

SUD MEDICAL RECORD REVIEW SUMMARY

Program Name:		Reviewer:		COR:	
Legal Entity:		DMC Certification #		Contract #	
Billing Review Period:		to		# Records Reviewed:	0
Program Enrollment:				# Clients at Program:	

<p>1. Program has written P&Ps for the following (the approved Protocol may serve as the procedure manual):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">A. Program Integrity/Paid Claims Verification</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 10%;"></td> </tr> <tr> <td>B. Assessment</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>C. Internal QI/QM</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>D. Monitoring/Supervision of EBP</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>E. Monitoring/Supervision of ASAM</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>F. Providing translation services to clients whose preferred language is other than English; Limited English Proficiency posters in all 6 threshold languages are posted.</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>G. Admission and readmission criteria (DSM diagnosis, use of alcohol/drug of abuse, physical health status, documentation of social and psychological problems, ASAM LOC determination, and referral process for clients not meeting admission criteria)</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>H. Medical Director's P&Ps, including administering and/or dispensing methadone, buprenorphine, naloxone, and disulfiram</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>I. Medication monitoring (storage, machine calibration, medication destruction, bottle waste)</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>J. Collection of client body specimens, including assuring the reliability of specimen collection procedure; secure storage of specimens to avoid substitution; substances for which samples are to be analyzed; and usage of test results in client evaluation and treatment (9 CCR § 10310)</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>K. Medically determining a stable maintenance dosage level that: minimizes sedation; decreases withdrawal symptoms; and reduces potential for diversion of take-home medication</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>L. Courtesy Dosing</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>M. In the event of a client's hospitalization, including documentation of physician coordination efforts with the attending physician and the hospital to continue narcotic replacement therapy; and dates of hospitalization, reason(s), and circumstances (9 CCR § 10185)</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>N. 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Confidential QM Report
COSD DMC-ODS Plan
 Substance Use Disorder Opioid Treatment Services
 Fiscal Year 20-21

2.	Program is following written P&Ps	Yes		No	
3.	Grievance/Appeal information available to clients in all threshold languages and posted	Yes		No	
4.	Forms/self-addressed and postage paid envelopes for Grievance/Appeal are easily accessible to clients without need for asking.	Yes		No	
5.	Program rules, expectation, and regulations posted or provided	Yes		No	
6.	SanWITS data entry standards are met per Data Entry Standards Report	Yes		No	
7.	Program has their Notice of Privacy Practices posted in an area that is visible and accessible to all clients.	Yes		No	
8.	Does program staff have copies or electronic access to current version of the following manuals/guidelines?				
	A. SUDPOH	Yes		No	
	B. SUDURM	Yes		No	
	C. DHCS and BHS Billing Manuals	Yes		No	
	D. CalOMS Manuals	Yes		No	
Overall Result	QIP Required?	Recovery of Payment Rate	Overall Result: Percentage represents number of yes response(s) divided by the total number of yes and no response(s). N/A responses are not included.		
	#DIV/0!	#DIV/0!	Recovery of Payment Rate: The number of disallowed services divided by the total number of services reviewed. The recovery of payment rate does not include non-billable services or services that can be edited/corrected/claimed. Recovery of payments are based on the DMC-ODS Intergovernmental Agency Agreement (IA) Standards.		
Quality Improvement Plan (QIP) Requirements: Refer to the comments section at the bottom of each category for QM Reviewer feedback.					
1.	A QIP is required if the Overall Result is below 90% or if disallowance rate exceeds 5%. The QIP shall include the Billing Summary Form. A QIP may also be requested at the discretion of the QM Specialist for any significant deficiencies/trends identified in the review.				
2.	If the Overall Result is below 80%, a second SUD MRR will occur after a period of time (3 months) that program has been able to implement its quality improvement plan.				
3.	Any services listed on the Billing Summary Form shall be corrected on the Billing Summary Form and submitted to QM within 14 days of receipt of SUD MRR.				
4.	Quality Improvement Plans are due to the QM Unit within 14 days of the date program is notified of required QIP.				
Prior year SUD MRR Results and Quality Improvement Plan Comments:					
1.					
2.					
3.					
4.					
5.					
Commendable Efforts:					
1.					
2.					
3.					
4.					
5.					
Continuous Quality Improvement Recommendations:					
1.					
2.					
3.					
4.					
5.					

Confidential QM Report
 COSD DMC-ODS Plan
 Medical Record Review for
 Opioid Treatment SUD Services

REVIEW DATE:	1/0/1900	CHART NUMBER:		BILLING REVIEW PERIOD:	1/0/1900	TO	1/0/1900	
DMC CERTIFICATON #:	0	PROGRAM NAME:	0	UNIQUE CLIENT NUMBER:		ADMISSION DATE:		
LOC AT START OF REVIEW PERIOD:		LOC AT END OF REVIEW PERIOD:		# OF SERVICES REVIEWED:		DISCHARGE DATE:		
	INTAKE/ASSESSMENT				REFERENCE	Yes	No	N/A
1	Documentation of a medical evaluation by the MD or MD review and concurrence with a medical evaluation by the physician extender prior to admission to detox or maintenance treatment. At minimum, medical evaluation includes all required elements outlined in Title 9, Section 10270.				Title 9, Sec 10270			
2	A documented and substantiated diagnosis meets standards (MD/LPHA documents the basis for DSM-5 diagnosis, within 30 days of admission).				Title 22: DMC Substance Use Disorder Services. 51341.1, h, 1, A, v, a IA: DMC-ODS, Attachment I A2, III, PP, 11, i, a			
3	Prior to the development of the client's maintenance tx plan, documentation of completion by the primary counselor of a needs assessment which includes: <ul style="list-style-type: none"> • Summary of client's psychological and sociological background, including educational and vocational experience • Assessment of client's needs for: health care (as recorded in the overall impressions portion of the physical exam); employment; education; and psychosocial, vocational rehabilitation, economic, and legal services 				Title 9, Sec 10305			
4	Risk Assessment completed upon admit.				Minimum Quality Drug Standards for DMC/SABG			
5	ASI is completed within timelines (within 10 days of admission for residential, within 30 days of admission for outpatient).				Minimum Quality Drug Standards for DMC/SABG			
6	Assessment information includes all of the following: <ul style="list-style-type: none"> • Drug/alcohol use history • Medical history • Family history • Psychiatric/psychological history • Social/recreational history • Financial status/history • Educational history • Employment history • Criminal history • Legal status • Previous SUD treatment history. 				Minimum Quality Drug Standards for DMC/SABG			
	Intake/Assessment Comments:							
	CONSENTS/CONFIDENTIALITY				REFERENCE	Yes	No	N/A
7	Documentation of informed consent with client attestation to voluntary participation in program. Consent documentation evidences that client has read and understood the consent form, that program rules have been explained, and that the client has been given copies of the consent form and program rules.				Title 9, Sec 10290			
8	Notification prior to admission of a client that the program cannot provide replacement narcotic therapy to a client who is simultaneously receiving this therapy from another program.				Title 9, Sec 10210			
9	At the time of admission of a client who claims he/she is not currently receiving replacement narcotic therapy from another program and for whom initial test or analysis indicates the presence of methadone or its metabolite, and the client has not been hospitalized within the past 72 hours, pursuant to a signed ROI, the program documents contacting each narcotic treatment program within a 50 mile radius within 15 days of admitting the client to determine if the client is simultaneously receiving replacement narcotic therapy from another program. Documentation includes all required information per Title 9, Section 10215.				Title 9, Sec 10210, 10215			
	Consents/Confidentiality Comments:							

Confidential QM Report
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Medical Record Review for
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	HEALTH/MEDICAL	REFERENCE	Yes	No	N/A
10	Evidence that a test or analysis for illicit drug use has been performed at the time of admission and any other time deemed necessary by the attending physician for a client in detoxification treatment.	Title 9. Sec 10310			
11	Evidence that a test or analysis for illicit drug use has been performed at least monthly for a client in maintenance treatment.	Title 9. Sec 10310			
12	Client record contains information on program's response to drug testing which reveals absence of methadone/methadone metabolite or the presence of illicit drugs or abuse of other substances, including alcohol.	Title 9. Sec 10165			
13	For a pregnant client who repeatedly refuses prenatal services or referrals for prenatal care, there is documentation by the medical director in the client record of the repeated refusals and written acknowledgement by the client that she has refused the treatment services.	Title 9. Sec 10360			
14	For a pregnant client, documentation not later than 60 days following termination of the pregnancy that the program physician has evaluated and made a determination as to whether continuation of maintenance treatment is appropriate.	Title 9. Sec 10270			
	Health/Medical Comments:				
	MEDICATION	REFERENCE	Yes	No	N/A
15	Evidence that the initial dosage of a medication used in replacement narcotic therapy was administered or supervised by the program physician.	Title 9. Sec 10350			
16	Evidence that the initial dose for a new patient was observed, and that observation continued for a period of time prescribed by the medical director or program physician. If observation delegated to a staff member, the staff member documented the length of time the new client was observed and the outcome of the observation and notified the medical director/program physician immediately of any adverse effects. (Observation requirements do not apply if client was receiving replacement narcotic therapy from a different program the previous day.)	Title 9. Sec 10350			
17	Each change in the medication schedule and the reason for the deviation is recorded, signed, and dated by the medical director or program physician.	Title 9, Sec 10355			
18	If a daily dose of methadone is above 100 milligrams, there is justification for the dosage documented by the medical director or program physician in the client record.	Title 9. Sec 10355			
19	Documentation of review by the medical director or program physician of the client's dosage level at least every 3 months.	Title 9. Sec 10355			
20	If client has missed 3 or more consecutive doses of replacement narcotic therapy, a new medication order is documented from the medical director or program physician before continuation of treatment.	Title 9. Sec 10355			
21	For a client granted take-home medication privileges, documentation demonstrates that the medical director or program physician has determined the quantity of take-home medication dispensed to the client, and the program has instructed the client on the client's obligation to safeguard the take-home medication.	Title 9. Sec 10365			
22	The medical director's or program physician's rationale for determining the client to be responsible for handling self-administered take-home medication is documented in the client record to include consideration of all elements required in Title 9, Section 10370.	Title 9. Sec 10370			
23	For a client on Step I Level take-home medication schedule (up to 1-day supply), there is documentation that the client has 3 months of continuous maintenance treatment, and that the client is attending the program at least 6 times a week for observed ingestion.	Title 9. Sec 10375			
24	For a client on Step II Level take-home medication schedule (up to 2-day supply), there is documentation that the client has 6 months of continuous maintenance treatment, and that the client is attending the program at least 5 times a week for observed ingestion.	Title 9. Sec 10375			
25	For a client on Step III Level take-home medication schedule (up to 2-day supply), there is documentation that the client has 9 months of continuous maintenance treatment, and that the client is attending the program at least 4 times a week for observed ingestion.	Title 9. Sec 10375			
26	For a client on Step IV Level take-home medication schedule (up to 2-day supply), there is documentation that the client has 1 year of continuous maintenance treatment, and that the client is attending the program at least 3 times a week for observed ingestion.	Title 9. Sec 10375			
27	For a client on Step V Level take-home medication schedule (up to 3-day supply), there is documentation that the client has 2 years of continuous maintenance treatment, and that the client is attending the program at least 2 times a week for observed ingestion.	Title 9. Sec 10375			

Confidential QM Report
COSD DMC-ODS Plan
Medical Record Review for
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28	For a client on Step VI Level take-home medication schedule (up to 6-day supply), there is documentation that the client has 3 years of continuous maintenance treatment, and that the client is attending the program at least once a week for observed ingestion.	Title 9. Sec 10375			
29	For a program that closes operations during an official State holiday, provision of take-home medication to clients before the holiday meets the requirements of Title 9, Section 10380.	Title 9. Sec 10380			
30	Exceptions to take-home medication criteria and dosage schedules granted by the medical director or program physician are documented, including justification of the exception and determination that the client is responsible for handling narcotic medications, in accordance with Title 9, Section 10385.	Title 9. Sec 10385			
31	If a client's take-home medication privileges have been restricted by moving the client back at least one step level or revoked, the order from the medical director or program physician to restrict or revoke the client's take-home privileges is documented within 15 days of the date the program has obtained evidence of a reason for restriction or revocation of privileges as outlined in Title 9, Section 10390.	Title 9. Sec 10390			
Medication Comments:					
TREATMENT PLANNING		REFERENCE	Yes	No	N/A
32	An individualized treatment plan for a client in maintenance treatment is developed by the primary counselor within 28 calendar days after initiation of maintenance tx and includes goals to be achieved by client based on needs identified in the needs assessment, with estimated target dates for attainment in accordance with: short-term goals estimated to require ≤90 days; and long-term goals estimated to require >90 days to achieve.	Title 9. Sec 10305			
33	An individualized treatment plan for a client in maintenance treatment includes description of the type and frequency of counseling services to be provided to the client.	Title 9. Sec 10305			
34	An individualized treatment plan for a client in maintenance treatment includes effective date based on the day the primary counselor signed the initial tx plan.	Title 9. Sec 10305			
35	Evidence that the primary counselor has evaluated and updated the client's maintenance treatment plan whenever necessary and at least once every 3 months from the date of admission.	Title 9. Sec 10305			
36	The updated maintenance treatment plan includes a summary of the client's progress or lack of progress toward each goal identified on the previous tx plan.	Title 9. Sec 10305			
37	The updated maintenance treatment plan includes new goals and behavioral tasks for any newly identified needs, and related changes in the type and frequency of counseling services.	Title 9. Sec 10305			
38	The updated maintenance treatment plan includes the effective date based on the day the primary counselor signed the updated tx plan.	Title 9. Sec 10305			
39	The initial maintenance treatment plan, along with the corresponding needs assessment, and all updated maintenance tx plans have been reviewed and countersigned by the supervising counselor within 14 calendar days from the effective dates.	Title 9. Sec 10305			
40	The initial maintenance treatment plan, along with the corresponding needs assessment, and all updated maintenance tx plans have been reviewed and countersigned by the medical director within 14 calendar days from the effective dates to signify concurrence with findings.	Title 9. Sec 10305			
41	For a pregnant client, the treatment plan is updated within 14 days of confirmation of pregnancy.	Title 9, Sec 10360			
42	For a pregnant client, the updated treatment plan includes at least the following services: <ul style="list-style-type: none"> • Periodic face-to-face consultation at least monthly with the medical director or designated physician extender • Collection of client body specimens at least once a week • Prenatal instruction. 	Title 9, Sec 10360			
43	Within 14 calendar days from date of birth or termination of pregnancy, the treatment plan was updated by the primary counselor. Subsequent updated treatment plans include the nature of pediatric care and child immunizations until the child is at least 3 years old.	Title 9. Sec 10360			
Treatment Plan Comments:					

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	PROGRESS NOTES	REFERENCE	Yes	No	N/A
44	Client in maintenance treatment, upon completion of the initial tx plan, is receiving a minimum of 50 minutes of counseling services per calendar month at the program, unless the medical director has, by medical order, adjusted or waived the minimum number of minutes of counseling services per month, and the rationale for this adjustment is documented in client's tx plan.	Title 9, Sec 10345			
45	Documentation demonstrates that each counseling session is conducted by a staff member meeting minimum counselor qualifications (licensed, certified, or registered to obtain certification or licensure).	Title 9, Sec 10345			
46	Group sessions have a minimum of 2 clients and no more than 12 clients in attendance, and have a clear goal or purpose that is a common issue identified in the tx plans of all participating clients.	DHCS Informational Notice 15-012			
47	Documentation of counseling sessions is in client record within 14-days of service.	Title 9, Sec 10345			
48	Documentation of counseling sessions in client record includes the date of the counseling session.	Title 9, Sec 10345			
49	Documentation of counseling sessions in client record includes the type of counseling format (individual, group, or medical psychotherapy).	Title 9, Sec 10345			
50	Documentation of counseling sessions in client record includes the duration of the counseling session in 10-minute intervals, excluding documentation time.	Title 9, Sec 10345			
51	Documentation of counseling sessions in client record includes a summary of the session, including client progress toward one or more tx plan goals, response to drug screening specimen, new issues or problems affecting the client's tx, prenatal support provided by program or other health care provider, and/or goal of group session, subjects discussed, and summary of client participation.	Title 9, Sec 10345			
52	If program is aware that the client has been hospitalized, there is documentation of the program physician's coordination efforts with the attending physician and the hospital staff to continue the client's replacement narcotic therapy; and the date(s) of hospitalization, reason(s), and circumstances involved.	Title 9, Sec 10185			
53	If program determined client has multiple registrations (is simultaneously receiving replacement narcotic therapy from one or more other programs), program documented that it: conferred with the other program(s) to determine which program will accept sole responsibility for the client; revoked the client's take-home medication privileges; and notified DHCS NTP Licensing Branch by phone within 72 hours of the determination.	Title 9, Sec 10225			
54	If not accepting sole responsibility for a client determined to have multiple registrations for continued services, program immediately discharged the client, documented the reason for discharge, and provided to the responsible program within 72 hours of discharge, documentation (letter or discharge summary) of the discharge.	Title 9, Sec 10225			
55	Progress notes include the correct service code, date of service, service time, documentation time, and travel time (if applicable) including start and end times, and signatures with title/degree/credentials, printed name, and date within required timelines.	IA, Exhibit A, Attachment I: III, PP, 17			
56	Time billed is equal to time documented and substantiated in documentation.	IA, Exhibit A, Attachment I: III, BB, 2, i			
	Progress Notes Comments:				
	CONTINUING SERVICES JUSTIFICATION	REFERENCE	Yes	No	N/A
57	For a client continued on maintenance treatment beyond 2 years, there is documentation of the circumstances justifying such continued treatment.	Title 9, Sec 10165			
58	There is evidence that the MD/program physician or LPHA has re-evaluated the client's medical necessity qualification at least annually through the reauthorization process to determine that the OTP services are still clinically appropriate.	COSD Standard			
59	There is documentation that the client's status relative to continued maintenance treatment is reevaluated at least annually after two continuous years of maintenance treatment. Documentation shall include justification from the medical director or program physician of the decision to continue the client's maintenance treatment based on: <ul style="list-style-type: none"> •Evaluating the client's progress or lack of progress in achieving treatment goals •Determining that discontinuance from treatment would lead to a return to opiate addiction. 	Title 9, Sec 10410			

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	Continuing Services Justification Comments:				
	DISCHARGE	REFERENCE	Yes	No	N/A
60	For a client who has completed/terminated from the program, there is a discharge summary and follow-up notations to allow determination of success or failure of treatment.	Title 9, Sec 10165			
61	A discharge summary is completed for each client who was terminated, either voluntarily or involuntarily.	Title 9, Sec 10415			
62	If the program uses involuntary termination for cause, there is evidence the client was given notification of termination.	Title 9, Sec 10415			
63	If the program uses involuntary termination for cause, there is evidence the client was given information on the client's right to a hearing.	Title 9, Sec 10415			
64	Evidence that termination, either voluntary or involuntary, is individualized under the direction of the medical director or program physician and takes place over a period of not less than 15 days unless: <ul style="list-style-type: none"> • Medical director or program physician deems it clinically necessary to terminate participation sooner and documents the reason in the client record • Client requests a shorter termination period in writing, or • Client is currently within a 21-day detoxification treatment episode. 	Title 9, Sec 10415			
	Discharge Comments:				