

# ACBH SUD Brief Medical Necessity CQRT Tool (OS/IOS/RSS)

Client Name:	Program Name:	EOD:
InSyst/PSP #:	SUD ASAM LOC: OS / IOS / RSS (circle)	

CATEGORY	Time completing CQRT tasks is not claimable								QA Initials
	Primary Counselor Review Records and Prepare Form for CQRT				LPHA CQRT Review				
	Yes	No	N/A	Comment/Action	Yes	No	N/A	Comments/Action	
<b>Green background</b> = Initial Only <b>Blue background</b> = Update Only <b>Eligibility</b> (describe): Alameda Medi-Cal, Out Of County Medi-Cal, Commercial, No Insurance (indicate if no eligibility to commercial or Medi-Cal--ie undocumented) and RU # requested for # days and plan. (e.g. None, RU 12345 for 60 days while applies for Medi-Cal)									
<b>MEDICAL NECESSITY [For Initial Medical Necessity (IMS) &amp; Continuing Service Justification (CSJ) review]</b>									
5. Medical Necessity timeframe met: Medical Necessity-30 days, Continuing Services Justification-between 5-6mos (from Episode Opening Date or last Continuing Services Justification)									
6. SUD diagnoses for treatment are on <b>ACBH SUD DMC Included Diagnosis</b> list									
7. Compliant documentation of symptoms on Medical Necessity form written by LPHA which supports primary diagnosis									
7a. Symptoms of diagnosis tailored to individual AND includes timeframes									
8. Medical Necessity form signed by LPHA, or co-signed if unlicensed LPHA? (Legible with credentials)									
9. LPHA met with client or counselor face-to-face/telehealth for initial Medical Necessity									
10. ALOC completed and signed (Counselor or LPHA): initial-30 days from EOD, and OS every 90 days/IOS every 60 days thereafter									
12. ALOC consistent with client's presentation and Level Of Care (or why not)									
<b>ASSESSMENT/INTAKE (for initial episode review)</b>									
16. Physical exam requirement's met									
19. AOD programs have completed Health Questionnaire (DHCS 5103)									
20. Intake Assessment is complete w/in required 30 day timeframes									
21. All required elements of Intake Assessment are complete									
22. Drug/alcohol use, history assessed (may not be deferred)									

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Client Name: \_\_\_\_\_

34. If SUD counselor completed Intake/Assessment, LPHA reviewed and co-signed within 15 days (Legible with credentials)										
94. Additional perinatal assessment items completed										
<b>CLIENT PLAN (For Initial and all Plan update reviews)</b>										
52a. All sections completed in Client Plan										
52. Client plan completed within required time frame: Initial plan is due after medical necessity is established and prior to 30 days from EOD. Plan updates are due every 90 days from previous plan completion date or when medically necessary. Use plan author (Counselor/LPHA) sig. date.										
53. Plan signed/dated by client (or legal rep) or documentation of client refusal or unavailability (with strategy for updating). For Initial Plan w/in 30 days of EOD. For Plan Update w/in 15 days of counselor signature										
54. Client Plan: LPHA co-signed within 15 days of counselor Signature										
40. Action Steps are specific, measurable, attainable, realistic, observable, and with target dates										
41. Plan includes <i>Service Description</i> (type of service) & frequency										
42. Diagnosis Code and Name (with specifiers) on Plan matches diagnosis on current Medical Necessity/CSJ form										
43. Plan is consistent with diagnosis and Medical Necessity (all problem areas addressed or deferred)										
46. Client risks have a safety plan? (Danger to Self/Danger to Others, harm to self, at risk for DV, Abuse, etc.)										
47. Plan indicates "Primary" LPHA/Counselor										
<p><b>Documents needed for ACBH CQRT review:</b></p> <p><i>For Initial : Elig, Assess, MN, ALOC, Plan.</i></p> <p><i>For Plan Update : Elig, CSJ (if due), Prior Plan, Current Plan, &amp; ALOC.</i></p> <p><u><i>Note: If LPHA of record is <b>reviewing</b> chart for finalization of Assess, Plan and MN the review is claimable as Assess or Plan Develop. The resultant completion of this MN CQRT form is not claimable, but may be applied towards supervision requirements.</i></u></p>	<p>Primary Counselor: _____ Printed Name/Signature/Credentials/Date</p> <p>CQRT Reviewer: _____ Printed Name/Signature/Credentials/Date</p>									