

SUD MEDICAL RECORD REVIEW SUMMARY

Program Name:		Reviewer:		COR:	
Legal Entity:		DMC Certification #		Contract #	
Billing Review Period:		Review Dates:		# Records Reviewed:	0
Program Enrollments:		# Rendering Staff:		# of Services (in SanWITS):	
1. Program has written P&Ps for the following:				Comments:	
A. Program Integrity/Paid Claims Verification	Yes	No			
B. Assessment	Yes	No			
C. Internal QI/QM	Yes	No			
D. Monitoring/Supervision of EBP	Yes	No			
E. Monitoring/Supervision of ASAM	Yes	No			
F. Medication monitoring (storage, self-administration)	Yes	No			
G. Medical Director's P&Ps	Yes	No			
H. Relapse Plan	Yes	No			
I. 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 client's not meeting admission criteria)	Yes	No			
J. Providing translation services to client's whose preferred language is other than English; Limited English Proficiency posters in all 6 threshold languages are posted.	Yes	No			
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. Program has their Notice of Privacy Practices posted in an area that is visible and accessible to all clients.	Yes	No			
7. Do all program staff have knowledge about or know where to find copies or electronic access to the current version of following?					
A. SUDPOH	Yes	No			
B. SUDURM	Yes	No			
C. DHCS and BHS Billing Manuals	Yes	No			
D. DHCS AOD Certification Standards	Yes	No			
E. CalOMS Manuals	Yes	No			
F. Community Resource List for clients	Yes	No			

Confidential QA Report
COSD DMC-ODS Plan
 Substance Use Disorder Outpatient/Residential/WM Services
 Fiscal Year 22-23

Overall Result	QIP, FR, CAN 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) & Focus Review (FR) Requirements: Refer to the comments section at the bottom of each category for QM Reviewer feedback.			
<p>A QIP is required if the overall score is less than 90% or disallowance rate is over 5%. Quality Improvement Plans are due to QM within 14 days of the date program is notified of required QIP. A follow-up on the QIP is due within 4 months to ensure implementation. NOTE: A QIP may also be requested at the discretion of QM for any significant deficiencies/trends identified in the review.</p> <ol style="list-style-type: none"> A Focus Review is required in addition to the QIP if the disallowance rate is 20% to 49%. A Corrective Action Notice (CAN) may be required by your COR in addition to the QIP if the disallowance rate is equal to or greater than 50%. Billing corrective action (disallowance or correction if allowed) for all services listed on the Billing Summary Form shall be complete and status reflected on the Billing Summary Form, then submitted to QM within 14 days of receipt of SUD MRR. 			
Prior year SUD MRR Results and Quality Improvement Plan Comments:			
<ol style="list-style-type: none"> 			
Commendable Efforts:			
<ol style="list-style-type: none"> 			
Continuous Quality Improvement Recommendations:			
<ol style="list-style-type: none"> 			
Quality of Care:			
<ol style="list-style-type: none"> 			

Confidential QA Report
COSD DMC-ODS Plan
Medical Record Review for
SUD Outpatient/Residential/WM 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		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	Client name and SanWITS ID number located in client chart.			IA DMC-ODS Exhibit A, Attachment I, III, PP, 9, i, b, c i, ii; COSD Standard			
2	Client records contain current client demographic information.			IA: DMC-ODS Exhibit A, Attachment I, III, PP, 10, i, a-c, i-ii			
3	OS: Adult ASAM Criteria Assessment (AACA) for adults to be completed with all signatures within 30 calendar days (date of admit + 29) or 60 days (date of admit + 59) if unhoused, and updated as clinically indicated. For those under 21, adolescent Initial Level of Care Assessment completed with all signatures within 60 calendar days (date of admit + 59) RES: Must be completed within 10 days of admit (day of admit +9) WM: Brief Screening within 24 hours of admit RS: TEA or AACA is completed within 30 days of program enrollment date or 60 days if under 21 or experiencing homelessness)			BHIN-21-075			
4	If the Adult - ASAM Criteria Assessment or Adolescent Initial Level of Care is completed by a SUD counselor, then the LPHA shall evaluate the assessment with the counselor and the LPHA shall make the initial diagnosis. The consultation between the LPHA and the SUD counselor may be conducted in person, by video conferencing, or by telephone.			Boilerplate IA, page 83			
5	The Adult ASAM Criteria Assessment or Adolescent Initial Level of Care includes a narrative section that documents the basis for the DSM-5 diagnosis and meets standards (LPHA legibly printed name, adjacent signatures and date).			BHIN-21-071 BHIN-21-075 BHIN-22-019			
6	Risk Assessment and Safety Management Plan (or HRA for admits prior to 8/1/19) completed upon admit.			COSD Standard			
7	Youth: YAI is completed within 30 days of admission for outpatient.			IA: DMC-ODS Exhibit A, Attachment I A1, V, B, 2, ii, f, ii; COSD Standard			
8	Assessments (Adult ASAM Criteria Assessment/Adolescent Initial Level of Care Assessment, Risk Assessment, DHCS-5103 Health Questionnaire, YAI, CalOMS, etc.) shall include the following: 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, and previous SUD treatment history. (Quality of Care)			IA: DMC-ODS Exhibit A, Attachment I, III, PP, 8, I, a, i-x; Minimum Quality Drug Standards for DMC/SABG			
Intake/Assessment Comments:							
CONSENTS/CONFIDENTIALITY				REFERENCE	Yes	No	N/A
9	Consent for treatment signed and dated prior to treatment services being provided.			Minimum Quality Drug Standards for DMC/SAGB pg. 3 section 1 b in Admission/Readmission			
10	Client Personal Rights and Complaint Information for AOD Certified/Licensed Programs signed with all required signatures and dated.			IA, DMC-ODS, Exhibit A, Attachment I, A1, II, D, 1, ii AOD Certification Standards: 12010, 16000			
11	Written summary of Federal Confidentiality Requirements per 42 CFR, present in chart, with all required signatures and dated.			IA: DMC-ODS, Exhibit A, Attachment I, A1, B, 2, i, AOD Certification Standards, 16000			
12	Notice of Privacy Practices/HIPAA signed with all required signatures and dated.			IA: DMC-ODS Exhibit A, Attachment I, III, Y, 8 45 CFR section 164.520			
13	ROIs (Release of Information) that are 42 CFR compliant are present in the chart for communication with the client's PCP, other treatment providers and collateral contacts. If a client refuses to sign a ROI, this must be documented in the chart. There must be documentation of attempts to coordinate care with the other treatment providers and collateral contacts within 30 days of admission and as needed throughout treatment.			AOD Certification Standards: 12020			
14	Acknowledgement of DMC-ODS Beneficiary Handbook and Provider Directory signed and dated.			IA: DMC-ODS Exhibit A, Attachment I AI, II, B, 2, xvii, b			
15	SUD Program Checklist form is completed and signed upon admission.			COSD Standard			
Consents/Confidentiality Comments:							

Confidential QA Report
COSD DMC-ODS Plan
Medical Record Review for
SUD Outpatient/Residential/WM Services

	HEALTH/MEDICAL	REFERENCE	Yes	No	N/A
16	For perinatal programs, pregnant and postpartum client chart documentation substantiates pregnancy and last day of pregnancy.	IA: DMC-ODS Exhibit A, Attachment 1, III, PP, 2, iii Title 22: 51341.1.g, 1, A, iii			
17	For pregnant and parenting clients, documentation substantiates primary medical care, including referral for prenatal care, has been provided for/arranged.	IA: DMC-ODS Exhibit A, Attachment 1, III, PP, 2, ii, b Title 22: 51341.1 DHCS Perinatal Practice Guidelines			
18	There is documentation that the physician has reviewed the physical examination results, with typed or legibly printed name, signature and date (signature adjacent to typed or legibly printed name).	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 11, iii; Boilerplate IA			
19	If drug screening is performed, the results are documented in the client's record.	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 7, viii (b); Minimum Quality Drug Standards for DMC/SABG			
20	The TB Screening Questionnaire is completed as required upon admission.	COSD Standard			
21	DHCS-5103 Health Questionnaire is completed upon admission as required and signed by the client and reviewing staff.	AOD Certification Standards: 7020			
22	If applicable, centrally stored medication and destruction record is completed per SUDPOH standards.	COSD Standard			
23	WM: If IMS certified, DHCS Form 4026 (Incidental Medical Services Certification) is completed within timelines.	MHSUDS IN #18-031			
24	WM: If prescribed and/or OTC medications were self-administered during the episode, monitoring (including times taken) are logged.	COSD Standard			
25	WM: WM observation log is completed as required per the SUDPOH WM standards.	COSD Standard			
	Health/Medical Comments:				
	TREATMENT / PROBLEM LIST	REFERENCE	Yes	No	N/A
26	Problem List completed upon admission by SUD Counselor (Z55-65) or LPHA/MD (Z03.89, DSM-5 diagnoses).	BHIN-22-019			
27	Problem List updated upon completion of Adult ASAM Criteria Assessment (ACA)/Adolescent Initial Level of Care Assessment to reflect substantiated DSM-5 diagnosis(es), if applicable. Problem List is updated on an ongoing basis within a reasonable to reflect the current presentation of the client and when there is a relevant change to the client's condition. For WM, Problem list is due within 72 hours of admit.	BHIN-22-019			
28	Problem List includes the client's SUD DSM-5 diagnosis(es) and/or Z codes as documented on the Adult ASAM Criteria Assessment (ACA)/Adolescent Initial Level of Care Assessment.	BHIN-22-019			
29	Problem List includes the name and title of the provider (operating within their scope of practice) that identified, added, or removed the problem, and the date the problem was identified, added, or removed.	BHIN-22-019			
30	If tobacco use is identified in assessment, tobacco use is included as a problem on the Problem List.	BHIN-AB-541			
	Treatment / Problem List Comments:				

Confidential QA Report
COSD DMC-ODS Plan
Medical Record Review for
SUD Outpatient/Residential/WM Services

	PROGRESS NOTES	REFERENCE	Yes	No	N/A
31	Progress notes document the language of service provided (if other than English).	COSD Standard			
32	OS, CM, Peer: For each service claimed, the LPHA, counselor, or peer who conducted the service completed a progress note with adjacent typed/legibly printed name, signature and date within 3 business days (day of service + 2 business days), with exception to crisis services which are due in 24 hours. RES: The LPHA or counselor documented at a minimum one daily progress note per day that is completed within 3 days (date of service + 2 days) with the LPHA or counselors typed or legibly printed name adjacent to their signature and signature date. WM: A daily progress note or observation log is required.	BHIN-22-019			
33	Progress note contains all required elements (type of service rendered; a narrative describing the service, including how the service addressed the client's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors); the date that the service was provided, duration of the service, including travel and documentation time; location of the client at the time of receiving the service; a typed or legibly printed name, signature of the service provider and date of signature; next steps including, but not limited to, planned action steps, collaboration with the client, collaboration with other provider(s) and any update to the problem list as appropriate. RES: The daily note narrative summarizes the services provided in the day with at least one service documented.	BHIN-22-019			
34	If a service is provided via telehealth/telephone, progress note indicates the provider confirmed consent for the telehealth or telephone service, in writing or verbally, at least once prior to initiating applicable healthcare services via telehealth to client.	BHIN 22-019			
35	Time billed is equal to time documented and substantiated in documentation.	IA, Exhibit A, Attachment I: III, BB, 2, i			
36	Services are rendered by provider operating within their scope of practice	IA, Exhibit A, Attachment I: III, A, 1, i a			
37	Progress note narrative for clinical services reflects utilization of Evidence Based Practices of Motivational Interviewing (MI) or Relapse Planning (RP) within the treatment session or group with client.	IA, Exhibit A, Attachment I: III, AA,3, iii, a, and c			
38	If services were provided in the community, progress notes document the location and how the provider ensured confidentiality.	IA, Exhibit A, Attachment I: III, PP, 14, i			
39	Progress notes reflect clinical contact as appropriate for determined ASAM level of care (less than 9 hours a week for adult OS/6 hours a week for adolescent OS; between 9-19 hours a week for adult IOS/6-19 hours a week for adolescent IOS).	IA, Exhibit A, Attachment I: III, O, 1, and P, 1			
40	All clinical and patient education groups meet size standard (2 - 12 participants), exception for patient education groups in residential treatment which may be more than 12 participants.	IA, Exhibit A, Attachment I: IV, A, 45			
41	There is a participant list for each group service provided to the client.	BHIN 22-019			
42	There is an identified Care Coordinator (LPHA) documented within the client record. For those clients enrolled in multiple programs, there is documented coordination of care to establish the Care Coordinator.	BHIN 21-075			
43	There are documented care coordination activities within the review period.	BHIN 21-075			
44	Progress notes document when a problem identified during a service encounter (e.g., crisis intervention) is addressed by the service provider (within their scope of practice) during that service encounter, and subsequently added to the problem list.	BHIN 22-019			
45	If peer support services are rendered, there is a plan of care approved by a Behavioral Health Professional that includes specific individualized goals.	BHIN-22-026			
46	If Tobacco Use Disorder is identified in the Adult ASAM Criteria Assessment (AACCA)/Adolescent Initial Level of Care Assessment, there is documentation the program: a) provided information to the client on how continued use of tobacco products (clearly identified whether it is cigarette or vaping) could affect their long-term success in recovery from substance use disorder; and b) offered either treatment, if capable, or a referral for treatment for Tobacco Use Disorder.	BHIN AB-541			
47	If progress note documents a group service, in addition to the abovementioned required elements, the following must also be included: total number of group participants; the number of staff facilitators, their specific involvement, and the specific amount of time of involvement of each facilitator (including documentation time).	BHIN 22-019			
	Progress Notes Comments:				

Confidential QA Report
COSD DMC-ODS Plan
Medical Record Review for
SUD Outpatient/Residential/WM Services

DISCHARGE		REFERENCE	Yes	No	N/A
48	LPHA or counselor completed a discharge plan for each planned discharge within 30 calendar days prior to the last scheduled treatment service with client and is signed by the LPHA or counselor and client on the client's last face to face day of treatment.	IA, Exhibit A, Attachment I: III, PP, 16, ii, b			
49	There is documentation of care coordination/warm hand off at discharge to another level of care or recovery services.	COSD Standard			
50	Discharge plan includes:				
	Description of client's triggers	IA, Exhibit A, Attachment I: III, PP, 16, ii, a, i			
	A plan to avoid relapse when confronted with these triggers	IA, Exhibit A, Attachment I: III, PP, 16, ii, a, ii			
	A support plan	IA, Exhibit A, Attachment I: III, PP, 16, ii, a, iii			
51	Documentation indicates the client was given a copy of the discharge plan.	IA, Exhibit A, Attachment I: III, PP, 16, ii, c; Minimum Quality Drug Standards for DMC/SABG			
52	Discharge is supported by an updated Adult ASAM Criteria Assessment (AACA) or Adolescent LOC within 10 business days of discharge there is documentation of this LOC change beginning within 10 business days of discharge. For WM, a brief LOC screening form is completed.	IA, Exhibit A, Attachment I: III, PP, 16, ii, b, i			
53	LPHA or counselor completed a discharge summary for each client within 30 calendar days of the date of the last face-to-face or telephone contact with the client.	IA, Exhibit A, Attachment I: III, PP, 16, iii, a			
54	Discharge summaries include all of the following: The duration of the client's treatment as determined by the dates of admission to and discharge from treatment, the reason for discharge, a narrative summary of the treatment episode, the client's prognosis, and client was provided with NOABD within proper timelines of discharge and NOABD is documented in SanWITS (MISC NOTE) or logged in another location; all NOABD information was documented.	IA, Exhibit A, Attachment I: III, PP, 16, iii, b, i			
Discharge Comments:					
FINANCIAL/BILLING		REFERENCE	Yes	No	N/A
55	Financial Responsibility and Information form is completed.	COSD Standard; Minimum Quality Drug Standards for DMC/SABG			
56	Initial and monthly DMC eligibility is documented in the chart.	IA, Exhibit A, Attachment I: III, BB, 2, ii			
57	Residential authorizations are present in the chart and completed within required timelines.	IA Exhibit A, Attachment I A1, III, PP, 10, ii, I; COSD Standard			
58	All residential bed day claims meet required level of service activity. (Minimum: one service per day)	IA, Exhibit A, Attachment I: IV, A, 100			
Financial/Billing Comments:					