Behavioral Health Department
Alameda County Health

DMC-ODS SUD Audit Tool (Outpatient, Residential, WM LOC + auxiliary services)

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

QRI#	Informing Materials, Consent and Other Documentation	Result
1	Is there a completed ROI to allow information as necessary, including but not limited to ACBHD?	
2	Does the accounting of disclosures include information regarding all medical health record requests during the audit period?	
3	Has the ACBHD Informing Materials/Consent to Treat Acknowledgement of Receipt page for the audit period been completed and signed by due date?	
4	Has the member been provided information about incidental disclosures?	
5	Were telehealth consent requirements met?	
6	Was the member given notice that DMC funding is "payment in full"?	
7	Is there evidence of monthly Medi-Cal eligibility checks for the full audit period?	
8	Is the CQRT tracking log completed and is the CQRT checklist in compliance with CQRT protocol?	
9	Is there evidence all of the clinical staff involved in establishing LOC completed the 2 required ASAM trainings prior to conducting an ALOC assessment and/or establishing medical necessity?	
10	Is there evidence all LPHAs involved in clinical decisions during the audit period completed five (5) CEU/CME hours in addiction treatment in the calendar year of the audit period?	

Informing Materials/Consent Comments (if none, enter "N/A"):

QRI#	Assessment & Diagnosis	Result
11	**Was the assessment completed within a reasonable time and in accordance with generally accepted standards of practice?**	
12	Does the assessment include a sufficient description of the member's previous drug/alcohol use and SUD treatment history?	
13	Was the member's language preference documented?	
14	Were the member's cultural considerations/needs assessed and documented?	
15	Was the member assessed for risk/safety with appropriate completed follow up?	
16	Does the medical record include evidence that coordination needs were assessed initially and throughout treatment?	
17	Was a tobacco use assessment (TUA) completed, including provision of resources and referrals if tobacco use was identified?	
18	**Do the ASAM dimension ratings and overall LOC align with the member's presentation and clinical information at the time of assessment?**	
19	Is there a valid explanation for referring to a LOC different from the indicated LOC?	

20	**Does the member have a valid SUD diagnosis established within the appropriate timeframe for the LOC?**	
21	Are diagnoses and ICD-10 codes established by staff according to their scope of practice, or do they have required co-signatures?	
22	Is the diagnosis consistent between the billing system and EHR?	
Assessment & Diagnosis Comments (if none, enter "N/A"):		

QRI#	Physical Health and Medical Exams	Result
23	Were all physical exam requirements were met?	
24	Was DHCS Health Questionnaire 5103 (or equivalent) completed prior to admission?	
25	Are identified health issues addressed by staff or referred to an appropriate medical provider?	
26	Was the member screened for tuberculosis under licensed medical supervision within 6 months prior to or 30 days after admission and annually thereafter if continuous participation is maintained?	
27	Was the member assessed for need for MAT within 24 hours of admission by a LPHA or SUD counselor?	
28	Did the member meet with a prescriber within 48 hours of admission to initiate MAT medications?	
Physical Health and Medical Comments (if none, enter "N/A"):		

QRI#	Problem List	Result
29	Is there a problem list present in the chart that includes all required elements?	
30	Has the problem list been updated on an ongoing basis to reflect the current needs of the member and within a reasonable time?	
Problem List Comments (if none, enter "N/A"):		

QRI#	Progress Notes	Result
31	Do all progress notes include required elements?	
32	Were the majority of progress notes finalized within 3 business days (with the exception of progress notes for crisis services, which shall be completed within 24 hours)?	
33	Are progress notes signed (or the electronic equivalent), including legible name and date of signature by the person providing the service?	

34	**Do all progress notes include sufficient description of intervention(s) provided to address the member's needs and next steps be taken by provider (i.e. plan) to justify the time claimed?**	
35	**Does the medical record contain evidence that services were coordinated with other service providers to prevent duplication of services?**	
36	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?	
37	Are any gaps in service delivery supported by non-billable notes or explained elsewhere in the clinical record?	
38	**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?**	
39	Is there evidence that the treatment/care planning is an ongoing component of service delivery that includes interaction with the member?	
40	For all groups was a list of participants documented and maintained by the provider?	
41	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?	
42	Do all progress notes for group services include a brief description of the member's response to the service?	
Progress Notes Comments (if none, enter "N/A"):		

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

QRI#	Discharge Documentation	Result

49	Was the Discharge Plan was prepared (discussed and signed) within 30 calendar days prior to the date of the last contact with the member?	
50	Does the Discharge Plan include individual strategies to assist the member in sustaining long-term recovery?	
51	Does the Discharge Plan include a support plan?	
52	Does the discharge plan include signatures from both the member and the LPHA or counselor?	
53	Is there documentation that the member was provided a copy of the Discharge Plan at the last face-to-face service with the member?	
54	Was the discharge summary was completed within 30 days of last contact with member?	
55	Does the Discharge Summary include all necessary required elements?	
Discharge Documentation Comments (if none, enter "N/A"):		

QRI#	Chart Overview	Result
56	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)?	
57	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.)?	
58	Based on the documentation as a whole, is there evidence that treatment is high quality, person centered, culturally responsive and aligned with member needs?	
Chart Overview Comments (if none, enter "N/A"):		

If Residential Provider (3.1, 3.3, 3.5), click on (+) button on the left.

QRI#	Residential	Result
59	Were at least 5 hours of required services were documented in each calendar week of the review period (either face-to-face or via telehealth)?	
60	Is there a full treatment and/or recovery plan developed within 10 calendar days from the date of the resident's admission?	
61	Is there evidence that the member's progress was reviewed and documented within 30 calendar days after treatment planning activities occurred and no later than every 30 calendar days thereafter?	
Residential Provider Comments (if none, enter "N/A"):		

If 3.2 WM Services were provided, click on (+) button on the left.

QRI#	3.2 WM	Result
62	Are vital signs and physical checks documented every 30 minutes for the first 72 hours following admission and is documentation logged using required forms?	
63	Is there evidence that all staff providing the audited 3.2-WM activities meet the required educational criteria?	
	3.2 WM Comments (if none, enter "N/A"):	

If Parenting/Perinatal Services were provided, click on (+) button on the left.

QRI#	Perinatal Services	Result
64	Does the medical record include documentation that substantiates the member's pregnancy, expected delivery date, and last day of pregnancy, as appropriate?	
65	Are required perinatal-specific assessment items completed?	
66	Was the member regularly screened for alcohol or drug use (urinalysis, drug testing, observation, etc.) to minimize the risk of fetal exposure to substances?	
67	Is there evidence in the medical record (progress notes, plan, etc.) that child services were provided?	
68	Are parenting skills and child relationship building included in treatment planning?	
	Parenting/Perinatal Services Comments (if none, enter "N/A"):	

If Adolescent (ages 12-20), click on (+) button on the left.

QRI#	Adolescent (Ages 12-20)	Result
69	Is the assessment developmentally appropriate, trauma informed, and responsive to gender identity and sexuality?	
70	Does the assessment include information of current or history physician and/or sexual abuse, or perpetration of physical or sexual abuse on others?	
71	Does the medical record confirm that services are age-appropriate, considering the adolescent's developmental stage, cognitive ability, environment, and sociocultural context?	
72	Are efforts to involve family or other support persons are documented & included throughout the treatment planning process?	
73	Does the medical record have evidence of an ongoing review process that takes into account the adolescent's progress and changes in their environment that affect determination of best level of care?	
	Adolescent Comments (if none, enter "N/A"):	

If Peer Support Services were provided, click on (+) button on the left.

QRI#	Peer Support Services	Result
74	If member receives ACBHD Peer Support Services from a Certified Peer Support Speicalist, is there a completed care plan documented within the client record approved by LPHA?	
	Peer Support Specialist Services Comments (if none, enter "N/A"):	

If Recovery Incentives Services were provided, click on (+) button on the left.

QRI#	Recovery Incentives (RI)	Result
75	Was the member provided all RI Program specific intake documents?	
76	If the member has been absent to RI services for more than 30 days, has a new ASAM been completed?	
77	Is the member receiving RI services as a standalone treatment or as part of outpatient treatment?	
78	**Does the medical record include determination that RI services are medically necessary and appropriate prior to RI enrollment?**	
79	Was a urine drug test conducted by the RI Coordinator at each visit, with the results tracked in the incentive management portal?	
80	When a member re-enters RI treatment instead of moving to continuing care, does the LPHA-completed or reviewed clinical documentation show that RI services are medically necessary and appropriate based on the standard of care, and provide justification for resuming RI services?	
81	**Is there a RI eligible diagnosis documented on the problem list?**	
82	If member chooses to only participate in RI, documentation describes efforts to engage member in additional services?	
83	Does documentation indicate when a member requires a 'reset' after a stimulant positive sample or an unexcused absence?	
84	Do progress notes describe the disbursement of incentives and plans for the next appointment?	
85	When UDT result is positive for opioids, does documentation reflect evidence that the RICoordinator reviewed potential overdose and fentanyl risks, confirmed member has access to naloxone, and proposed suitable treatment services, such as MAT?	
86	If a member is found to be receiving RI services concurrently with another agency, does documentation include evidence of the required coordination of care?	
87	Do progress notes include documentation of any disagreement over UDT results?	
	Recovery Incentives Comments (if none, enter "N/A"):	