

Quality Assurance Review Worksheet
EXTENSION/STAY/DISCHARGE REVIEW

REQUIRED FORM:

This form is a required document in the 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 Extension Review (ninety days from Initial Review), Stay Review (six months from admit date), and/or at discharge (sixty days from client's discharge).

COMPLETED BY:

Authorized agency representative will complete top section of this form. The 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 Billing began date:** Complete the date client's Drug Medi-Cal billing started.
- **Date of Review:** Complete the date file will be reviewed at QAR.
- **Date of Last Review:** Complete the last date the file was reviewed at QAR.
- **Date MD signed last Stay Review:** Complete the date the Medical Director signed last Stay Review.
- **Stay Review Due Date:** Complete the date the Stay Review is due for completion.
- **OS/IOS/Recovery Services:** Check appropriate treatment modality.
- **Check the appropriate type of QAR review:** Extension Review, Stay Review, D/C or Transfer out, or Last Corrective Action complete.
- **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.