

Drug Medi-Cal Chart Audit Tool

Title 22 Emergency Regulation

(See page two for references and additional explanation of requirements)

Item	Yes	No	n/a	DISCHARGE SUMMARY	Yes	No	n/a
1. **Just for Cont Tx & Review of Clt Chart-MD				30. Criteria for Discharge			
2. **DSM CODE: SUD Diag				31. Description of Tx Episode			
INFORMING MATERIALS				32. Current Usage			
3. Consents for Treatment				33. VOC & ED achieved			
4. Admission Agreement				34. Legal Concerns & Obligations			
5. Participant Rights: a. Signed & given a copy b. Posted for public view				35. Reason for Discharge			
6. Statement of Non-discrimination				36. Continuing Care Plan written prior to discharge			
7. Clt Rights Statement				37. Transfers & Referrals			
8. Grievance Procedures				38. Participant Comment			
9. Discharge Appeal Process				ASSESSMENT			
10. Program Rules and Regs				39. Social, Econ, Fam Hx			
11. Clt Fees				40. Education			
12. Access to Treatment Files				41. Employment Hx			
13. Privacy & Confidentiality				42. Criminal Hx & Legal Status			
DEMOGRAPHICS				43. **Physical Exam			
14. Clt ID				44. AOD Hx			
15. DOB				45. Previous Tx Hx			
16. Gender				46. Clt Signature and Date			
17. Race/Ethnic backgrounds				47. Oriented within 72 hrs			
18. Address				48. Clt aware of Comm Service inventory			
19. Telephone #				49. Referrals made as appro.			
20. Emergency Contact				***CLT PLAN/RECOVERY PLAN			
ADMISSION				50. Clt Plan is Individualized			
21. Date				51. State Problems			
22. Type of Admit				52. Objectives to address Probs			
23. Referral Source & Other Ref				53. Action Steps for Objectives			
24. Health Questionnaire				54. Target Dates			
25. **Med Nec & MD Sig Req; Perinatal Proof of Pregnancy				55. Descrip of services, incl type of counseling & freq.			
26. *Date of Birth or Term of Pregnancy-Post Partum Tx.				56. Assignment of Primary Counselor			
OTHER				57. Clt Participation doc'd			
27. Documentation of discussions and actions taken re: non-compliance w rules...				58. Complete 14 days from Adm			
28. Drug Screen Results, if appl.				59. Review min. every 14 days			
29. **Evidence of MD involved in Clt's Tx (ind note indicates MD review of clt chart)				60. Review/revise every 90 days			
				61. Signed by Counselor			
				62. **Signed by MD			
				63. Signed by Clt (if clt not available efforts to obtain or meet with clt must be documented)			
				64. Coordination of Care			

Drug Medi-Cal Chart Audit Tool
 Title 22 Emergency Regulation
 (See page two for references and additional explanation of requirements)

SERVICE ATTENDANCE	Yes	No	n/a
65. Date each session attended			
66. Type of session (ind/grp)			
PROGRESS NOTES			
67. Each face to face note documents progress related to clt plan			
68. 1< goals			
69. New Issues or Problems that affect their recovery			
70. Type of Support Provided			
71. Min. 20 hrs/wk of indiv, grp, or structured activity			
72. Exceptions to tx freq noted			
PERINATAL CERTIFICATION			
Attends education/training on:			
73. Child development			
74. Parenting skills			
75. Impact of SA while preg			
76. Impact of SA while Br. Feed			
77. Environ impact of SA on child			
78. HIV Educ and access to Test			
79. TB and access to testing			
80. Transport/Access to medical, dental, Social Services, Comm Serv, Educ and Voc appts provided/arranged			

*Perinatal-Document of pregnant & postpartum women required including dates & term of preg

****Yellow: Requires MD:**

A. Three options for physical exam: 1. MD conducts physical exam upon admission 2. Clt provides copy of physical exam within the last 12 months 3. Clt & Counselor document steps to obtain physical exam in clt treatment plan.

B. MD shall review the clt chart & doc the review in the clt chart.

*****Clt Tx Plan:** All elements must be in initial Clt Plan. If any are missing than all services under that Clt Plan are denied/recouped. The clt plan is a prescription signed by the MD; type & frequency of services must be occurring as prescribed, if not, then the tx plan needs to be updated.

Signature Time Lines:

1. Admission Date: _____

2. Date Medical Necessity Established: _____
 The Physician shall review each beneficiary's chart within 30 days of admission to tx.

3. Date of Initial tx plan: _____ within 30 calendar days of admission the beneficiary & counselor shall sign, indicating their participation, their plan.

4. Date of MD signature on tx plan: _____ within 15 calendar days of counselor signature the MD shall sign the clt plan.

5. Updated Clt Plans: _____ every _____ every 90 days from date of initial clt plan and 90 days thereafter or when a change in problem identification or focus of tx occurs the clt plan shall be updated and signed by the counselor & clt. If clt is not available to sign the plan the note must reflect efforts to meet with clt to review plan and sign.

6. MD Signature/Review Updated Clt Plan: _____ within 15 calendar days of counselor signature the MD shall sign the clt updated plan indicating medical necessity for continued treatment.

7. MD & Counselor Signature indicate Justification for Continuing Tx Services: _____ no sooner than 5 months and no later than 6 months after the clt's admission to tx date or date of most recent Justification for Cont Tx Services the Counselor & MD shall indicated medical necessity for continuing tx services.

Primary Counselor: _____

Reviewed by: _____

Client ID: _____ Date: _____