verbal interviews with site personnel. If a site reviewer chooses to review additional criteria not included on the FSR or MRR tools, the site reviewer must not include the additional criteria in the existing scoring method. MCPs must not alter scored criteria or assigned weights in any way.

The FSR tool identifies critical elements in bold and underlined text. Critical elements have the largest potential for adverse effects on patient health or safety and therefore have a scored weight of two points while all other review elements have a scored weight of one point. The PCP site must correct all critical element deficiencies identified during a site review, focused review, or monitoring visit within ten calendar days of those reviews or visits. The MCP must verify that CAPs related to critical elements are completed within 30 calendar days of the site review, focused review, or monitoring visit. MCPs must ensure that PCP sites found to be deficient in any critical element during an FSR have fully corrected all deficiencies, regardless of the PCP site's FSR score. Any MRR section score of less than 80 percent requires a CAP for the entire MRR regardless of the total MRR score.

For detailed scoring procedures, see the FSR and MRR tools and standards. These documents are available upon request. MCPs must contact their DHCS assigned Contract Manager or Nurse Evaluator to request these documents.

If a PCP site receives a failing score from one MCP, all other MCPs must consider the PCP site as having a failing score. MCPs must use the county collaborative process to identify shared providers and to determine methods for sharing site review information, including CAPs and provider terminations.

When a PCP site receives a failing score on an FSR or MRR, the MCP must notify the PCP site of the score, all cited deficiencies, and all CAP requirements. An MCP may choose to remove any PCP site with a failing FSR or MRR score from its network. If an MCP allows a PCP site with a failing FSR or MRR score to remain in its network, the MCP must require and verify that the PCP site has corrected the identified deficiencies within the CAP timelines established in this policy. MCPs must not assign new members to network PCP sites that receive a failing score on an FSR or MRR until the MCP has verified that the PCP site has corrected the deficiencies and the CAP is closed.

PCP sites that receive a failing score on either the FSR or MRR for two consecutive site reviews must receive a minimum passing score on the next FSR and MRR (including PCP sites with open CAPs in place) to remain in the MCP's provider network. If the PCP site fails on its third consecutive attempt, despite the MCP's ongoing monitoring and

assistance, the PCP site must be removed from the MCP’s provider network, and its members must be reassigned to other network providers, as appropriate and as contractually required.

Corrective Action Plan

A CAP is required for all cited deficiencies for PCP sites that have a deficiency in a critical element or receive a conditional passing score on the FSR or MRR tool, on a focused review, or for deficiencies identified by the MCP or DHCS through oversight and monitoring activities. CAPs are required as indicated:

	<b>Exempted Pass</b>	<b>Conditional Pass</b>	<b>Fail</b>
FSR	<ul style="list-style-type: none"> <li>Score of 90% and above with no deficiencies in critical elements, infection control, or pharmacy</li> <li>CAP not required</li> </ul>	<ul style="list-style-type: none"> <li>Score of 90% and above with deficiencies in critical elements, infection control, or pharmacy</li> <li>Score of 80% and above</li> <li>CAP required</li> </ul>	<ul style="list-style-type: none"> <li>Score below 80%</li> <li>CAP required</li> </ul>
MRR	<ul style="list-style-type: none"> <li>Score of 90% and above, with all section scores at 80% and above</li> <li>CAP not required</li> </ul>	<ul style="list-style-type: none"> <li>Score of 90% and above with one or more section scores below 80%</li> <li>Score of 80% and above</li> <li>CAP required</li> </ul>	<ul style="list-style-type: none"> <li>Score below 80%</li> <li>CAP required</li> </ul>
MCPs may require a CAP regardless of score for other findings identified during the survey that require correction.			

At their discretion, MCPs may decide to provide additional training and give technical assistance when a PCP site fails an FSR prior to contracting with the MCP. These pre-contracted providers who do not pass the initial FSR within two attempts may reapply to the MCP after six months.

The MCP conducting the site review is responsible for follow-up, re-review, closure of CAPs, and monitoring re-reviews. CAP documentation must identify:

- The specific deficiency.
- Corrective actions needed.

- Projected and actual dates of the deficiency correction.
- Reevaluation of timelines and dates.
- Responsible persons.

CAPs for non-critical elements may be verified via document submission. CAPs for critical elements must be verified onsite. Closed CAP documentation must include:

- Documentation of problems in completing corrective actions (if any).
- Resources and technical assistance provided by the MCP.
- Evidence of the corrections.
- Completion and closure dates.
- Name and title of the MCP reviewer.

MCPs must follow the timeline below for CAP notification and completion:

<b>CAP Timeline</b>	<b>CAP Action(s)</b>
FSR and/or MRR Completion Day	<p>The MCP must provide the PCP site a report containing:</p> <ul style="list-style-type: none"> <li>• The FSR and/or MRR scores;</li> <li>• Any critical element findings, if applicable; and</li> <li>• A formal written request for CAPs for all critical elements, if applicable.</li> </ul>
Within 10 calendar days of the FSR and/or MRR	<ul style="list-style-type: none"> <li>• The PCP site must submit a CAP and evidence of corrections to the MCP for all deficient critical elements, if applicable.</li> <li>• The MCP must provide a report to the PCP site containing FSR and/or MRR findings, along with a formal written request for CAPs for all non-critical element deficiencies.</li> <li>• The MCP must provide educational support and technical assistance to PCP sites as needed.</li> </ul>
Within 30 calendar days from the date of the FSR and/or MRR report	<ul style="list-style-type: none"> <li>• The MCP must conduct a focused review to verify that CAPs for critical elements are completed.</li> <li>• The PCP site must submit a CAP for all non-critical element deficiencies to the MCP.</li> <li>• The MCP must provide educational support and technical assistance to PCP sites as needed.</li> </ul>



<p>Within 60 calendar days from the date of the FSR and/or MRR report</p>	<ul style="list-style-type: none"> <li>• The MCP must review, approve, or request additional information on the submitted CAP(s) for non-critical findings.</li> <li>• The MCP must continue to provide educational support and technical assistance to PCP sites as needed.</li> </ul>
<p>Within 90 calendar days from the date of the FSR and/or MRR report</p>	<ul style="list-style-type: none"> <li>• All CAPs must be closed.</li> <li>• Providers can request a definitive, time-specific extension period to complete the CAP(s), not to exceed 120 calendar days from the date of the initial report of FSR and/or MRR findings.</li> </ul>
<p>Beyond 120 days from the date of the FSR and/or MRR report</p>	<ul style="list-style-type: none"> <li>• The MCP must request approval from DHCS to complete a CAP review for any extenuating circumstances that prevented completion of a CAP within the established timeline.</li> <li>• The MCP must conduct another FSR and/or MRR, as applicable, within 12 months of the applicable FSR and/or MRR date(s).</li> </ul>

MCPs must not assign new members to providers who do not correct site review deficiencies within the established CAP timelines. MCP must verify that the PCP site has corrected the deficiencies and the CAP is closed. MCPs must remove any provider from the network who does not come into compliance with review criteria and CAP requirements within the established timelines, and the MCP must appropriately reassign that provider’s MCP members to other network providers.<sup>7</sup>

Monitoring

Each MCP must monitor all PCP sites between each regularly scheduled site review. Monitoring methods may include site reviews, but MCPs must also use additional methods such as information gathered through established internal MCP systems (e.g., quality improvement), as well as provider and program-specific reports from external sources of information (e.g., public health). MCPs must monitor and evaluate all critical elements for all PCP sites between scheduled site reviews. When MCPs identify deficiencies through monitoring, they must determine the appropriate course of action, such as conducting a site review or additional focused reviews, to educate and correct the deficiencies according to established CAP timelines.

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<sup>7</sup> More information regarding provider terminations is located in APL 16-001, Medi-Cal Provider and Subcontract Suspensions, Terminations, and Decertifications.

### Focused Review

A focused review is a targeted review of one or more specific areas of the FSR or MRR. MCPs must not substitute a focused review for a site review. MCPs may use focused reviews to monitor providers between site reviews to investigate problems identified through monitoring activities or to follow up on corrective actions. Reviewers may utilize the appropriate sections of the FSR and MRR tools for the focused review, or other methods to investigate identified deficiencies or situations. All deficiencies identified in a focused review must require the completion and verification of corrective actions according to CAP timelines established in this policy.

### County Collaboration

MCPs must collaborate locally within each Medi-Cal managed care county to establish systems and implement procedures for the coordination and consolidation of site reviews for mutually shared PCPs.<sup>8</sup> All MCPs within a county have equal responsibility and accountability for participation in the site review collaborative processes.

MCPs must submit an initial written description and periodic update reports as requested and instructed by DHCS describing the county collaboration processes, which must include, but are not limited to, the following:

- Names and titles of each MCP's participating personnel.
- A work plan that includes goals, objectives, activities, and timelines.
- Scheduled meeting dates, times, and locations.
- Meeting processes and outcomes.
- Communication and information-sharing processes.
- Roles and responsibilities of each MCP.
- Delegated activities and use of delegated or sub-delegated entities.
- Memorandum of Agreement requirements established for collaborating MCPs.

MCPs must establish policies and procedures to define local collaborative methodology for:

- Identification of shared providers.
- Confidentiality, disclosure, and release of shared provider review information and site review results.
- Site review processes.
- Issuance of Certified Quality Provider Site certificates.
- Oversight and monitoring of review processes.

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<sup>8</sup> Health and Safety Code (HSC), section 1342.8. The HSC is searchable at the following link: <http://leginfo.legislature.ca.gov/faces/home.xhtml>.

- Site review personnel and training processes.
- Collection and storage of site review results.

#### MCP Site Review Personnel

MCPs must designate a minimum of one physician, Nurse Practitioner (NP), Physician Assistant (PA), or Registered Nurse (RN), to be certified by DHCS as the MCP's CMT. The CMT has the overall responsibility for the training, supervision, and certification of site reviewers, as well as monitoring site reviews and evaluating site reviewers for accuracy.

MCPs must determine the composition of the teams performing site reviews. Each site review must have a designated CSR who is responsible for and must sign the FSR and MRR tools. Only physicians, NPs, PAs, or RNs are eligible to become CSRs. A variety of personnel can also be part of the site review team, including pharmacists, dietitians, and others to provide assistance and clarification.

An RN<sup>9</sup> is the minimal level of site reviewer acceptable for independently performing site reviews. RN reviewers can independently make determinations regarding implementation of appropriate reporting or referral of abnormal review findings to initiate peer review procedures. An RN can only delegate site review tasks to a subordinate based on the subordinate's legal scope of practice and on the degree of preparation and ability required by the site review tasks that the RN would delegate.

Each MCP is required to have written policies and procedures that clearly define the duties and responsibilities of all site review personnel. Each MCP must demonstrate that site review activities established for their reviewers comply with the site reviewers' scope of practice as defined by state law, in accordance with the state licensing and certification agencies and are appropriate to the site reviewers' level of education and training.

#### MCP Site Review Training and Certification

Physicians, NPs, PAs, and/or RNs that are designated by each MCP to be CMTs or site reviewers must meet the certification and recertification requirements outlined in the respective table below to be certified as a CMT or CSR. CMT candidates must apply for certification directly to DHCS using Attachment A of this APL, Application For DHCS Site Review Master Trainer Certification. Applications must be submitted to the MCP's assigned Nurse Evaluator. Upon certification and recertification, CMTs will receive a certificate signed by DHCS. CMTs must be recertified every three years.

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<sup>9</sup> Business and Professions Code (BPC), section 2725. The BPC is searchable at the following link: <http://leginfo.legislature.ca.gov/faces/home.xhtml>.

Each MCP is responsible for ensuring that all site reviewers are appropriately trained, evaluated, certified, and monitored. MCPs may collaborate with one another to determine local systems for training and certifying site reviewers. Training must include DHCS seminars, MCP classes, individual or small group training sessions provided by a CMT, and self-study learning programs. MCPs can only certify physicians, PAs, or RNs as CSRs, and recertify them every three years thereafter. Upon certification and recertification, CSRs will receive written verification of certification by the awarding MCP.

Inter-rater Review Process

Candidates for CMT and 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 the MCP's CMT. The inter-rater review process requires the CSR candidate to participate with the MCP'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 below in order to be certified.

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 MCP'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 12 months to reapply for certification.

<b>Initial Certification Requirements</b>	<b>CMT</b>	<b>CSR</b>
Possess a current and valid California RN, Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), NP, or PA license.	X	X
Be employed by or subcontracted with an MCP.	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 5% of FSR and 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
Complete ten (10) FSRs and ten (10) MRRs with a CSR or CMT.		X
Achieve an inter-rater score of 10% in FSR and 10% in MRR with designated CMT.		X

<b>Recertification Requirements</b>	<b>CMT</b>	<b>CSR</b>
Possess a current and valid California RN, MD, DO, NP, or PA license.	X	X
Be employed by 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 twenty (20) site reviews following initial certification or recertification.	X	X

Attend DHCS-sponsored inter-rater workshops in person every two years.	X	X
Achieve a 10% variance on the MRR, on the inter-rater score as defined by the SRWG and DHCS.		X
Achieve an inter-rater score within 5% of FSR and 5% of MRR from the DHCS Nurse Evaluator.	X	

Each MCP must develop policies and procedures for ongoing supervision and monitoring of site review personnel to ensure reliability of site review findings and data submitted to DHCS. Each MCP must maintain certification records including, but not limited to, site review training activities and supporting documentations to support the certification requirements.

Data Submission Procedures

MCPs are required to submit site review data to DHCS every six 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. MCPs are permitted to submit data more frequently than every six months. For preoperational and expansion site reviews, MCPs must submit site review data to DHCS at least six weeks prior to site operation. 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 MCPs submit in nonconforming formats.

DHCS-Conducted Site Reviews

DHCS conducts separate site reviews to validate MCPs' FSR and MRR processes. Prior to a new MCP's operation, or an MCP expansion to a new county, DHCS conducts initial FSRs, followed by initial MRRs upon an MCP beginning operations and assignment of MCP members, as outlined in this APL, of randomly chosen PCP sites in the MCP's network. DHCS also conducts subsequent site reviews on PCP sites within MCP networks. DHCS will notify MCPs of critical findings in writing via email within 10 calendar days following the date of the FSR and/or MRR and provide a written report summarizing all of DHCS' review findings within 30 calendar days following the date of the FSR and/or MRR.

Within 30 calendar days from the date of the DHCS-conducted site review report, the MCP must provide a CAP to DHCS responding to all cited deficiencies documented in the report. The MCP's CAP response must include:

- The identified deficiency(ies).
- A description of action(s) taken to correct the deficiency(ies).

If a deficiency is determined to require long-term corrective action, the MCP's CAP response must include indication that the MCP has:

- Initiated remedial action(s).
- Developed a plan to achieve an acceptable level of compliance.
- Documented the date the provider is in full compliance or when full compliance will be achieved.

Additional supporting documentation and remedial action may be required if DHCS determines CAPs are insufficient to correct deficiencies.

Each MCP will be notified approximately four weeks in advance of DHCS-conducted site reviews. Each MCP must notify its providers in advance of site reviews, whether the site review is conducted by DHCS or by the MCP. However, inspection of an MCP'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.

MCPs are responsible for ensuring that their delegates and/or subcontracted entities comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and PLs. These requirements must be communicated by each MCP to all delegated entities and subcontractors.

If you have questions regarding this APL, please contact your DHCS assigned Contract Manager or Nurse Evaluator.

Sincerely,

Original Signed by Nathan Nau

Nathan Nau, Chief  
Managed Care Quality and Monitoring Division