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| **SUD DMC-ODS Regulatory Compliance Tool - > Denotes Clinical Review - Not for NTP/OTP** |
| Client Name:  | Type of Services: |   |
| Date of Next CQRT:  | InSyst/PSP#:  |   | RU: |   |
| **Clinician Review Components (Write Comments on opposite side)** |

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| **Informing Materials/Releases** | **Yes** | **No** | **N/A** |
| 1. Informing Materials/Consent to treat complete and signed on time | [ ]  | [ ]  | [ ]  |
| ***>2. SUD Programs*** *ROI* signed by opening date of services | [ ]  | [ ]  | [ ]  |
| 3. Additional Releases of information (ROIs), when applicable | [ ]  | [ ]  | [ ]  |
| >4. Informed consent for medication(s), when applicable | [ ]  | [ ]  | [ ]  |
| **Medical Necessity (for Authorization Period)** |
| >5. For RES UM preauthorization completed and documents filed in chart | [ ]  | [ ]  | [ ]  |
| >6. Primary diagnosis on BHCS SUD DMC Included diagnosis list | [ ]  | [ ]  | [ ]  |
| >7. Documentation supports primary diagnosis(es) for treatment | [ ]  | [ ]  | [ ]  |
| >8. Dx written basis established by LPHA. Unlicensed LPHA has co-signature. | [ ]  | [ ]  | [ ]  |
| >9. LPHA establishing the diagnosis met face-to-face or telehealth with beneficiary or SUD counselor who conducted the intake assessment (for initial) / the primary SUD Counselor (for CSJ) | [ ]  | [ ]  | [ ]  |
| >10. Initial diagnosis and medical necessity complete within required timeframes: 48 hrs for WM RES, 5 days for residential, and 30 days for all other SUD programs. | [ ]  | [ ]  | [ ]  |
| >11. ALOC indicates level of service provided (or clinical rationale) | [ ]  | [ ]  | [ ]  |
| >12. ALOC Initial Assessment completed as required: WM RES >48 hrs, RES by day 5, All other SUD providers by day 30 | [ ]  | [ ]  | [ ]  |
| >13. ALOC Re-assessment completed as required (from date of admission): RES every 30 days, IOS every 60 days, and OS/RS every 90 days | [ ]  | [ ]  | [ ]  |
| >14. For Cont. Just. of Services, Counselor recommendation is complete | [ ]  | [ ]  | [ ]  |
| >15. Medical Necessity, including diagnosis for Cont. Just. of Services complete within required timeframe: 5-6 months from EOD or date of last CSJ. | [ ]  | [ ]  | [ ]  |
| **Chart Maintenance** |
| >16. Writing is legible | [ ]  | [ ]  | [ ]  |
| >17. Required signatures present and include legibly printed name, signature, and date | [ ]  | [ ]  | [ ]  |
| 18. Discharge/Termination date noted when applicable | [ ]  | [ ]  | [ ]  |
| 19. Emergency contact information up to date with ROIs | [ ]  | [ ]  | [ ]  |
| 20. Emergency Info. Is in a designated location in file/EHR/InSyst | [ ]  | [ ]  | [ ]  |
| 21. Progress note documents the language that the service is provided in, as needed | [ ]  | [ ]  | [ ]  |
| 22. Progress note indicates interpreter services were used, and relationship to client is indicated, as needed | [ ]  | [ ]  | [ ]  |
| >23. Service provided while client was not in lock-out setting, IMD, jail, JH | [ ]  | [ ]  | [ ]  |
| **Medical** |
| >24. Physical exam requirements are met (or goal in plan) | [ ]  | [ ]  | [ ]  |
| 25. Physical exam completed by an external physician meets agency exam requirements and was reviewed by agency MD, PA, or NP within 30 days of admission | [ ]  | [ ]  | [ ]  |
| 26. Allergies/adverse reactions/sensitivities or lack thereof noted prominently on charts’ cover or in EHR | [ ]  | [ ]  | [ ]  |
| 27. Physician consultation services are between agency physician and BHCS specified physician consultant | [ ]  | [ ]  | [ ]  |
| >28. For perinatal beneficiaries, record contains medical documentation of pregnancy or birth | [ ]  | [ ]  | [ ]  |
| >29. AOD programs have completed Health Questionnaire (DHCS 5103) | [ ]  | [ ]  | [ ]  |
| **Assessment** |
| >30. Intake Assess. Is complete within required timeframes: >48hrs for WM RES, 10 days for residential, and 30 for all other programs. | [ ]  | [ ]  | [ ]  |
| >31. All required elements of Intake Assessment are complete | [ ]  | [ ]  | [ ]  |
| 32. Assessment updated when applicable | [ ]  | [ ]  | [ ]  |
| >33. Drug/alcohol use, history assessed | [ ]  | [ ]  | [ ]  |
| 34. Medical history assessed | [ ]  | [ ]  | [ ]  |
| 35. Psychiatric/psychological history assessed | [ ]  | [ ]  | [ ]  |
| 36. Social/recreational history assessed | [ ]  | [ ]  | [ ]  |
| 37. Financial status/history assessed | [ ]  | [ ]  | [ ]  |
| 38. Educational history assessed | [ ]  | [ ]  | [ ]  |
| 39. Employment history assessed | [ ]  | [ ]  | [ ]  |
| 40. Criminal history, legal status, treatment history assessed | [ ]  | [ ]  | [ ]  |
| >41. For perinatal women, additional perinatal items were assessed | [ ]  | [ ]  | [ ]  |
| >42. If SUD counselor completed Intake/Assessment, LPHA reviewed and co-signed | [ ]  | [ ]  | [ ]  |
| 43. Assessment includes a case formulation | [ ]  | [ ]  | [ ]  |
| **Client Plan** | **Yes** | **No** | **N/A** |
| >44. Initial plan complete within required timeframes (48hrs WM RES, 10 days RES, & 30 days for other SUD (use sig. date of LPHA/Counselor) | [ ]  | [ ]  | [ ]  |
| >45. Plan updated every 90 days from LPHA/Counselor signature date | [ ]  | [ ]  | [ ]  |
| >46. Plan revised when significant change (e.g. in service, diagnosis, focus of treatment, inaccurate frequency, etc.). | [ ]  | [ ]  | [ ]  |
| >47. Plan is consistent with diagnosis and medical necessity | [ ]  | [ ]  | [ ]  |
| >48. All problems identified in the assessment are addressed in the plan or deferred (with justification for deferral) | [ ]  | [ ]  | [ ]  |
| >49. Plan includes goals to be reached that addresses each problem | [ ]  | [ ]  | [ ]  |
| >50. Goals/Action Steps in plan are consistent with impairment to functioning and need for SUD treatment | [ ]  | [ ]  | [ ]  |
| >51. Goals/Action steps are specific, observable, and/or measurable with target dates | [ ]  | [ ]  | [ ]  |
| >52. Plan includes service descriptions (type of counseling) and frequency | [ ]  | [ ]  | [ ]  |
| >53. Plan includes ICD-10 code and DSM-5 name of diagnosis | [ ]  | [ ]  | [ ]  |
| >54. If physical exam indicates significant illness, plan includes goal for tx | [ ]  | [ ]  | [ ]  |
| >55. If client has not had a physical exam in past 12 months, the plan includes a goal to get an exam | [ ]  | [ ]  | [ ]  |
| >56. Client’s risk(s) have a safety plan (DTS/DTO), Harm to self, at risk for DV, Abuse, etc.) | [ ]  | [ ]  | [ ]  |
| >57. Plan has primary SUD Counselor/LPHA printed name, signature, date | [ ]  | [ ]  | [ ]  |
| >58. Plan completed by SUD Counselor has LPHA co-signature by due date | [ ]  | [ ]  | [ ]  |
| >59. Plan indicates who is client’s “primary” counselor/LPHA | [ ]  | [ ]  | [ ]  |
| 60. Coordination of care is evident, when applicable | [ ]  | [ ]  | [ ]  |
| >61. Plans signed/dated by client (or legal representative when appropriate) or documentation of client refusal or unavailability within plan due dates | [ ]  | [ ]  | [ ]  |
| 62. Plan contains Tentative Discharge Plan | [ ]  | [ ]  | [ ]  |
| **Required # of Progress Notes to Review:****For Clinical Review: 14 day or minimum of 3 notes****For Quality Review: 30 days or minimum of 6 notes** |
| **Progress Notes (ALL Programs)** |
| >63. Daily note includes date of service | [ ]  | [ ]  | [ ]  |
| >64. Planned service modalities with corresponding service codes are in applicable plan | [ ]  | [ ]  | [ ]  |
| >65. Correct procedure code or service type indicated | [ ]  | [ ]  | [ ]  |
| >66. Notes indicate location of service: in-person, telephone, telehealth | [ ]  | [ ]  | [ ]  |
| >67. All include the topic or purpose of the session | [ ]  | [ ]  | [ ]  |
| >68. All include legibly printed name, signature, and date | [ ]  | [ ]  | [ ]  |
| >69. All community services indicate how provider ensured confidentiality | [ ]  | [ ]  | [ ]  |
| >70. All notes are completed within 7 days of the service date | [ ]  | [ ]  | [ ]  |
| >71. Services are related to the current treatment plan goals | [ ]  | [ ]  | [ ]  |
| >72. Services provided do not include time claimed for clerical/ administrative/ voicemails/ no-shows | [ ]  | [ ]  | [ ]  |
| >73. Services provided do not include claiming for supervision, academic, educational services, vocational services, recreation, UA lab fees, and/or socialization, Discharge Summary, etc. | [ ]  | [ ]  | [ ]  |
| >74. Documentation time is reasonable, substantiated by content, & w/date | [ ]  | [ ]  | [ ]  |
| >75. All include a description of progress on treatment plan problems, goals, action steps, objectives, and/or referrals | [ ]  | [ ]  | [ ]  |
| >76. All include info on the beneficiary's attendance, including the date, start and end times of each service | [ ]  | [ ]  | [ ]  |
| >77. Face-to-face, travel, and total times are documented | [ ]  | [ ]  | [ ]  |
| >78. Services provided by allowable staff within their scope of practice | [ ]  | [ ]  | [ ]  |
| >79. Medication services provided are within established requirements | [ ]  | [ ]  | [ ]  |
| >80. Notes for client encounters include client and/or staff f/u plan | [ ]  | [ ]  | [ ]  |
| **Progress Notes (RES ONLY)** |
| >81. A daily note is completed for each day at the program | [ ]  | [ ]  | [ ]  |
| >82. At least one hour of clinical services documented daily | [ ]  | [ ]  | [ ]  |
| >83. 20 hours of structured therapeutic activities documented per week | [ ]  | [ ]  | [ ]  |
| >84. ASAM 3.1 = 7+ or ASAM 3.5 = 12+ of documented f2f clinical hours documented per week | [ ]  | [ ]  | [ ]  |
| >85. Only reimbursable activities are claimed in the note | [ ]  | [ ]  | [ ]  |
| >86. Daily notes include a narrative summary of progress on treatment plan, problems, goals, action steps, objectives, and/or referrals | [ ]  | [ ]  | [ ]  |
| >87. Daily notes include a record of attendance at each counseling session including date, start/end times, and topic of the session | [ ]  | [ ]  | [ ]  |
| **Group Notes/Sign-In Sheets** |
| >88. Group notes include the number of participants | [ ]  | [ ]  | [ ]  |
| >89. Group notes include co-facilitator’s name and signature | [ ]  | [ ]  | [ ]  |
| >90. Group claims with co-facilitators are documented correctly | [ ]  | [ ]  | [ ]  |
| >91. There is a group sign-in sheet for every group counseling session | [ ]  | [ ]  | [ ]  |
| >92. Group sign-in sheet includes the topic of the session | [ ]  | [ ]  | [ ]  |
| >93. Group sign-in sheet includes the date and start/end time | [ ]  | [ ]  | [ ]  |
| >94. Each participant that attended has legibly printed name, signature | [ ]  | [ ]  | [ ]  |
| >95. SUD Counselor/LPHA who conducted group has legibly printed their name and signed the sign-in sheet | [ ]  | [ ]  | [ ]  |
| >96. Adults are not in groups with beneficiaries 17 or younger unless at a certified school site | [ ]  | [ ]  | [ ]  |

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| **Reviewer Comments** *(remember to include the referenced item numbers and use additional comments sheets if necessary):*  |
| Supervisor/Reviewer Signature: |  | Date: |   |
| CQRT Reviewer Signature: |  | Date of review: |   |