

**RECIPIENTS:**

- Community Services Boards (CSBs),
- Behavioral Health Authorities (BHAs),
- Local Government Departments (LGDs) with Policy Advisory CSBs, and
- The Substance Abuse Council of the Virginia Association of Community Services Boards (VACSB).

**PURPOSE:**

The purpose of this Guidance Bulletin is to outline the OSAS Independent Peer Review (IPR) process and its related federal regulation(s).

**FEDERALLY MANDATED INDEPENDENT PEER REVIEW:**

The Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant regulations (*45 CFR 96.136*) require that:

- *For the fiscal year for which the grant is provided, the State will provide for independent peer review to assess the quality, appropriateness and efficacy of treatment services provided in the State to individuals under the program involved, and ensure that at least five percent of the entities providing services in the State under such program (subrecipient provider agencies) are reviewed;*

Independent peer reviewers shall be individuals with expertise in the field of alcohol and drug treatment, and shall represent the various disciplines utilized by the program under review. Reviewers may not review their own programs, nor programs in which they have administrative oversight. The independent peer review process may not be conducted as a part of the licensing/certification process.

The Department must provide for independent peer review with peer review personnel being separate from funding decision-makers. The process used to satisfy the requirement will be the least burdensome possible, while still addressing the intent of the regulation, which is to continuously improve treatment services to individuals with alcohol and other drug (AOD) use disorders within the State system.

**VIRGINIA'S INDEPENDENT PEER REVIEW (IPR) SYSTEM:**

The mission of the IPR system is to contribute to the efficacy of Virginia's alcohol and other drug (AOD) service delivery system through:

**OFFICE OF SUBSTANCE ABUSE SERVICES GUIDANCE BULLETIN NO. 2002-01:  
Requirements for Federally Mandated Independent Peer Review (10/07/02)**

**Page 2 of 2**

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- An organized process of assessment, by professional peers, of the quality and appropriateness of clinical and therapeutic practices employed in community-based treatment settings;
- The effective application of quality improvement opportunities, identified from the assessments, so as to continuously improve the quality, appropriateness, effectiveness and patient-centeredness of treatment services.

In accordance with the Federal regulations, for the purposes of the IPR system:

- *Quality* means the provision of services which, within the constraints of technology, resources and patient/client circumstances, will meet accepted standards and practices which will improve patient/client health and safety status in the context of recovery.
- *Appropriateness* means the provision of services consistent with the individual's identified clinical needs and level of functioning.

To fulfill the requirements of the Federal regulations, the Office of Substance Abuse Services (OSAS), with the assistance of the Substance Abuse Council of the Virginia Association of Community Services Boards (VACSB), is assembling the IPR Workgroup of the VACSB-SA Council.

- The role of OSAS will be to facilitate and support the IPR effort.
- The role of the workgroup will be to develop a structure and process to address the IPR requirement.

**CONTENT OF THE REVIEWS:**

The regulations require reviews of a representative sample of patient/client records to determine the quality and appropriateness of treatment services, while adhering to all Federal and State confidentiality requirements, including 42 CFR Part 2. The reviewers shall examine the following:

- Admission criteria/intake process;
- Assessments;
- Treatment planning, including appropriate referral, e.g., prenatal care and tuberculosis and HIV services;
- Discharge and continuing care planning; and
- Indications of treatment outcomes.

**REVIEW TEAM AND PROGRAM (CSB) RESPONSIBILITIES:**

- CSB management and clinical staff (approx. 6-8) will volunteer to be on the planning workgroup to develop consensus about the process and the standards;
- CSB management and clinical staff will volunteer to be reviewers (approx. 4-5 per visit); reviewers will provide written feedback to the review sites following the review visits.
- Two CSBs per year will volunteer to be review sites (CSBs cannot volunteer more than once every 5 years);
- Central Office will reimburse CSB volunteers who participate on the planning workgroup or who serve as reviewers (travel, lodging, per diem).