

CLIENT TRACKING FORM

OS IOS Recovery Services

Client Name: _____ Client ID: _____ Admit Date: _____ Date DMC Eligibility Began: _____

Service Date	Service Type & CO	Date Entered	Total Mins	Funding Source* (see key)	Service Date	Service Type & CO	Date Entered	Total Mins	Funding Source* (see key)	Service Date	Service Type & CO	Date Entered	Total Mins	Funding Source* (see key)
1.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	16.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	31.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
2.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	17.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	32.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
3.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	18.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	33.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
4.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	19.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	34.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
5.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	20.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	35.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
6.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	21.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	36.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
7.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	22.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	37.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
8.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	23.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	38.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
9.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	24.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	39.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
10.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	25.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	40.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
11.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	26.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	41.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
12.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	27.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	42.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
13.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	28.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	43.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
14.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	29.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	44.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
15.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	30.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	45.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>

Review Date: _____ _____ _____	<p style="text-align: center;">QAR Determination</p> <input type="checkbox"/> Client file in full compliance <input type="checkbox"/> Corrective Action Required <input type="checkbox"/> Please note denials were noted on QAR Tool Billing Summary	<p style="text-align: center;">Funding Source* Key: DMC = Drug Medi-Cal CB = County-Billable NB = Non-Billable</p> For any services marked County or Non-Billable, explain on page 2.
QA Reviewer Printed Name	QA Reviewer Signature	

Comments:

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Please explain reason why service is County-Billable or Non-Billable in corresponding number below.

1.	16.	31.
2.	17.	32.
3.	18.	33.
4.	19.	34.
5.	20.	35.
6.	21.	36.
7.	22.	37.
8.	23.	38.
9.	24.	39.
10.	25.	40.
11.	26.	41.
12.	27.	42.
13.	28.	43.
14.	29.	44.
15.	30.	45.