CONFIDENTIAL QM REPORT

COSD DMC-ODS Plan

Technical Assistance Review - Residential SUD Services

RESIDENTIAL TA SUMMARY

Program Name:		**Reviewer:**		**COR:**	
Legal Entity:		**DMC Certification #**		**Contract #**	
Billing Review Period:	to	**Review Date:**		**Program Enrollment:**	
Risk Level:		**# Charts Reviewed:**		**Next Review Date (estimate):**	
Overall Rating:		**Disallowance Rate:**	#DIV/0!	**Billing Corrections Due Date:**	
Comments:					

	Results By Question	Compliance Rate
ASSESSMENTS/CONSENTS		
1	Initial LOC Assessment completed with all signatures upon intake (within 24 hours).	
2	Initial LOC Assessment completed by SUD counselor, documentation of face to face visit with LPHA or MD in chart.	
3	Perinatal services claimed provided in a certified/contracted perinatal program.	
4	For perinatal services claimed documentation exists of the beneficiary's pregnancy and last day of pregnancy	
5	DDN completed within timelines (10 days from admission)	
6	MD/LPHA substantiate the basis of the SUD diagnosis sufficiently.	
7	Is the initial Optum authorization present with SanWITS confirmation sheet?	
8	Is the continuing Optum authorization present with SanWITS confirmation sheet?	
TREATMENT PLAN		
9	Initial treatment plan completed within timelines (10 days from admission with MD/LPHA signature) Note: MD/LPHA must include signature adjacent legibly printed/typed name and date.	
10	Updated treatment plans completed within timelines. (30 days from previous treatment plan with MD or LPHA signature). Note: MD/LPHA must include signature with adjacent, legibly printed/typed name/date.	
11	Documentation of client participation/agreement with treatment plan or written documentation of client's refusal or unavailability to sign (if client refused to sign, there is documentation of the reason for refusal and provider's strategy to engage the client to participate in treatment).	
12	All treatment plans meet requirements (individualized based on assessment, include problem statement, goals, action steps, target dates, description of services: type and frequency of intervention, assignment of primary counselor, diagnosis, and physical examination goals, if not met by other physical exam option).	
13	Documentation that physical exam requirements were met.	

14	ASAM LOC Recommendation completed with all signatures with each treatment plan (10 days from date of admission with Initial Treatment Plan). Note: completed in conjunction with not after tx plan.	
15	If ASAM LOC Recommendation completed by SUD counselor, documentation of face to face visit with LPHA or MD in chart.	
PROGRESS NOTES		
16	There is a progress note for each service claimed. (Residential minimum requirement is a weekly progress note, except CM which requires a separate note).	
17	Progress notes signed by the registered/certified SUD counselor or LPHA (adjacent printed/typed name, signature, and date) who provided the service, within 7 days of service.	
18	Service rendered by provider operating within his/her scope of practice	
19	Required elements included. (Client name, topic of the session or purpose of service, individualized, describes client's progress on treatment plan, date of service, start/end times of service, type of service, identified if provided in person, by telephone, in the community (requires documentation of how client confidentiality was maintained).	
20	Progress note narrative documents utilization of Evidence Based Practice within treatment session/group with client.	
21	Residential - each day meets required one hour of clinical or supplemental activity.	
GROUP COUNSELING		
22	Sign-in sheet contains all of the following: Adjacent printed/typed name, signature, date (must match date of session) of registered/certified/LPHA conducting the session, date of session, topic of session, start/end time of session, typed or legibly printed list of client names with signature of each client attended.	
23	Group meets size limitation requirements (Residential - 2 to 12, except patient education).	
DISCHARGE		
24	Discharge plan completed by a registered/certified/LPHA with adjacent printed/typed name, signature, and developed with client within thirty (30) days prior to anticipated discharge date.	
25	Discharge summary completed no later than thirty (30) calendar days after last face to face or telephone contact with the client.	
26	Client discharged with referral/linkage if planned discharge.	

Confidential QM Report

COSD DMC-ODS Plan

Technical Assistance Review for Residential SUD Services

REVIEW DATE:	1/0/1900	**CHART NUMBER:**	1	**BILING REVIEW PERIOD:**	1/0/1900	**TO**	1/0/1900
DMC CERTIFICATION #:	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:**	

	ASSESSMENTS/CONSENTS	REFERENCE	Yes	No	N/A
1	Initial LOC Assessment completed with all signatures upon intake (within 24 hours).	AOD Certification Standards: 7010			
2	Initial LOC Assessment completed by SUD counselor, documentation of face to face visit with LPHA or MD in chart.	IA: DMC-ODS, Attachment I, III, B, 2, ii			
3	Perinatal services claimed provided in a certified/contracted perinatal program.	Title 22 51341.1, g, 1, A, iii			
4	For perinatal services claimed documentation exists of the beneficiary's pregnancy and last day of pregnancy	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 2, iii			
5	DDN completed within timelines (10 days from admission)	Title 22: Drug Medi-Cal Substance Use Disorder Services. 51341.1, h, 1, A, v, a IA: DMC-ODS, Attachment I, III, PP, 10, i, a. Minimum Quality Drug Standards for DMC/SABG			
6	MD/LPHA substantiate the basis of the SUD diagnosis sufficiently.	Title 22: Drug Medi-Cal Substance Use Disorder Services. 51341.1, h, 1, A, v, a IA: DMC-ODS, Attachment I, III, PP, 10, i, a. Minimum Quality Drug Standards for DMC/SABG			
7	Is the initial Optum authorization present with SanWITS confirmation sheet?	IA, Exhibit A, Attachment I: III, H, 1, i			
8	Is the continuing Optum authorization present with SanWITS confirmation sheet?	IA, Exhibit A, Attachment I: III, H, 1, i			
	TREATMENT PLAN	**REFERENCE**	**Yes**	**No**	**N/A**
9	Initial treatment plan completed within timelines (10 days from admission with MD/LPHA signature) Note: MD/LPHA must include signature adjacent legibly printed/typed name and date.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, b, I; Title 22 51341.1, h, 2, A, I, a-I; Minimum Quality Drug Standards for DMC/SABG			
10	Updated treatment plans completed within timelines. (30 days from previous treatment plan with MD or LPHA signature). Note: MD/LPHA must include signature with adjacent, legibly printed/typed name/date.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, ii, a			
11	Documentation of client participation/agreement with treatment plan or written documentation of client's refusal or unavailability to sign (if client refused to sign, there is documentation of the reason for refusal and provider's strategy to engage the client to participate in treatment).	IA Exhibit A, Attachment I A1, 12, I, b, ii, 1			
12	All treatment plans meet requirements (individualized based on assessment, include problem statement, goals, action steps, target dates, description of services: type and frequency of intervention, assignment of primary counselor, diagnosis, and physical examination goals, if not met by other physical exam option).	IA: DMC-ODS, Attachment I, II, B, 2, ix. IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, a, i, 3; Minimum Quality Drug Standards for DMC/SABG IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, a, i, 5, 8			
13	Documentation that physical exam requirements were met.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, a, i, 8			
14	ASAM LOC Recommendation completed with all signatures with each treatment plan (10 days from date of admission with Initial Treatment Plan). Note: completed in conjunction with not after tx plan.	COSD Standard			
15	If ASAM LOC Recommendation completed by SUD counselor, documentation of face to face visit with LPHA or MD in chart.	IA, Exhibit A, Attachment I:III, PP, 16, COSD Standard			
	PROGRESS NOTES	**REFERENCE**	**Yes**	**No**	**N/A**
16	There is a progress note for each service claimed. (Residential minimum requirement is a weekly progress note, except CM which requires a separate note).	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 14, I, a, i			
17	Progress notes signed by the registered/certified SUD counselor or LPHA (adjacent printed/typed name, signature, and date) who provided the service, within 7 days of service.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 14, I, a, i			

18	Service rendered by provider operating within his/her scope of practice	IA, Exhibit A, Attachment I: III, A, 1, i, a			
19	Required elements included. (Client name, topic of the session or purpose of service, individualized, describes client's progress on treatment plan, date of service, start/end times of service, type of service, identified if provided in person, by telephone, in the community (requires documentation of how client confidentiality was maintained).	IA, Exhibit A, Attachment I: III, PP, 17			
20	Progress note narrative documents utilization of Evidence Based Practice within treatment session/group with client.	IA, Exhibit A, Attachment I: III, AA, iii			
21	Residential - each day meets required one hour of clinical or supplemental activity.	IA. Exhibit A, Attachment I: IV, A, 100			
	GROUP COUNSELING	**REFERENCE**	**Yes**	**No**	**N/A**
22	Sign-in sheet contains all of the following: Adjacent printed/typed name, signature, date (must match date of session) of registered/certified/LPHA conducting the session, date of session, topic of session, start/end time of session, typed or legibly printed list of client names with signature of each client attended.	IA, Exhibit A, Attachment I: III, PP, 13			
23	Group meets size limitation requirements (Residential - 2 to 12, except patient education).	IA, Exhibit A, Attachment I: IV, A, 42			
	DISCHARGE	**REFERENCE**	**Yes**	**No**	**N/A**
24	Discharge plan completed by a registered/certified/LPHA with adjacent printed/typed name, signature, and developed with client within thirty (30) days prior to anticipated discharge date.	IA, Exhibit A, Attachment I: III, PP, 16			
25	Discharge summary completed no later than thirty (30) calendar days after last face to face or telephone contact with the client.	IA, Exhibit A, Attachment I: III, PP, 16			
26	Client discharged with referral/linkage if planned discharge.	IA, Exhibit A, Attachment I: III, PP, 15			
	COMMENTS				