

**Quality Assurance Review Worksheet**  
**INITIAL REVIEW**

**REQUIRED FORM:**

This form is a required document in client file for **Outpatient** Drug Medi-Cal providers only.

**WHEN:**

At least 90% of Drug Medi-Cal client files will be reviewed at QAR (Quality Assurance Review). These client files will be taken to the QAR for an Initial Review within sixty days from admit.

**COMPLETED BY:**

Authorized agency representative will complete top section of this form. QA Reviewer attending the QAR will review the file and complete remaining sections of this form.

**REQUIRED ELEMENTS:**

The top part of all QAR forms should be completed by staff prior to QAR.

- **Program:** Complete the name of program.
- **Admission Date:** Complete client's date of admission.
- **DMC Eligible Date:** Complete the date client's Drug Medi-Cal billing started.
- **Date of Review:** Complete the date file will be reviewed at QAR.
- **OS/IOS/Recovery Services:** Check appropriate treatment modality.
- **Check the appropriate type of quality assurance review:** Initial Review, Re-admission or D/C, or Transfer out.
- **Client File#:** Complete the program's internal file number for client as determined by agency guidelines.
- **State I.D.:** Enter the appropriate State ID number.
- **Primary Counselor's Name:** Complete primary counselor's name responsible for file.

**NOTES:**

The file will be reviewed at QAR and the remainder of form will be completed by the QAR reviewer.