COMPLETING THE DHCS PSPP REVIEW PROCESS

PSPP Audits

- *Post Service Post Payment*
  - Involve chart reviews by DHCS at program using regulation and contract requirements.
  - Recovery/recoupment can occur.
- *Post Service Pre-Payment*
  - Formerly known as *monitoring reviews*; there is no financial recovery or recoupment.
  - Focus is on administrative oversight of charts, employee files, P&P's, site location
- QA is a resource for technical assistance

Provider's Role

- Responsible for notifying the COR and QA when DHCS schedules a review.
- Responsible for reviewing final DHCS report.
- Write initial draft of CAP and submit to QA within 30 days.
- Forward all DHCS correspondence to QA.
- If CAP is approved, continue to work with QA for the implementation plan and provide evidence of implementation.
- Maintain records verifying that actions denoted in the CAP are being aptly adhered to.

Completing PSPP CAPs

Deficiency	Finding	Describe how the deficiency will be corrected	Staff person responsible for correcting the deficiency	Describe how the program will ensure future compliance	Proposed Implementation Date	DHCS Response to Provider	Implemented Yes/No

- *Deficiency:*
  - DHCS provides the deficiency number here.

- *Finding:*
  - DHCS provides a description of the finding/deficiency here.
  - Refer to the results letter for more information on each finding.

  TIP:
  You can create multiple paragraphs within one cell by holding down **Alt+Enter**

- *Describe how the deficiency will be corrected:*
  - The narrative should clearly address the deficiency listed in the Finding column.
  - Both DHCS and the County are interested in the processes that ensure that the specific issue is corrected.
  - Answers should be clear and specific to indicate how your plan will ensure correction of the finding.
  - Include specific information (i.e. staff trainings, supervisions, names of forms, time intervals, dates, etc.)
  - Avoid vague phrases like "we will reviews for accuracy." Instead, specify intervals that the reviews will take place (i.e. weekly, yearly, quarterly, monthly).

- *Staff person responsible for correcting the deficiency:*
  - List only the job title(s) of the person(s) responsible for correcting the deficiency.

- *Describe how the program will ensure future compliance:*
  - Indicate the plan for ongoing monitoring. How will the provider ensure future compliance? How will the provider know this plan is effective?
  - An adequate response may indicate a measure of effectiveness (i.e. Program will conduct internal peer reviews of each chart a minimum of once per month.)
  - Answers should be clear enough to indicate how your plan will ensure ongoing compliance.
  - Include specific information (i.e. staff trainings, supervisions, names of forms, time intervals, dates, etc.)
  - Avoid vague phrases like "we will do periodic reviews." Instead, specify intervals that the reviews will take place (i.e. weekly, yearly, quarterly, monthly).

- *Proposed Implementation Date:*
  - Indicate the date that the program be in compliance with the requirements and have implemented solutions identified on the CAP form.
  - This should be a realistic time frame and not to exceed 75 days from date of CAP.

⚠️ **BEFORE SUBMITTING**
- Check spelling and grammar.
- Ensure proper formatting.
- Spell out any acronyms that are program specific.

Submitting the CAP to the County

- Upon completion for each CAP finding, the program emails the completed CAP to their County SUD QA Specialist.
- The County QA Specialist will review responses and provide feedback within 5 business days. The program will work with the County QA Specialist until all CAP recommendations are completed and approved.
- SUD QA submits completed CAP to DHCS. Program will be notified when the CAP is approved and DHCS sends an acknowledgment letter. If DHCS identifies further items to be addressed, the program will work with the County QA Specialist until all CAP recommendations are completed and approved.

Evidence of Implementation

- County SUD QA will follow up with the program and schedule an in-person visit to occur no later than within one week of the latest implementation date identified on the CAP.
- Once your QA Specialist verifies your evidence of implementation, SUD QA sends a final notice to DHCS attesting to completion of the CAP process.