

SUD Authorization Chart Review

Area	Item #	Regulation	Item	Yes/No
CHART	1	22 CCR § 51341.1(g)(1)	There is an individual client record for the client? [yes=100% no=0%]	
CHART	2	22 CCR § 51341.1 (g)(1)(a)(i)	Client record includes a client identifier (Name or ID)? [yes=100% no=0%]	
CHART	3	22 CCR § 51341.1 (g)(1)(a)(i)	Client record includes: InSyst Number [yes=100% no=0%]	
CHART	4	22 CCR § 51341.1(g)(1)(a)(ii)	Client record includes: Client date of birth [yes=100% no=0%]	
CHART	5	22 CCR § 51341.1(g)(1)(a)(ii)	Client record includes: Client gender [yes=100% no=0%]	
CHART	6	22 CCR § 51341.1(g)(1)(a)(ii)	Client record includes: Client race and/or ethnicity. [yes=100% no=0%]	
CHART	7	22 CCR § 51341.1 (g)(1)(a)(ii)	Client record includes: Client address/ or homeless indicated [yes=100% no=0%]	
CHART	8	22 CCR § 51341.1 (g)(1)(a)(ii)	Client record includes: Client telephone number/ or homeless indicated [yes=100% no=0%]	
CHART	9	22 CCR § 51341.1 (g)(1)(a)(ii)	Client record and INSYST includes: Client next of kin or emergency contact (Or reason why no contact information was provided). [yes=100% no=0%]	
ASSESS	10	22 CCR § 51341.1 (g)(1)(a)	For pregnant and postpartum (Clients must be less than 2 months postpartum - 22 CCR § 50260) women in perinatal residential treatment, client record includes medical documentation substantiating client's pregnancy and last day of pregnancy. [yes=100% no=0% N/A=999] (Birth certificates are not valid records. Valid records include: Hospital discharge paperwork, and forms signed by a medical professional).	
ASSESS	11	9 CCR § 10270 (a)	The record documents an initial interview/screening with client to determine whether admission eligibility criteria for Drug-Medi-Cal are met? [yes=100% no=0%]	
ASSESS	12		Record contains written consent to treatment gained at intake/admission process? [yes=100% no=0%]	
ASSESS	13	Reg: 22 CCR § 51341.1 (h)(1)(A)(ii) & (iii) AOD Alcohol and Drug Certification Standards Section 12020	Intake assesses for and documents medical history and/or contains a client health questionnaire? (AOD-Certified programs' Health Questionnaire must contain at minimum the information in the DHCS 5103). [yes=100% no=0%]	
ASSESS	14	22 CCR § 51341.1 (h)(1)(A)(ii)	Intake assesses for and documents: Client drug history? [yes=100% no=0%]	
ASSESS	15	22 CCR § 51341.1 (h)(1)(A)(ii)	Intake assesses for and documents: Client's personal history. [yes=100% no=0%]	

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ASSESS	16	22 CCR § 51341.1 (h)(1)(A)(iii)	A licensed physician, physician assistant, or nurse practitioner or a therapist (Licensed, waived or registered Ph.D, MFT, LCSW) has evaluated each client to diagnose whether client has a DSM substance use disorder within 30 calendar days of the client's episode opening date as evidenced by a written basis for the diagnosis in the client's record that is legible, signed and dated? (Title 22 only requires the Diagnosis to be listed in the treatment plan). If a Certified Counselor writes the assessment or treatment plan (they should never make diagnosis), the MD should write the diagnosis and indicate the basis for the diagnosis [If this is not done, disallow all services]. If the Certified Counselor writes the diagnosis and the MD indicates that they agree by signing (this is not in the scope of practice for a Certified Counselor to make the diagnosis and they should not write the diagnosis in the chart), disallow all claims and write a comment. [yes=100% no=0%]	
ASSESS	17	22 CCR § 51341.1 (h)(1)(A)(iii)	If the client was evaluated and diagnosed by a nurse practitioner, or a therapist (licensed, waived or registered Ph.D, MFT, LCSW), a physician has reviewed the client's personal, medical and substance use history within 30 calendar days of the client's episode opening date and documents their approval of the diagnosis as evidenced by the physician signing and dating the treatment plan. (Title 22 only requires the Diagnosis to be listed in the treatment plan) (If a Certified Counselor writes the assessment or treatment plan, the MD should write the diagnosis and indicate the basis for the diagnosis. If the Certified Counselor writes the diagnosis and the MD indicates that they agree by signing, give a quality comment that it is not in the scope of practice for a Certified Counselor to make the diagnosis and should not write the diagnosis in the chart). [yes=100% no=0% NA=999]	
PGM	18	22 CCR § 51341.1 (b)(5)(A,B)	Direct service provider Certification is verified? [yes=100%, no=0% N/A=999] Confirm that if a staff is a registered counselor or clinician (accruing experience) the registration is not greater than 5 years. (Registrations are only good for a maximum of 5 years.)	

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ASSESS	19	22 CCR § 51341.1 (h)(1)(A)(iv)	<p>For Physical Exam, one of the following Examination Requirements are met. [yes=100% no=0%] A.) Reg: 22 CCR § 51341.1 (h)(1)(A)(iv)(b)</p> <p>* A physician, registered nurse practitioner, or physician's assistant has performed a physical examination of the client within 30 calendar days of the client's episode opening date, and there is written documentation of findings within the client record?</p> <p>OR</p> <p>B.) Reg: 22 CCR § 51341.1 (h)(1)(A)(iv)(a)</p> <p>* A licensed physician has reviewed the client's most recent physical examination within 30 calendar days of client's episode opening date if the client has had a physical examination within the twelve-month period prior to the episode opening date as evidenced by documentation in the client's record?</p> <p>OR</p> <p>C.) Reg: 22 CCR § 51341.1 (h)(1)(A)(iv)(a)</p> <p>* When the provider has not been able to obtain documentation of a client's most recent physical examination, there is written documentation in the treatment plan of efforts made to obtain the documentation on the client's behalf?</p> <p>OR</p> <p>D.) Reg: 22 CCR § 51341.1 (h)(1)(A)(iv)(c)</p> <p>* If the client has not had a physical examination within the twelve-month period prior to the episode opening date, there is a goal of obtaining a physical examination in the initial and/or treatment plan update until this goal has been met?</p>	
		Skip Logic	Is this a Perinatal Residential Program? If YES go to item 28, if NO skip to item 33.	
ASSESS	20	22 CCR § 51341.1 (c)(3)	Intake assesses for and records (this information may be in the treatment plan): Client's current relationship status and history of sexual or physical abuse? [yes=100% no=0%]	
ASSESS	21	22 CCR § 51341.1 (c)(3) & (4)(D)	Assistance needed in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant? [yes=100% no=0%]	
ASSESS	22	22 CCR § 51341.1 (c)(3) & (c)(4)(B)	Intake assesses for and records: Transportation needs to and from medically necessary treatment? [yes=100% no=0%]	
ASSESS	23	22 CCR § 51341.1 (c)(4)(C) and 22 CCR § 51341.1 (h)(2)(A)(i)(a)	Intake assesses for and records: Need for education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant was assessed. [Yes=100% No=0%]	
ASSESS	24	22 CCR § 51341.1 (c)(4)(A)	Need for Mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care. [Yes=100% No=0%]	

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		Skip Logic	Is this a Naltrexone Treatment Program? If yes, go to item 34, if no skip to item 41.	
ASSESS	25	22 CCR § 51341.1 (h)(1)(B)(i)(a)	For Naltrexone Treatment Services: Provider has documented that the client has a documented history of opiate addiction? [yes=100% no=0%]	
ASSESS	26	22 CCR § 51341.1 (h)(1)(B)(i)(b)	Provider has confirmed that the client is at least 18 years of age as evidenced by documentation in client record? [yes=100% no=0%]	
ASSESS	27	22 CCR § 51341.1 (h)(1)(B)(i)(c)	For Naltrexone Treatment Services: Provider has confirmed client has been opiate free for a period of time to be determined by a physician based on the physician's clinical judgment as evidenced by documentation in client record? [yes=100% no=0%]	
ASSESS	28	22 CCR § 51341.1 (h)(1)(B)(i)(c)	For Naltrexone Treatment Services: Provider has administered a body specimen to confirm opiate free state of each client as evidenced by documentation in client record? [yes=100% no=0%]	
ASSESS	29	22 CCR § 51341.1 (h)(1)(B)(i)(d)	For Naltrexone Treatment Services: Provider has confirmed that the client is not pregnant or the client is discharged from the treatment if the client becomes pregnant as evidenced by documentation in client record? [yes=100% no=0%]	
ASSESS	30	22 CCR § 51341.1 (h)(1)(B)(iii)	Provider has advised the client of the overdose risk should the client return to opiate use while taking Naltrexone as evidenced by documentation in the client record? [yes=100% no=0%]	
ASSESS	31	22 CCR § 51341.1 (h)(1)(B)(iii)	Provider has advised the client of the ineffectiveness of opiate pain relievers while on Naltrexone as evidenced by documentation in the client record? [yes=100% no=0%]	
		Skip Logic	Regarding the initial treatment plan, choose one: A.) If the initial treatment plan has not been completed AND the episode has been open LESS than 30 days then skip to item 96. OR B.) If the initial treatment plan HAS been completed OR the initial treatment plan HAS NOT been completed and the episode has been open MORE than 30 days then go to item 42. OR C.) If the Initial Treatment plan is not applicable to audit period then skip to item 59.	
PLAN	32	22 CCR § 51341.1 (h)(2)(A)(ii)(a)	Therapist or counselor has completed the initial treatment plan within 30 calendar days of the episode opening date (14 calendar days for Residential)? [yes=100% no=0%]	
PLAN	33	22 CCR § 51341.1 (h)(2)(A)(ii)(a)	Initial treatment plan has a complete therapist/counselor signature (typed or legibly printed name, signature, and date)? [yes=100% no=0%]	

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PLAN	34	22 CCR § 51341.1 (h)(2)(A)(ii)(c)	The physician has reviewed the initial treatment plan to determine whether services are medically necessary and has provided a complete signature (typed or legibly printed name, signature and date) within 15 calendar days of the signature of the therapist or counselor but no more than 30 calendar days from the episode opening date when they determine services in treatment plan update are medically necessary? [yes=100% no=0% N/A=999] (auditor score 999 if not present and LESS than 15 days since initial plan was signed by therapist or counselor)	
PLAN	35	22 CCR § 51341.1 (h)(2)(A)(i)(a,e)	Initial treatment plan includes statement of problem and the types of counseling (group, collateral, Individual) to be provided, and the frequency thereof? [yes=100% no=0%]	
PLAN	36	22 CCR § 51341.1 (h)(2)(A)(i)(f)	Initial treatment plan includes assignment of a primary therapist or counselor? [yes=100% no=0%]	
PLAN	37	22 CCR § 51341.1 (h)(2)(A)(i)(g)	Initial treatment plan includes a DSM substance use disorder diagnosis? [yes=100% no=0%]	
PLAN	38	22 CCR § 51341.1 (h)(2)(A)(i)(b)	Initial treatment plan includes goal(s) to be reached which address each challenge(s)? [yes=100% no=0%]	
PLAN	39	22 CCR § 51341.1 (h)(2)(A)(i)(c)	Initial treatment plan includes action steps which will be taken by the program and/or client to accomplish goal(s)? [yes=100% no=0%]	
PLAN	40	22 CCR § 51341.1 (h)(2)(A)(i)(d)	Initial treatment plan includes target date(s) for accomplishment of action step(s)? [yes=100% no=0%]	
PLAN	41	22 CCR § 51341.1 (h)(2)(A)(i)(i)	If the client's physical examination has indicated that the client has a significant medical illness, there is a goal in the initial treatment plan for client to obtain appropriate treatment for the illness? [yes=100% no=0% N/A=999]	
PLAN	42	22 CCR § 51341.1 (h)(2)(A)(ii)(b)	Initial treatment plan documents the client's review and approval of the plan as evidenced by a typed or legibly printed name, signature, and date within 30 calendar days of the episode opening date. Or, if the client refuses or is unavailable to sign the initial treatment plan, there is documentation of the reason and of the strategy to engage the client to participate in treatment and obtain the signature? [yes=100% no=0%]	
		Skip Logic	Is this a Perinatal Residential Program? If YES go to item 54, if NO go to item 59.	
PLAN	43	22 CCR § 51341.1 (c)(3) and 22 CCR § 51341.1 (h)(2)(A)(i)(a,b,c,d)	If sexual or physical abuse issues were identified: the treatment plan includes a statement of this problem, a goal to be reached which addressed this problem, action steps, and a target date to accomplish the steps and goal. [Yes=100% No=0%]	
PLAN	44	22 CCR § 51341.1 (c)(4)(A) and 22 CCR § 51341.1 (h)(2)(A)(i)(a,b,c,d)	If mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care) was identified in the assessment: The treatment plan includes a statement of this problem, a goal to be reached which addressed this problem, action steps, and a target date to accomplish the steps and goal. [Yes=100% No=0%]	

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PLAN	45	22 CCR § 51341.1 (c)(4)(C) and 22 CCR § 51341.1 (h)(2)(A)(i)(a,b,c,d)	If education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant was identified as a need in the assessment: the treatment plan includes a statement of this problem, a goal to be reached which addressed this problem, action steps, and a target date to accomplish the steps and goal. [Yes=100% No=0%]	
PLAN	46	22 CCR § 51341.1 (c)(4)(D) and 22 CCR § 51341.1 (h)(2)(A)(i)(a,b,c,d)	If coordination of ancillary services(i.e., assistance in accessing and completing dental services, social services, community services, education/vocational training and other services which are medically necessary to prevent risk to fetus or infant were identified in the assessment: the treatment plan includes a statement of this problem, a goal to be reached which addressed this problem, action steps, and a target date to accomplish the steps and goal. [Yes=100% No=0%]	
PLAN	47	22 CCR § 51341.1 (c)(4)(B) and 22 CCR § 51341.1 (h)(2)(A)(i)(a,b,c,d)	If Service Access (i.e., provision of or arrangement for transportation to and from medically necessary treatment) needs were identified in the assessment: the treatment plan includes a statement of this problem, a goal to be reached which addressed this problem, action steps, and a target date to accomplish the steps and goal.[Yes=100% No=0%]	
		Skip Logic	Regarding treatment plan update, choose one: A.) If the treatment plan update has not yet been completed AND it has been LESS than 90 days after the therapist or counselor completed and signed the initial treatment plan, go to item 95. B.) If the treatment plan update has been completed OR the treatment plan update has not been completed and it has been MORE than 90 days after the therapist or counselor completed and signed the initial treatment plan or the LAST treatment plan, go to item 60.	
PLAN UPDATE	48	22 CCR § 51341.1 (h)(2)(A)(iii)(a)	Therapist or counselor has completed the treatment plan update within 90 calendar days of signing the initial treatment plan, OR no later than 90 calendar days of signing the most recent treatment plan update, or when a change in problem identification or focus of treatment occurs, whichever comes first? [auditor score % updates signed/ updates needed]	
PLAN UPDATE	49	22 CCR § 51341.1 (h)(2)(A)(iii)(a)	Treatment plan update has a complete therapist/counselor signature (typed or legibly printed name, signature and date)? [yes=100% no=0%]	

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PLAN UPDATE	50	22 CCR § 51341.1 (h)(2)(A)(iii)(c)	The physician has reviewed the treatment plan update to determine whether services are medically necessary and has provided a complete signature (typed or legibly printed name, signature and date) within 15 calendar days of the signature of the therapist or counselor and no more than 90 days of the signature of the most recent treatment plan update when they determine services in treatment plan update are medically necessary? [auditor score % updates signed/ updates needed OR N/A=999 if not present and LESS than 15 days since treatment plan update was signed by therapist or counselor and LESS than 90 days of signature of the most recent treatment plan update)] [yes=100% no=0%]	
PLAN UPDATE	51	22 CCR § 51341.1 (h)(2)(A)(i)(e)	Treatment plan update includes a description of services including the types of counseling (Individual, group, collateral) to be provided and the frequency thereof? [yes=100% no=0%]	
PLAN UPDATE	52	22 CCR § 51341.1 (h)(2)(A)(i)(f)	Treatment plan update includes assignment of a primary therapist or counselor? [yes=100% no=0%]	
PLAN UPDATE	53	22 CCR § 51341.1 (h)(2)(A)(i)(g)	Treatment plan update includes a DSM substance use disorder diagnosis? [yes=100% no=0%]	
PLAN UPDATE	54	22 CCR § 51341.1 (h)(2)(A)(i)(b)	Treatment plan update includes goal(s) to be reached which address each challenge(s)? [yes=100% no=0%]	
PLAN UPDATE	55	22 CCR § 51341.1 (h)(2)(A)(i)(c )	Treatment plan update includes action steps which will be taken by the program and/or client to accomplish goal(s)? [yes=100% no=0%]	
PLAN UPDATE	56	22 CCR § 51341.1 (h)(2)(A)(i)(d)	Treatment plan update includes target date(s) for accomplishment of action step(s)? [yes=100% no=0%]	
PLAN UPDATE	57	22 CCR § 51341.1 (h)(2)(A)(i)(i)	The client's physical examination has indicated that the client has a significant medical illness, and there is a goal in the treatment plan update that the client obtain appropriate treatment for the illness? [yes=100% no=0% N/A=999]	
PLAN UPDATE	58	22 CCR § 51341.1 (h)(2)(A)(iii)(b)	Treatment plan update documents the client's review and approval of the plan as evidenced by a typed or legibly printed name, signature, and date within 30 calendar days of signature by the therapist or counselor. Or, if the client refuses or is unavailable to sign the treatment plan update, there is documentation of the reason and of the strategy to engage the client to participate in treatment and obtain the signature? [yes=100% no=0%]	
		Skip Logic	Is this a Perinatal Residential Program? If YES go to item 72 (perinatal treatment plan update). If NO skip to item 77 (2nd treatment plan update)	

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PLAN UPDATE	59	22 CCR § 51341.1 (c)(3) and 22 CCR § 51341.1 (h)(2)(A)(i)(a,b,c,d)	If sexual or physical abuse issues were identified in the assessment: the treatment plan includes a statement of this problem, a goal to be reached which addressed this problem, action steps, and a target date to accomplish the steps and goal. [Yes=100% No=0%]	
PLAN UPDATE	60	22 CCR § 51341.1 (c)(4)(A) and 22 CCR § 51341.1 (h)(2)(A)(i)(a,b,c,d)	If mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care) was identified in the assessment: the treatment plan includes a statement of this problem, a goal to be reached which addressed this problem, action steps, and a target date to accomplish the steps and goal. [Yes=100% No=0%]	
PLAN UPDATE	61	22 CCR § 51341.1 (c)(4)(C) and 22 CCR § 51341.1 (h)(2)(A)(i)(a,b,c,d)	If education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant was identified as a need in the assessment: the treatment plan includes a statement of this problem, a goal to be reached which addressed this problem, action steps, and a target date to accomplish the steps and goal. [Yes=100% No=0%]	
PLAN UPDATE	62	22 CCR § 51341.1 (c)(4)(D) and 22 CCR § 51341.1 (h)(2)(A)(i)(a,b,c,d)	If coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, education/vocational training and other services which are medically necessary to prevent risk to fetus or infant were identified in the assessment: the treatment plan includes a statement of this problem, a goal to be reached which addressed this problem, action steps, and a target date to accomplish the steps and goal. [Yes=100% No=0%]	
PLAN UPDATE	63	22 CCR § 51341.1 (c)(4)(B) and 22 CCR § 51341.1 (h)(2)(A)(i)(a,b,c,d)	If service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment) needs were identified in the assessment: the treatment plan includes a statement of this problem, a goal to be reached which addressed this problem, action steps, and a target date to accomplish the steps and goal. [Yes=100% No=0%]	
		Skip Logic	Is there a second update for the audit period? If YES go to item 78, if NO go to item 95.	
PLAN UPDATE	64	22 CCR § 51341.1 (h)(2)(A)(iii)(a)	Has therapist or counselor has completed the treatment plan update within 90 calendar days of signing the initial treatment plan, OR no later than 90 calendar days of signing the most recent treatment plan update, or when a change in problem identification or focus of treatment occurs, whichever comes first? [auditor score % updates signed/ updates needed]	
PLAN UPDATE	65	22 CCR § 51341.1 (h)(2)(A)(iii)(a)	Treatment plan update has a complete therapist/counselor signature (typed or legibly printed name, signature and date)? [yes=100% no=0%]	



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PLAN UPDATE	66	22 CCR § 51341.1 (h)(2)(A)(iii)(c)	The physician has reviewed the treatment plan update to determine whether services are medically necessary and has provided a complete signature (typed or legibly printed name, signature and date) within 15 calendar days of the signature of the therapist or counselor and no more than 90 days of the signature of the most recent treatment plan update when they determine services in treatment plan update are medically necessary? [auditor score % updates signed/ updates needed OR N/A=999 if not present and LESS than 15 days since treatment plan update was signed by therapist or counselor and LESS than 90 days of signature of the most recent treatment plan update] [yes=100% no=0%]	
PLAN UPDATE	67	22 CCR § 51341.1 (h)(2)(A)(i)(e)	Treatment plan update includes a description of services including the types of counseling to be provided and the frequency thereof? [yes=100% no=0%]	
PLAN UPDATE	68	22 CCR § 51341.1 (h)(2)(A)(i)(f)	Treatment plan update includes assignment of a primary therapist or counselor? [yes=100% no=0%]	
PLAN UPDATE	69	22 CCR § 51341.1 (h)(2)(A)(i)(g)	Treatment plan update includes a substance use disorder diagnosis? [yes=100% no=0%]	
PLAN UPDATE	70	22 CCR § 51341.1 (h)(2)(A)(i)(b)	Treatment plan update includes goal(s) to be reached which address each challenge(s)? [yes=100% no=0%]	
PLAN UPDATE	71	22 CCR § 51341.1 (h)(2)(A)(i)(c)	Treatment plan update includes action steps which will be taken by the program and/or client to accomplish goal(s)? [yes=100% no=0%]	
PLAN UPDATE	72	22 CCR § 51341.1 (h)(2)(A)(i)(d)	Treatment plan update includes target date(s) for accomplishment of action step(s)? [yes=100% no=0%]	
PLAN UPDATE	73	22 CCR § 51341.1 (h)(2)(A)(i)(i)	If the client's physical examination has indicated that the client has a significant medical illness, is there is a goal in the treatment plan update that the client obtain appropriate treatment for the illness? [yes=100% no=0% N/A=999]	
PLAN UPDATE	74	22 CCR § 51341.1 (h)(2)(A)(iii)(b)	Treatment plan update documents the client's review and approval of the plan as evidenced by a typed or legibly printed name, signature, and date within 30 calendar days of signature by the therapist or counselor. Or, if the client refuses or is unavailable to sign the treatment plan update, there is documentation of the reason and of the strategy to engage the client to participate in treatment and obtain the signature? [yes=100% no=0%]	
		Skip Logic	Is this a Perinatal Residential Program? If YES go to item 90 and answer questions for Perinatal treatment plan update. If NO, skip to item 95.	
PLAN UPDATE	75	22 CCR § 51341.1 (c)(3) and 22 CCR § 51341.1 (h)(2)(A)(i)(a,b,c,d)	If sexual or physical abuse issues were identified in the assessment: the treatment plan includes a statement of this problem, a goal to be reached which addressed this problem, action steps, and a target date to accomplish the steps and goal. [Yes=100% No=0%]	

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PLAN UPDATE	76	22 CCR § 51341.1 (c)(4)(A) and 22 CCR § 51341.1 (h)(2)(A)(i)(a,b,c,d)	If mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care) was identified in the assessment: the treatment plan includes a statement of this problem, a goal to be reached which addressed this problem, action steps, and a target date to accomplish the steps and goal. [Yes=100% No=0%]	
PLAN UPDATE	77	22 CCR § 51341.1 (c)(4)(C) and 22 CCR § 51341.1 (h)(2)(A)(i)(a,b,c,d)	If education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant was identified as a need in the assessment: the treatment plan includes a statement of this problem, a goal to be reached which addressed this problem, action steps, and a target date to accomplish the steps and goal. [Yes=100% No=0%]	
PLAN UPDATE	78	22 CCR § 51341.1 (c)(4)(D) and 22 CCR § 51341.1 (h)(2)(A)(i)(a,b,c,d)	If coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, education/vocational training and other services which are medically necessary to prevent risk to fetus or infant were identified in the assessment: the treatment plan includes a statement of this problem, a goal to be reached which addressed this problem, action steps, and a target date to accomplish the steps and goal. [Yes=100% No=0%]	
PLAN UPDATE	79	22 CCR § 51341.1 (c)(4)(B) and 22 CCR § 51341.1 (h)(2)(A)(i)(a,b,c,d)	If Service Access (i.e., provision of or arrangement for transportation to and from medically necessary treatment) needs were identified in the assessment: the treatment plan includes a statement of this problem, a goal to be reached which addressed this problem, action steps, and a target date to accomplish the steps and goal. [Yes=100% No=0%]	
		Skip Logic	Is this for ODF or Naltrexone Tx? If YES go to item 96, if NO go to item 105.	
PN	80	22 CCR § 51341.1 (h)(3)(A)	For Outpatient Drug Free and Naltrexone Treatment: There is a progress note for each individual or group counseling session (for each service)? [auditor score # progress notes present/ total notes required; Score 999 for Intensive Outpatient and Perinatal Residential]	
PN	81	22 CCR § 51341.1 (h)(3)(A)	For Outpatient Drug Free and Naltrexone Treatment: There is a complete provider signature on the progress note (typed or legibly printed name, signature and date)? [auditor score # compliant progress notes/ total notes; Score 999 for Intensive Outpatient and Perinatal Residential]	
PN	82	22 CCR § 51341.1 (h)(3)(A)	For Outpatient Drug Free and Naltrexone Treatment: The progress note is completed (and signed) within 7 calendar days of the counseling session? [auditor score # compliant progress notes/ total notes; Score 999 for Intensive Outpatient and Perinatal Residential]	
PN	83	22 CCR § 51341.1 (h)(3)(A)(i)	For Outpatient Drug Free and Naltrexone Treatment: The progress note includes topic of the session? [auditor score # compliant progress notes/ total notes; Score 999 for Intensive Outpatient and Perinatal Residential]	

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PN	84	22 CCR § 51341.1 (h)(3)(A)	For Outpatient Drug Free and Naltrexone Treatment: The progress note includes type of counseling format (e.g. individual, group, collateral)? [auditor score # compliant progress notes/ total notes; Score 999 for Intensive Outpatient and Perinatal Residential]	
PN	85	22 CCR § 51341.1 (h)(3)(A)(ii)	For Outpatient Drug Free and Naltrexone Treatment: The progress note includes a description of client's progress on the treatment plan (challenges, goals, action steps, objectives and/or referrals)? [auditor score # compliant progress notes/ total notes; Score 999 for Intensive Outpatient and Perinatal Residential]	
PN	86	22 CCR § 51341.1 (h)(3)(A)(iii)	For Outpatient Drug Free and Naltrexone Treatment: The progress note includes Information on the client's attendance including: the date, start and end times of each individual and group counseling session? [yes=100% no=0%; Score 999 for Intensive Outpatient and Perinatal Residential]	
PN	87	22 CCR § 51341.1 (h)(4)(A)(i,ii)	For Outpatient Drug Free, the record documents at least two face to face counseling sessions per 30-day period were provided; or client has been closed to services? (except where program physician documents in client records exceptions to frequency of services for clients where program staff have determined that 1.) fewer client contacts are clinically appropriate and/or 2.) client is progressing toward treatment goals). [yes=100% no=0%; Score 999 for Intensive Outpatient, Residential, and Naltrexone treatment]	
		Skip Logic	Is this also an IOP or perinatal residential tx program? If YES go to item 105, if NO go to item 112.	
PN	88	Reg: 22 CCR § 51341.1 (h)(3)(B)	For Intensive Outpatient and Perinatal Residential: There is a minimum of one progress note per calendar week? [auditor score # compliant/total required; Score 999 for Outpatient Drug Free and Naltrexone Treatment]	
PN	89	22 CCR § 51341.1 (h)(3)(B)(i)	For Intensive Outpatient and Perinatal Residential: The progress note contains a description of the client's progress (or lack of) on the treatment plan problems, goals, action steps, objectives, and/or referrals? [auditor score # compliant/total required; Score 999 for Outpatient Drug Free and Naltrexone Treatment]	
PN	90	22 CCR § 51341.1 (h)(3)(B)(ii)	For Intensive Outpatient and Perinatal Residential: The progress note contains a record of the client's attendance at each counseling session including the date, start and end time, and topic of the counseling session? [auditor score # compliant/total required; Score 999 for Outpatient Drug Free and Naltrexone Treatment]	
PN	91	22 CCR § 51341.1 (h)(3)(B)	For Intensive Outpatient and Perinatal Residential: There is a complete provider signature on the progress note (typed or legibly printed name, signature and date)? [auditor score # compliant progress notes/ total notes; Score 999 for Outpatient Drug Free and Naltrexone Treatment ]	
PN	92	22 CCR § 51341.1 (h)(3)(B)	For Intensive Outpatient and Perinatal Residential: The progress note has been completed within the following calendar week of the services? [auditor score # compliant/total required; Score 999 for Outpatient Drug Free and Naltrexone Treatment]	

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Area	Item #	Regulation	Item	Yes/No
PN	93	22 CCR § 51341.1 (b)(8)	For Intensive Outpatient, the record documents a minimum of three (3) hours per day for three (3) days per week of individual or group sessions and/or structured therapeutic activities were offered/available? (See schedule of activities). [yes=100% no=0%; Score 999 for Outpatient Drug Free, Residential, and Naltrexone treatment]	
PN	94		For Residential, the record documents a minimum of 20 hours per week of counseling and/or structured therapeutic activities were provided? [yes=100% no=0%; Score 999 for Outpatient Drug Free, Intensive Outpatient, and Naltrexone treatment]	
GROUP	95	22 CCR § 51341.1 / July 14, 2015 DHCS memo	The group size requirements have been met for group counseling sessions (2-12 participants; auditor to review group sign-in sheets)? [Auditor score % compliant/ total groups]	
GROUP	96	22 CCR § 51341.1 (b)(11)	A beneficiary that is 17 years of age or younger shall not participate in group counseling with any participants who are 18 years of age or older. However, a beneficiary who is 17 years of age or younger may participate in group counseling with participants who are 18 years of age or older when the counseling is at a provider's certified school site. [Auditor score % compliant/ total groups]	
GROUP	97	22 CCR § 51341.1 (g)(2)(A)	The Group Sign in sheet includes the typed or legibly printed name and signature of the therapist(s) and/or counselor(s) conducting the counseling session? By signing the sign-in sheet the therapist(s) and/or counselor(s) certify that the sign-in sheet is accurate and complete. [Auditor score % compliant/ total groups]	
GROUP	98	22 CCR § 51341.1 (g)(2)(B)	The group sign in sheet includes the date of the counseling session? [Auditor score % compliant/ total groups]	
GROUP	99	22 CCR § 51341.1 (g)(2)(C)	The group sign in sheet includes the topic of the counseling session? [Auditor score % compliant/ total groups]	
GROUP	100	22 CCR § 51341.1 (g)(2)(D)	The group sign in sheet includes the start and end time of the counseling session? [Auditor score % compliant/ total groups]	
GROUP	101	22 CCR § 51341.1 (g)(2)(E)	The group sign-in sheet includes the typed or legibly printed list of the participants' names and the signature of each participant that attended the counseling session. The participants shall sign the sign-in sheet at the start of or during the counseling session. [Auditor score % compliant/ total groups]	
D/C	102	22 CCR § 51341.1 (h)(5)(A)(i)	Review if Audit Period Falls After 5 Months: The record documents that the therapist or counselor has reviewed the client's progress and Drug-Medi-Cal eligibility to continue to receive treatment services no sooner than 5 months and no later than 6 months after the episode opening date or the date of completion of the most recent justification for continuing services, and recommends whether the client should or should not continue to receive treatment services? [yes=100% no=0% N/A=999]	

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Area	Item #	Regulation	Item	Yes/No
D/C	103	22 CCR § 51341.1 (h)(5)(A)(ii)	Review if Audit Period Falls After 5 Months: The record documents that the physician has determined whether continued services are medically necessary no sooner than 5 months and no later than 6 months after the episode opening date or the date of completion of the most recent justification for continuing services, and has documented consideration of all of the following: 1. client's personal, medical, and substance use history; 2. documentation of the client's most recent physical examination, 3. client's progress notes and treatment plan goals; and 4. client's prognosis? [Areas compliant/4 or 25% each, N/A=999]	
D/C	104	22 CCR § 51341.1 (h)(5)(A)(iii)	The record documents that the client was discharged when physician determined continuing treatment services were not medically necessary? [yes=100% no=0% N/A=999]	
		Skip Logic	Has the client been d/c or stopped coming to the program? If YES go to item 123. If NO skip to item 135.	
D/C	105	22 CCR § 51341.1 (h)(6)(A)	When the client has been discharged from the program, there is a completed a discharge plan except when there is documentation that the provider has lost contact with the client? [yes=100% no=0% N/A=999]	
D/C	106	22 CCR § 51341.1 (h)(6)(A)(ii)	The discharge plan was prepared (discussed and signed) within 30 calendar days prior to the date of the last face-to-face treatment with the client? [yes=100% no=0% N/A=999]	
D/C	107	22 CCR § 51341.1 (h)(6)(A)(i)(a)	Discharge plan includes: Description of each of the client's relapse triggers and a plan to assist the client to avoid relapse when confronted with triggers? [yes=100% no=0% N/A=999]	
D/C	108	22 CCR § 51341.1 (h)(6)(A)(i)(b)	Discharge plan includes: A support plan? [yes=100% no=0% N/A=999]	
D/C	109	22 CCR § 51341.1 (h)(6)(A)(iii)	Therapist or counselor has provided a complete signature (typed or legibly printed name, credential, signature and date) on the discharge plan? [yes=100% no=0% N/A=999]	
D/C	110	22 CCR § 51341.1 (h)(6)(A)(iii)	Client's name and signature is on the discharge plan? [yes=100% no=0% N/A=999]	
D/C	111	22 CCR § 51341.1 (h)(6)(A)(iii)	There is documentation that the client was provided a copy of discharge plan at last face-to-face service with client? [yes=100% no=0% N/A=999]	
D/C	112	22 CCR § 51341.1 (h)(6)(B)(i)	The discharge summary was completed within 30 calendar days of the last face-to-face service? [yes=100% no=0% N/A=999] If the Discharge summary was claimed, it was done last face to face day with client.	
D/C	113	22 CCR § 51341.1 (h)(6)(B)(i)(a)	Discharge summary includes: Duration of treatment (admission date-last date of service)? [yes=100% no=0% N/A=999]	
D/C	114	22 CCR § 51341.1 (h)(6)(B)(i)(c)	Discharge summary includes: Description of treatment episodes or recovery services (and best includes progress made towards treatment plan)? [yes=100% no=0% N/A=999]	
D/C	115	22 CCR § 51341.1 (h)(6)(B)(i)(b)	Discharge summary includes: Reason for discharge and whether the discharge was involuntary or a successful completion? [yes=100% no=0% N/A=999]	
D/C	116	22 CCR § 51341.1 (h)(6)(B)(i)(d)	Discharge summary includes: Prognosis? [yes=100% no=0% N/A=999]	
		Skip Logic	Provider denied, reduced, or modified DMC substance use disorder services or involuntarily discharged client from the program? If YES go to item 136. If NO end survey.	

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Area	Item #	Regulation	Item	Yes/No
RIGHTS	117	22 CCR § 51341.1 (p)(1)	The provider has provided written notification to the client at least 10 calendar days prior to the effective date of the intended action to terminate or reduce services? [yes=100% no=0%]	
RIGHTS	118	22 CCR § 51341.1 (p)(1)(A)	The written notification of denial, involuntary discharge, or reduction in DMC substance use disorder services as it relates to a client's eligibility for benefits includes: Statement of action to be taken? [yes=100% no=0%]	
RIGHTS	119	22 CCR § 51341.1 (p)(1)(B)	The written notification of denial, involuntary discharge, or reduction in DMC substance use disorder services as it relates to a client's eligibility for benefits includes: Reason for intended action? [yes=100% no=0%]	
RIGHTS	120	22 CCR § 51341.1 (p)(1)(C)	The written notification of denial, involuntary discharge, or reduction in DMC substance use disorder services as it relates to a client's eligibility for benefits includes: Citation of the specific regulations supporting intended action? [yes=100% no=0%]	
RIGHTS	121	22 CCR § 51341.1 (p)(1)(D)	The written notification of denial, involuntary discharge, or reduction in DMC substance use disorder services as it relates to a client's eligibility for benefits includes: Explanation of client's right to fair hearing for purpose of appealing the intended action? [yes=100% no=0%]	
RIGHTS	122	22 CCR § 51341.1 (p)(1)(E)	The written notification of denial, involuntary discharge, or reduction in DMC substance use disorder services as it relates to a client's eligibility for benefits includes: Explanation that client may request a fair hearing by submitting a written request to the Department of Social Services? [yes=100% no=0%]	
RIGHTS	123	22 CCR § 51341.1 (p)(1)(F)	The written notification of denial, involuntary discharge, or reduction in DMC substance use disorder services as it relates to a client's eligibility for benefits includes: Explanation that provider will continue treatment services pending a fair hearing decision? [yes=100% no=0%]	