

**MEDICAL BOARD OF CALIFORNIA - DIVERSION PROGRAM
BUREAU OF STATE AUDITS' RECOMMENDATIONS**

Rev. 7/16/07

No.	Recommendation	Goal	Status	How Implemented	Comments or Completion Date
1	To better monitor diversion program participants, program management should create mechanisms to ensure that group facilitators, therapists, and worksite monitors submit required reports, and that the participants submit required meeting verifications. When such documentation is not received, program management should have case managers make an effort to obtain this information.	8-1-07 for policies and procedures 11-1-07 for revisions to system	The policies and procedures have been drafted and will be completed by the due date. ISB will be reviewing the DTS and determining areas of improvement and reports that can assist with followup indicating what is missing from a participant's file	On 6/21-22 a meeting was held with all case managers and supervisors and their responsibilities were reviewed to ensure they were aware of the file requirements.	ISB is currently reviewing the DTS for automation of the reporting requirements. Enhancements have been identified.
2	The Diversion Program should institute a formal policy to increase or refuse to reduce the frequency of diversion and support group meetings and drug tests when a participant neglects to provide required documentation. In addition, the program's policy should include a provision to not lift or reduce work restrictions unless a participant is in full compliance with worksite monitoring requirements.	8-1-07 for policies and procedures 9-1-07 for meeting with all DEC members	The policies and procedures have been drafted and will be completed by the due date. These new policies and procedures indicate the criteria for changing a participant's requirements.		Formal policy will state that participant requirements will not be reduced if the required reports are not in participants file. Participants, case managers and diversion evaluation committee (DEC) members will be made aware of policy. A checklist of completed reports will be provided to members of each DEC before a decision about reduction in participant requirements is made.
3	To eliminate uncertainty regarding individual participants' requirements, the program should process a formal amendment to a participant's diversion agreement if the program determines that a requirement should be changed for that physician.	8-1-07 for policies and procedures	Policy states that the case manager shall have the participant sign an amended agreement in a face to face meeting. Policy will state that a copy of the amended agreement will be given to the participant and sent to the worksite monitor and therapist	On 6/21-22, a meeting was held with the case managers and supervisors to ensure they are aware of the necessity for all changes to the agreement be in writing.	

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	To ensure that worksite monitors provide unbiased and complete reports, the diversion program should do the following:				
4	<ul style="list-style-type: none"> Ensure that each participant's worksite monitor is approved in advance and has no relationship with the participant that would impair his or her ability to render fair and unbiased monitoring reports. 	By 7-25-07 case managers will meet with current worksite monitors without a conflict to go over the new monitor's policies and sign a new agreement. 8-1-07 for policies and procedures	Current worksite monitors are meeting with case managers to go over the new policies to ensure they are aware of all changes. All new monitors will meet with the case managers prior to being approved.		The Diversion Committee approved worksite monitor policy in July 2006. As of 7-2-07 all worksite monitors that had a conflict of interest were terminated and new monitors signed the new agreement.
5	<ul style="list-style-type: none"> Ensure that the newly developed worksite monitor agreements containing conflict-of-interest language are approved by the medical board's executive office and signed by all worksite monitors. 	See above item #4. 8-1-07 for policies and procedures	The new forms have language regarding conflict-of-interest. All current worksite monitors are signing the new forms. All new monitors will be required to sign the new form.		As of 7-2-07 all worksite monitors that had a conflict of interest were terminated and new monitors signed the new agreement

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6	<ul style="list-style-type: none"> Notify worksite monitors of any work restrictions imposed on the participant they are monitoring, and direct them to report on compliance with these requirements. 	7-25-07 deadline to meet with worksite monitors to discuss participant's work restrictions and amendments. Revised quarterly reporting forms will be provided to the monitor at this time and used for the participant evaluation from 7-1 to 9-30-07. The new forms will be returned by 10-10-07.	Worksite monitor quarterly reporting forms will specifically ask about work restriction compliance. Policy will state that a copy of the participant's agreement will be given to worksite monitor each time it is amended	On 6/21-22, a meeting was held with the case managers and supervisors to ensure they are aware of the necessity to contact worksite monitors with changes to a participant's agreement.	
7	To ensure that participants receive program services on a timely basis, the diversion program should continue its efforts to achieve the goal of completing participants' first drug tests within seven days of their intake interview.	COMPLETED - but will always be monitored		This goal is listed in the policies and procedures and the collection systems manager is aware of this requirement.	6/1/07 -The average time reported in the last quarter was 5.5 days. Additionally, review of the auditor's report for 2007 indicates the goal is being met.

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	To ensure timely and adequate response to positive drug tests or other indications of a relapse, the diversion program should do the following:				
8	<ul style="list-style-type: none"> Immediately remove practicing physicians from work upon receiving notice of a positive drug test. 	Program administrator/Executive Director/Deputy Director currently reviewing all positives. Clear policy guidelines to be approved by diversion committee at July meeting	The policies and procedures will clearly outline the requirement to immediately pull the physician upon receipt of a positive drug test.	On 6/21-22, a meeting was held with the case managers and supervisors ensure they are aware of the need to remove physicians from paractice.	All positives will be reported in the quarterly review for the diversion committee. 6-25-07 letter to participants clarifying policy. All participants since that time have been immediately pulled from work.
9	<ul style="list-style-type: none"> Provide sufficient justification when it determines that a positive drug test does not constitute a relapse. 	8-1-07 for policies and procedures 9-1-07 for statewide DEC meeting	The policies and procedures will state that any positive that is not a relapse has to be documented with reasons why it was not a relapse.		Case manager will discuss the positive with the DEC (or case consultant if immediate need) who will make a recommendation which is approved by the Program Administrator. All actions taken will be documented in the participant's file.
10	<ul style="list-style-type: none"> Have the reconstituted liaison committee [DAC] assess the need to have an MRO [medical review officer] evaluate disputed drug test results, and hire such an individual if it is determined that this action is needed. 	7/07 Diversison Committee will assign Diversion Advisory Council (DAC) with task. 11/07 DAC recommendation to Diversion Committee			

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	To ensure that it adequately oversees participants' random drug tests, the diversion program should do the following:				
11	• Change existing policy to require both the case manager and the group facilitator to approve all vacation requests prior to the rescheduling of any drug tests.	8-1-07 for policies and procedures	Although the policies and procedures have not been finalized, the Program has already begun to require both the group facilitator and the case manager to approve vacations.		
12	• Establish a control over the rescheduling of drug tests that prohibits the collection system manager from rescheduling drug tests without a properly approved vacation request and also prevents participants from submitting vacation requests directly to the collection system manager.	8-1-07 for policies and procedures		The collection systems manager has been advised that she cannot change dates due to vacation unless this has been discussed and cleared with the case manager.	7/1/07 Completed.
13	• Clarify the vacation request policy for participants, and incorporate the 14-day notice requirement for vacation requests into the participants' diversion agreements.	8-1-07 for policies and procedures	The participant agreement has been updated to include this language.		6-25-07 letter to participants clarifying policy. 7/1/07 Completed.
14	• Establish a more timely and effective reconciliation of scheduled drug tests to actual drug tests performed by comparing the calendar of randomly generated assigned dates to the lab results.	6-1-07 process began 8-1-07 for policies and procedures	The collection systems manager will make the comparison twice a month rather than at the end of the month.		6/1/07 Completed.
15	• Require a program manager to review the drug test reconciliation to ensure that it is complete and accurate.	7/1/2007	The program manager has begun to receive a report from the collection systems manager to review and ensure reconciliation is being completed.		7/1/07 Completed.

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	To ensure that it adequately oversees its collectors, group facilitators, and DEC members, the diversion program should do the following:				
16	<ul style="list-style-type: none"> Document instances in which the collector moves drug test dates without receiving approval two weeks in advance, makes an error in the submission of a urine sample, or fails to file an incident report when required. In these instances, the collection system manager should contact the collector, determine the cause of the noncompliance and reiterate the need to follow program policy if necessary. 	8-1-07 for policies and procedures	On 2/11/06 and 5/11/07, the Program held refresher/ training courses for collectors. Additionally, the first 30 days after a collector is hired will be closely monitored prior to having them sign on for the year.	The Program will conduct individual evaluations for current collectors and continue to do so yearly. The collectors must sign a contract containing terms and conditions to continue providing services for the upcoming year.	The Board has recently terminated 2 collectors because their service did not warrant continued service.
17	<ul style="list-style-type: none"> Maintain updated files on group facilitators to ensure that they stay current with required licenses, certifications, and continuing education requirements. 	8-1-07 for policies and procedures 11-1-07 updated files checked and complete		Board staff will conduct yearly evaluations of group facilitators to check on these items.	
18	<ul style="list-style-type: none"> Formally evaluate collectors, group facilitators, and DEC members annually and take timely corrective action when these individuals do not fulfill their responsibilities. 	8-1-07 for policies and procedures 11-1-07 for all completed evaluations	The Program has already begun this process of evaluating the different parties.	The Program will conduct individual evaluations for all parties and continue to do so yearly.	The policies and procedures as drafted identify the roles and responsibilities of all parties. Each person will have to review the policies and procedures. Failure to comply with their responsibility will lead to termination of the party.

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19	To effectively oversee the diversion program, the medical board should require the program to create a reporting process that allows the medical board to view each critical component of the program. To the extent that the diversion program lacks the data required to report on the performance of critical components of the program, the medical board should require program management to develop mechanisms to efficiently acquire such data so that both the medical board and program management can provide effective oversight	7/07 modify the quarterly review document 11/07 new quarterly review document used to report to the board	The Diversion Committee will modify the quarterly review report to better serve the goal of overseeing the program at the July meeting.		Once these reporting requirements are identified the Program Administrator will work with staff and ISB staff to develop reports.
20	To ensure that it adequately oversees the diversion program, the medical board should have its diversion committee review, clarify where necessary, and approve all policy statements contained in the program's policy manual. Any informal policies that the program is operating under, but that are not in the policy manual, should be reviewed and approved by the diversion committee. Finally, the diversion committee should ensure that any policy directive it approves is added promptly to the manual.	8/1/2007	The policies and procedures manual will be reviewed by the Diversion Committee at the July committee meeting. Once it is approved, it will be put in final draft and provided to all parties.		Any future enhancements requested by the committee/board will be made to the policy manual prior to the next meeting. The Diversion Committee Chair and the Program Administrator will be responsible for follow-up at the next meeting. Board staff will ensure any action item is reflected in the board summary and new or revised policy added promptly to the manual.
21	The Medical Board should ensure that areas of program improvement recommended by the enforcement monitor are completed within the next six months. If necessary, the diversion committee should meet for longer than one hour each quarter until this is accomplished	11/30/2007	The Diversion Committee will be discussing any outstanding enforcement monitor recommendations at the July meeting. Two of the items have been forwarded to the Diversion Advisory Council for input and that input should be provided to the committee in July as well.		Some of the items may require regulatory of statutory changes. If so, the final process could take longer than 6 months.

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22	The medical board should direct the program administrator to delegate some of his day-to-day tasks so that he can refocus his efforts on program development. To the extent that delegation alone is not sufficient to accomplish this goal, the medical board should reconsider its decision to have two case manager supervisors, rather than one case manager supervisor and one supervisor of other program staff.	11/30/2007	The Board will review this item in 6 months to determine if the Program Administrator has delegated duties and whether the hiring of another case supervisor has assisted in the workload.		A BCP has been requested to hire a supervisor for the administrative staff that will be able to assist in the day-to-day tasks.