



**DMC-ODS SUD Audit Tool (NTP Only)**

\*\*Items in bold may be suspect for disallowances if not compliant and/or in certain conditions.\*\*

<b>QRI#</b>	<b>Informing Materials, Consent and Other Documentation</b>	<b>Result</b>
<u>1</u>	Is there a completed ROI allowing necessary disclosures, including ACBHD?	
<u>2</u>	Does the accounting of disclosures include information regarding all medical health record requests during the audit period?  <i>n/a if no disclosures occurred during review period.</i>	
<u>3</u>	Has the ACBH Informing Materials: Consent to Treat Acknowledgement of Receipt page (or equivalent) for the audit period been completed and signed by due date?	
<u>4</u>	Has the member been provided information about incidental disclosures?	
<u>5</u>	Were telehealth consent requirements met?  <i>n/a if no telehealth services were provided.</i>	
<u>6</u>	Was the member given notice that DMC funding is "payment in full"?	
<u>7</u>	Is there evidence of monthly Medi-Cal eligibility checks for the full audit period?	
<u>8</u>	Is the CQRT tracking log completed and is the checklist in compliance with CQRT protocol?	
<b>Informing Materials/Consent Comments (if none, enter "N/A"):</b>		

<b>QIR#</b>	<b>NTP Admission</b>	<b>Result</b>
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9	<p>Is all of the following demographic information included in the client record?</p> <ul style="list-style-type: none"> <li>• Full name and any aliases of the client</li> <li>• Month, day, and year of birth,</li> <li>• Sex</li> <li>• Race</li> <li>• Height</li> <li>• Weight</li> <li>• Color of hair</li> <li>• Color of eyes</li> <li>• Distinguishing markings, such as scars or tattoos</li> </ul>	
10	Was the beneficiary's medical history assessed prior to admission?	
11	<p>Was the initial dose administered or observed by authorized staff?</p> <p><i>n/a if initial dose occurred outside of audit period</i></p>	
12	Does the record show that the member received copies of and understood the consent form and an explanation of program rules?	
13	Is there documented evidence that the member voluntarily agreed to participate in the program?	
14	The program advised patients of the nature and purpose of treatment ensuring compliance with required components?	
15	Are required laboratory tests (Hep C, TB, Syphilis) completed prior to admission?	
16	Was a physical exam that includes the following was completed prior to admission?	
17	Was a methadone treatment evaluation (which consists of a medical history, laboratory tests, and a physical exam) conducted in person?	
18	Did a physician certify fitness for treatment before admission?	
19	Did the medical director document evidence of physical addiction/dependence before admission?	
20	Before admitting an applicant to either detoxification or maintenance treatment, did the medical director (or physician designee)?	
<b>NTP Admission Comments (if none, enter "N/A"):</b>		

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QIR#	Assessment & Diagnosis	Result
<a href="#">21</a>	<b>Was the assessment completed within 28 days of admission?</b>	
<a href="#">22</a>	Does the assessment include a sufficient description of the member's previous drug/alcohol use and SUD treatment history?	
<a href="#">23</a>	Was the member's language preference documented?	
<a href="#">24</a>	Were the member's cultural considerations/needs assessed and documented?	
<a href="#">25</a>	Was the member assessed for risk/safety with appropriate completed follow up?	
<a href="#">26</a>	Does the medical record include evidence that coordination needs were assessed initially and throughout treatment?	
<a href="#">27</a>	Was a tobacco use assessment (TUA) completed, including provision of resources and referrals if tobacco use was identified?	
<a href="#">28</a>	Do the ASAM dimension ratings and overall LOC align with the member's presentation and clinical information at the time of assessment?	
<a href="#">29</a>	Is there a valid explanation for referring to a LOC different from the indicated LOC?	
<a href="#">30</a>	<b>Does the member have a valid SUD diagnosis established within the appropriate timeframe for the LOC?</b>	
<a href="#">31</a>	Are diagnoses and ICD-10 codes established by staff according to their scope of practice, or do they have required co-signatures?	
<a href="#">32</a>	Is the diagnosis consistent between the billing system and EHR?	
<b>Assessment &amp; Diagnosis Comments (if none, enter n/a)</b>		

QIR#	NTP Multiple Registrations	Result
<a href="#">33</a>	Is there documentation that the program checked for multiple registrations before admission?	
<a href="#">34</a>	If the initial drug test was positive for methadone, is the provider in compliance with required steps?	

<a href="#">35</a>	<b>If duplicate NTP treatment was found, did the provider coordinate care or obtain visiting member approval?</b>	
<a href="#">36</a>	Did the program respond to DHCS within 72 hours if there were reports of multiple registrations?	
<a href="#">37</a>	Did the program receive written documentation (letter or discharge summary) that the beneficiary was discharged?	
<a href="#">38</a>	If the client reported receiving NTP treatment elsewhere, were required steps followed before admission?	
<a href="#">39</a>	Did the prescriber verify the client's controlled substance history using the CURES database?	
<b>NTP Multiple Registrations Comments (if none, enter "N/A"):</b>		

QIR#	NTP General	Result
<a href="#">40</a>	Were exceptions to 9 CCR, Ch.4 regulations documented properly?	
<a href="#">41</a>	Were services for minors compliant with parental/guardian approval or DHCS exceptions?	
<a href="#">42</a>	Were required drug tests conducted at time of admission (and randomly, at least monthly for maintenance treatment)?	
<a href="#">43</a>	If the member missed 3 consecutive doses, did a physician issue a new medication order before resuming treatment?	
<a href="#">44</a>	Does the record document the assigned primary counselor and date of assignment?	
<a href="#">45</a>	For ACBH subcontracted out-of-county (OOC) NTP services, is there documentation in the medical record that demonstrates these OOC services are necessary?	
<a href="#">46</a>	Was visiting patient dosing done in compliance with requirements?	
<a href="#">47</a>	<b>Were services included in the NTP dosing bundle were not claimed separately?</b>	
<a href="#">48</a>	If the NTP couldn't dispense medication, was the member referred to a provider capable of dispensing medication?	
<a href="#">49</a>	If unable to meet the member's treatment needs, did the program ensure continuity of care and a warm handoff?	
<b>NTP General Comments (if none, enter "N/A"):</b>		

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QIR#	NTP Progress Notes	Result
<a href="#">50</a>	Is there a progress note for each non-dosing claim completed within 14 calendar days of the session?	
<a href="#">51</a>	Are progress notes signed (or the electronic equivalent), including legible name and date of signature by the person providing the service?	
<a href="#">52</a>	Do progress notes include the session date, type (individual, group, or medical psychotherapy), duration (in 10 minute intervals), and reasonable documentation time?	
<a href="#">53</a>	<b>Do notes summarize session, including one or more of the following: treatment progress, drug screening responses, new issues, prenatal support, and group participation?</b>	
<a href="#">54</a>	<b>Does the medical record contain evidence that services were coordinated with other service providers to prevent duplication of services?</b>	
<a href="#">55</a>	For members with identified risks, do progress notes document ongoing assessment, clinical monitoring, and intervention(s) that relate to the level of risk, when appropriate?	
<a href="#">56</a>	Are any gaps in service delivery supported by non-billable notes or explained elsewhere in the clinical record?	
<a href="#">57</a>	<b>Do individual and/or group progress notes with multiple providers clearly identify the number of providers and the specific involvement and interventions of each provider?</b>	
<a href="#">58</a>	For all groups was a list of participants documented and maintained by the provider?	
<a href="#">59</a>	Are all groups (excluding youth and perinatal services) limited to no less than 2 and no more than 12 members with at least one Medi-Cal member in attendance?	
<a href="#">60</a>	Do all progress notes for group services include a brief description of the goal and/or purpose related to an issue identified in the member's treatment plan?	
<b>NTP Progress Notes Comments (if none, enter "N/A"):</b>		

QRI#	<a href="#">Billing</a>	Result
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<a href="#">61</a>	<b>Is the chart free from evidence of fraud, waste or abuse?</b>	
<a href="#">62</a>	<b>Were all services billed in compliance with the lock-out rules identified in the DMC-ODS service table?</b>	
<a href="#">63</a>	Do the dates of service listed on the progress notes match the dates of service listed on all claims?	
<a href="#">64</a>	For all progress notes, did the service that was claimed (procedure code) match the service documented in the progress note?	
<a href="#">65</a>	<b>Are all documented services within the scope of practice of the provider?</b>	
<a href="#">66</a>	<b>Were all services billable, with no services claimed that were solely academic, vocational, recreation, socialization, transportation, clerical or payee related?</b>	
<b>Billing Comments (if none, enter "N/A"):</b>		

QIR#	NTP Dosing	Result
<a href="#">67</a>	Do NTP dosing records include date, quantity, and batch code marks of the medications?	
<a href="#">68</a>	<b>Does each dosing claim have a corresponding entry in the dosing log?</b>	
<a href="#">69</a>	Are dosing logs signed by credentialed staff and claims made by authorized personnel?	
<a href="#">70</a>	Are dosing claims on the claims sheet (rendering therapist column) made by either the physician ordering the medications or the medical staff administering the medications?	
<a href="#">71</a>	Are correct procedure codes (maintenance vs detox) used?	
<b>NTP Dosing Comments (if none, enter "N/A"):</b>		

QIR#	NTP Detox	Result
<a href="#">72</a>	<b>Does the beneficiary meet the additional admission criteria and has had no more than two detox episodes in the past 12 months?</b>	
<a href="#">73</a>	Does the treatment plan address education on illicit drug addictions, post-detox services, and required treatment services?	

<a href="#">74</a>	Does the treatment plan specify type/frequency of counseling services?	
<a href="#">75</a>	Was the beneficiary was discharged after missing 3+ consecutive days without a valid reason?	
<b>NTP Detox Comments (if none, enter "N/A"):</b>		

QIR#	NTP Maintenance Specific	Result
<a href="#">76</a>	Is there a documented 1-year history of opioid addiction before admission?	
<a href="#">77</a>	Is the most recent needs assessment completed on time and comprehensive (psychosocial, vocation, health, legal, economic needs)?	
<a href="#">78</a>	Was the needs assessment completed and signed by credentialed staff?	
<a href="#">79</a>	Was the needs assessment co-signed by the medical director (or physician designee) and supervising counselor within 14 days of completion?	
<a href="#">80</a>	Were 50-200 minutes of counseling provided monthly, unless adjusted or waived by the medical director?	
<a href="#">81</a>	If the client missed 2 weeks or more without notifying the program, were they discharged?	
<a href="#">82</a>	<b>Were pregnant individuals receiving maintenance therapy reevaluated for treatment within 60 days postpartum?</b>	
<a href="#">83</a>	<b>Did the medical director review dosing levels at least every three months?</b>	
<a href="#">84</a>	For patients under 18, is there a documentation of two failed detox or drug-free treatments in the past year?	
<a href="#">85</a>	<b>Was the need for NTP services reassessed annually?</b>	
<a href="#">86</a>	Were changes to the dosing schedule documented?	
<b>NTP Maintenance Specific Comments (if none, enter "N/A"):</b>		

QIR#	NTP Maintenance Plans	Result
<a href="#">87</a>	Were treatment plans completed and signed by credentialed staff on time?	

<a href="#">88</a>	Do plan(s) include goals to be achieved by the patient?	
<a href="#">89</a>	Do goals include specific behavioral tasks the patient must accomplish to complete each short-term and long-term goal?	
<a href="#">90</a>	Do goals include estimated target dates for attainment?	
<a href="#">91</a>	Do treatment plans include descriptions of the type and frequency of counseling services to be provided to the patient?	
<a href="#">92</a>	Do plans include an effective date based on the day the primary counselor signed the treatment plan?	
<a href="#">93</a>	Do treatment plan updates include a summary of the client's progress or lack of progress toward each goal identified on the previous plan?	
<a href="#">94</a>	Has the medical director (or physician designee) and supervising counselor reviewed and cosigned treatment plans within 14 calendar days of the counselor's signature?	
<b>NTP Maintenance Plans Comments (if none, enter "N/A"):</b>		

QIR#	NTP Take-Home Doses	Result
<a href="#">95</a>	Did the medical director document the member's responsibility for handling medications?	
<a href="#">96</a>	Is there documentation of the member's participation in gainful employment, education, homemaking, volunteer work or confirmation that they are retired or medically disabled?	
<a href="#">97</a>	Is there documentation that the daily program attendance would be incompatible with the member's documented activities?	
<a href="#">98</a>	Is there documentation of a recent monthly body specimen test showing negative results for illicit drugs and positive results for the prescribed narcotic medication?	
<a href="#">99</a>	Is the record is free from evidence of member's illicit drug use, alcohol abuse, or criminal activity within the last 30 days for patients on step level schedules I-V, or within the last year for those on step level VI?	
<a href="#">100</a>	Is there documentation that the medical director or program physician determined the quantity of take-home medication dispensed to a client?	
<a href="#">101</a>	Was the client informed about medication safety?	

<a href="#">102</a>	If concerns arose, were take-home restrictions imposed within 15 days?	
<a href="#">103</a>	If privileges were restored, did the medical director document compliance with required conditions?	
<b>NTP Take Homes Comments (if none, enter "N/A"):</b>		

QIR#	NTP Discharge	Result
<a href="#">104</a>	If the client was discharged for cause, did the NTP follow their program policies?	
<a href="#">105</a>	Was a discharge summary completed on time?	
<a href="#">106</a>	Does the discharge summary include member name, discharge date, reason for discharge, and treatment progress?	
<b>NTP Discharge (if none, enter "N/A"):</b>		

QRI#	<a href="#">Chart Overview</a>	Result
<a href="#">107</a>	Does the chart as a whole include evidence of care coordination across providers, agencies, county systems (e.g. child welfare and Behavioral Health), significant support person(s) and/or between delivery systems (Managed Care Plan and Mental Health Plan)?	
<a href="#">108</a>	Is the chart free from evidence that the member is being charged any additional costs, except for a share of cost, for treatment (this includes costs associated with drug testing/UA, administrative costs, certification fees, etc.)?	
<a href="#">109</a>	Based on the documentation as a whole, is there evidence that treatment is high quality, person centered, culturally responsive and aligned with member needs?	
<b>Chart Overview Comments (if none, enter "N/A"):</b>		

