

California

Standards Established and Methods Used to Assure High Quality Care

Provider standards are set forth in the 512--series of program regulations. These set forth standards that must be met by every category of provider before participation in the program is permitted. In many instances the standards exceed licensing requirements. Compliance with these standards is verified by the Department's Licensing and Certification Section. Adherence to the standards implies at least a certain capacity for providing high quality care.

Further, the Department's Audits and Investigations Division is responsible for administering a program of review of the quality and adequacy of health care services provided by prepaid health plans. These "medical audits" of each prepaid health plan are conducted annually by teams that include a physician, dentist, and pharmacist. This Division also evaluates individual allegations of poor quality of care which are resolved generally on the basis of professional judgement.

The Medical Social Review activities relating to nursing home inpatients involves an assessment of the quality of care being provided in addition to evaluating the appropriateness of the level of care required by the program beneficiary.

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