

**SUD MEDICAL RECORD REVIEW SUMMARY**

<b>Program Name:</b>		<b>Reviewer:</b>		<b>COR:</b>	
<b>Legal Entity:</b>		<b>DMC Certification #</b>		<b>Contract #</b>	
<b>Billing Review Period:</b>		to		<b># Records Reviewed:</b>	0
<b>Program Enrollments:</b>		<b># Rendering Staff:</b>		<b># of Services (in SanWITS):</b>	

  

<b>1. Program has written P&amp;Ps for the following:</b>	<b>Comments:</b>																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">A. Program Integrity/Paid Claims Verification</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 10%;"></td> </tr> <tr> <td>B. Assessment</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>C. Internal QI/QM</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>D. Monitoring/Supervision of EBP</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>E. Monitoring/Supervision of ASAM</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>F. Medication monitoring (storage, self-administration)</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>G. Medical Director's P&amp;Ps</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>H. Relapse Plan</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>I. Admission and readmission criteria (DSM diagnosis, use of alcohol/drug of abuse, physical health status, documentation of social and psychological problems, ASAM LOC determination, and referral process for client's not meeting admission criteria)</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>J. Providing translation services to client's whose preferred language is other than English; Limited English Proficiency posters in all 6 threshold languages are posted.</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> </table>	A. Program Integrity/Paid Claims Verification	Yes		No		B. Assessment	Yes		No		C. Internal QI/QM	Yes		No		D. Monitoring/Supervision of EBP	Yes		No		E. Monitoring/Supervision of ASAM	Yes		No		F. Medication monitoring (storage, self-administration)	Yes		No		G. Medical Director's P&Ps	Yes		No		H. Relapse Plan	Yes		No		I. Admission and readmission criteria (DSM diagnosis, use of alcohol/drug of abuse, physical health status, documentation of social and psychological problems, ASAM LOC determination, and referral process for client's not meeting admission criteria)	Yes		No		J. Providing translation services to client's whose preferred language is other than English; Limited English Proficiency posters in all 6 threshold languages are posted.	Yes		No		
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<b>2. Program is following written P&amp;Ps</b>	Yes		No																																																
<b>3. Grievance/Appeal information available to clients in all threshold languages and posted</b>	Yes		No																																																
<b>4. Forms/self-addressed and postage paid envelopes for Grievance/Appeal are easily accessible to clients without need for asking.</b>	Yes		No																																																
<b>5. Program rules, expectation, and regulations posted or provided</b>	Yes		No																																																
<b>6. Program has their Notice of Privacy Practices posted in an area that is visible and accessible to all clients.</b>	Yes		No																																																
<b>7. Do all program staff have knowledge about or know where to find copies or electronic access to the current version of following?</b>																																																			
A. SUDPOH	Yes		No																																																
B. SUDURM	Yes		No																																																
C. DHCS and BHS Billing Manuals	Yes		No																																																
D. DHCS AOD Certification Standards	Yes		No																																																
E. CalOMS Manuals	Yes		No																																																
F. Community Resource List for clients	Yes		No																																																

**Confidential QM Report**  
**COSD DMC-ODS Plan**  
 Substance Use Disorder Outpatient Services  
 Fiscal Year 21-22

Overall Result	QIP, FR, CAN Required?	Recovery of Payment Rate	Overall Result: Percentage represents number of yes response(s) divided by the total number of yes and no response(s). N/A responses are not included.
	#DIV/0!	#DIV/0!	<b>Recovery of Payment Rate:</b> The number of disallowed services divided by the total number of services reviewed. The recovery of payment rate does not include non-billable services or services that can be edited/corrected/claimed. Recovery of payments are based on the DMC-ODS Intergovernmental Agency Agreement (IA) Standards.
<p><b>Quality Improvement Plan (QIP) &amp; Focus Review (FR) Requirements:</b> Refer to the comments section at the bottom of each category for QM Reviewer feedback.</p> <p>A QIP is required if the overall score is less than 90% or disallowance rate is over 5%. Quality Improvement Plans are due to QM within 14 days of the date program is notified of required QIP. A follow-up on the QIP is due within 4 months to ensure implementation.</p> <p>NOTE: A QIP may also be requested at the discretion of QM for any significant deficiencies/trends identified in the review.</p> <ol style="list-style-type: none"> <li>1. A QIP is required if the overall score is less than 90% or disallowance rate is over 5%. Quality Improvement Plans are due to QM within 14 days of the date program is notified of required QIP. A follow-up on the QIP is due within 4 months to ensure implementation.</li> <li>2. A Focus Review is required in addition to the QIP if the disallowance rate is 20% to 49%.</li> <li>3. A Corrective Action Notice (CAN) may be required by your COR in addition to the QIP if the disallowance rate is equal to or greater than 50%.</li> <li>4. Billing corrective action (disallowance or correction if allowed) for all services listed on the Billing Summary Form shall be complete and status reflected on the Billing Summary Form, then submitted to QM within 14 days of receipt of SUD MRR.</li> </ol>			
<b>Prior year SUD MRR Results and Quality Improvement Plan Comments:</b>			
<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol>			
<b>Commendable Efforts:</b>			
<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol>			
<b>Continuous Quality Improvement Recommendations:</b>			
<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol>			

**Confidential QM Report**

COSD DMC-ODS Plan  
Medical Record Review for  
Outpatient SUD Services

<b>REVIEW DATE:</b>	1/0/1900	<b>CHART NUMBER:</b>		<b>BILLING REVIEW PERIOD:</b>	1/0/1900	<b>TO</b>	1/0/1900	
<b>DMC CERTIFICATON #:</b>	0	<b>PROGRAM NAME:</b>	0	<b>UNIQUE CLIENT NUMBER:</b>		<b>ADMISSION DATE:</b>		
<b>LOC AT START OF REVIEW PERIOD:</b>		<b>LOC AT END OF REVIEW PERIOD:</b>		<b># OF SERVICES REVIEWED:</b>		<b>DISCHARGE DATE:</b>		
	<b>INTAKE/ASSESSMENT</b>			<b>REFERENCE</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>
1	Client name and SanWITS ID number located in client chart.			IA DMC-ODS Exhibit A, Attachment I, III, PP, 9, i, b, c i, ii; COSD Standard				
2	Client records contain current client demographic information.			IA: DMC-ODS Exhibit A, Attachment I, III, PP, 10, i, a-c, i-ii				
3	The Initial Level of Care Assessment completed with all signatures upon intake (within 7 calendar days).			IA: DMC-ODS Exhibit A, Attachment I, III, PP, 8, i, b				
4	Initial Level of Care Assessment form documentation supports the Recommended and the Actual Level of Care designated.			IA: DMC-ODS, Attachment I AI, III, B, 2, ii, b; and F, 3, iv.				
5	Initial Level of Care Assessment form documents a provisional DSM-5 diagnosis.			IA: DMC-ODS, Attachment I, III, B, 2, ii, a				
6	Initial Level of Care Assessment form documents client's preferred language.			IA: DMC-ODS, Exhibit A, Attachment I A1, II, B, 2, vii-xiii.				
7	If the Initial LOC Assessment is completed by a SUD counselor, documentation of a Face to Face visit with a LPHA/MD in the chart.			IA: DMC-ODS, Exhibit A, Attachment I A1, III, B, 2, iv				
8	Diagnosis Determination Note meets standards (LPHA documents the basis for DSM-5 diagnosis, and legibly printed name, adjacent signatures and date within 30 days of admission. (Day of admit + 29 days) (For RS: New DDN is completed within 30 days of the program enrollment date.)			Title 22: 51341.1, h, 1, A, v, a IA: DMC-ODS, Attachment I, III, PP, 10, i, a Minimum Quality Drug Standards for DMC/SABG				
9	Risk Assessment and Safety Management Plan (or HRA for admits prior to 8/1/19) completed upon admit.			COSD Standard				
10	ASI or YAI is completed within 30 days of admission for outpatient. (For RS: TEA is completed within 30 days of program enrollment date.)			IA: DMC-ODS Exhibit A, Attachment I A1, V, B, 2, ii, f, ii; COSD Standard				
	Assessments (Initial LOC Assessment, Risk Assessment, Health Questionnaire, ASI/YAI, CalOMS, etc.) shall include the following:							
11	Drug/alcohol use history			IA: DMC-ODS Exhibit A, Attachment I, III, PP, 8, i, a, i-x; Minimum Quality Drug Standards for DMC/SABG				
12	Medical history			IA: DMC-ODS Exhibit A, Attachment I, III, PP, 8, i, a, i-x; Minimum Quality Drug Standards for DMC/SABG				
13	Family history			IA: DMC-ODS Exhibit A, Attachment I, III, PP, 8, i, a, i-x; Minimum Quality Drug Standards for DMC/SABG				
14	Psychiatric/psychological history			IA: DMC-ODS Exhibit A, Attachment I, III, PP, 8, i, a, i-x; Minimum Quality Drug Standards for DMC/SABG				
15	Social/recreational history			IA: DMC-ODS Exhibit A, Attachment I, III, PP, 8, i, a, i-x; Minimum Quality Drug Standards for DMC/SABG				
16	Financial status/history			IA: DMC-ODS Exhibit A, Attachment I, III, PP, 8, i, a, i-x; Minimum Quality Drug Standards for DMC/SABG				
17	Educational history			IA: DMC-ODS Exhibit A, Attachment I, III, PP, 8, i, a, i-x; Minimum Quality Drug Standards for DMC/SABG				
18	Employment history			IA: DMC-ODS Exhibit A, Attachment I, III, PP, 8, i, a, i-x; Minimum Quality Drug Standards for DMC/SABG				
19	Criminal history, legal status			IA: DMC-ODS Exhibit A, Attachment I, III, PP, 8, i, a, i-x; Minimum Quality Drug Standards for DMC/SABG				
20	Previous SUD treatment history			IA: DMC-ODS Exhibit A, Attachment I, III, PP, 8, i, a, i-x; Minimum Quality Drug Standards for DMC/SABG				

**Confidential QM Report**

COSD DMC-ODS Plan  
Medical Record Review for  
Outpatient SUD Services

<b>Intake/Assessment Comments:</b>					
	<b>CONSENTS/CONFIDENTIALITY</b>	<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
21	Consent for treatment signed and dated prior to treatment services being provided.	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 7, iii Minimum Quality Drug Standards for DMC/SABG			
22	Client Personal Rights and Complaint Information for AOD Certified/Licensed Programs signed with all required signatures and dated.	IA, DMC-ODS, Exhibit A, Attachment I, A1, II, D, 1, ii AOD Certification Standards: 12010, 16000			
23	Written summary of Federal Confidentiality Requirements per 42 CFR, present in chart, with all required signatures and dated.	IA: DMC-ODS, Exhibit A, Attachment I, A1, B, 2, i, AOD Certification Standards, 16000			
24	Notice of Privacy Practices/HIPAA signed with all required signatures and dated.	IA: DMC-ODS Exhibit A, Attachment I, III, Y, 8 45 CFR section 164.520			
25	ROIs (Release of Information) that are 42 CFR compliant are present in the chart for communication with the client's PCP, other treatment providers and collateral contacts. If a client refuses to sign a ROI, this must be documented in the chart. There must be documentation of attempts to coordinate care with the other treatment providers and collateral contacts within 30 days of admission and as needed throughout treatment.	AOD Certification Standards: 12020			
26	Acknowledgement of DMC-ODS Beneficiary Handbook and Provider Directory signed and dated.	IA: DMC-ODS Exhibit A, Attachment I A1, II, B, 2, xvii, b			
27	SUD Program Checklist form is completed and signed upon admission.	COSD Standard			
<b>Consents/Confidentiality Comments:</b>					
	<b>HEALTH/MEDICAL</b>	<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
28	<u>For perinatal programs</u> , pregnant and postpartum client chart documentation substantiates pregnancy and last day of pregnancy.	IA: DMC-ODS Exhibit A, Attachment 1, III, PP, 2, iii Title 22: 51341.1..g, 1, A, iii			
29	<u>For pregnant and parenting clients</u> , documentation substantiates primary medical care, including referral for prenatal care, has been provided for/arranged.	IA: DMC-ODS Exhibit A, Attachment 1, III, PP, 2, ii, b Title 22: 51341.1 DHCS Perinatal Practice Guidelines			
30	There is documentation to support that the physician has reviewed the physical examination results, with typed or legibly printed name, signature and date (signature adjacent to typed or legibly printed name).	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 11, iii			
31	If drug screening is performed, the results are documented in the client's record.	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 7, viii (b); Minimum Quality Drug Standards for DMC/SABG			
32	The TB Screening Questionnaire is completed as required upon admission.	COSD Standard			
33	Health Questionnaire is completed upon admission as required and signed by the client and reviewing staff.	AOD Certification Standards: 7020			
<b>Health/Medical Comments:</b>					
	<b>TREATMENT / RECOVERY PLANNING</b>	<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
34	ASAM Level of Care Recommendation forms are complete as part of the initial and updated treatment planning process. (For RS: Update TEA due every 90 days)	COSD Standard			
35	The current ASAM LOC Recommendation form documentation supports the Recommended and Actual Level of Care designated.	COSD Standard			
36	Initial Treatment Plan shall include typed or legibly printed name adjacent to signature, date of signature of counselor, client (or reason why client's signature not obtained) and medical director/LPHA and was completed within 30 calendar days of admission (Day of admit + 29 days). (For RS: Recovery Plan due within 30 days - program enrollment date +29 days)	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 12, i, b, i; Title 22 51341.1, h, 2, A, ii, a-c; Minimum Quality Drug Standards for DMC/SABG			

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**COSD DMC-ODS Plan**  
**Medical Record Review for**  
**Outpatient SUD Services**

37	Updated treatment plans shall include typed or legibly printed name adjacent to signature, date of signature of counselor, client (or reason why client's signature not obtained) and medical director/LPHA and was completed within 90 calendar days of counselor's signature on last treatment plan. (Counselor signature date + 89 days) (For RS: Recovery Plan due every 90 days)	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 12, ii, a				
38	Each treatment plan includes the client's SUD DSM-5 diagnosis(es) as documented on the Diagnosis Determination Note. (If more than one SUD diagnosis, tx plan must include all as documented on the DDN).	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 12, i, a, i, 7				
39	Treatment Plans document client's preferred language.	IA: DMC-ODS, Exhibit A, Attachment I A1, II, B, 2, vii-xiii.				
40	Each treatment plan includes a problem statement for all problems identified through the assessment whether addressed or deferred.	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 12, i, a, i, 1; Minimum Quality Drug Standards for DMC/SABG				
41	Each treatment plan includes goals to address each problem statement (unless deferred). Goals and action steps are specific, achievable, and measurable.	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 12, i, a, i, 2; Minimum Quality Drug Standards for DMC/SABG				
42	Each treatment plan includes action steps to meet the goals that include who is responsible (provider and/or client) for the action and the target date for completion.	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 12, i, a, i, 3; Minimum Quality Drug Standards for DMC/SABG				
43	Each treatment plan includes frequency for all interventions/services.	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 12, i, a, i, 5				
44	Treatment plans are complete and individualized to the client based upon information obtained in the intake/assessment process.	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 12, i				
45	Updated treatment plans accurately reflect the client's progress or lack of progress in treatment.	Minimum Quality Drug Standards for DMC/SABG				
46	Treatment plan covering the review period includes a goal for all health needs (physical/dental) identified at intake/assessments/reassessments/physical exam results, if applicable.	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 12, i, a, i, 9				
47	Treatment plan includes the goal of obtaining a physical exam until that goal is obtained (if physical exam requirement is not met by physician reviewing most recent physical exam-must be within 12 months of admit; or, physician, NP, or PA performed a physical within 30 days).	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 12, i, a, i, 8				
	<b>Treatment Plan Comments:</b>					
	<b>PROGRESS NOTES</b>		<b>REFERENCE</b>		<b>Yes No N/A</b>	
48	Progress notes document the language of service provided (if other than English).	IA, Exhibit A, Attachment I: II, B, 2, vi				
49	For each service claimed, the LPHA or counselor who conducted the service completed a progress note with adjacent typed/legibly printed name, signature and date within 7 calendar days of service. (Day of service + 6 days)	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 14, i				
50	Progress note summaries include topic and description of service (provider support and interventions, description of client's progress on treatment plan problems, goals, action steps, objectives, and/or referrals. client's ongoing plan including any new issues)	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 14, i Minimum Quality Drug Standards for DMC/SABG				
51	Progress notes include the correct service code, date of service, including start and end times and duration of travel or documentation time, if applicable.	IA, Exhibit A, Attachment I: III, PP, 14, i and 17				
52	Progress notes indicate if services were provided in-person, by telephone, or by telehealth or off-site in the community.	IA, Exhibit A, Attachment I: III, PP, 14, i				
53	Time billed is equal to time documented and substantiated in documentation.	IA, Exhibit A, Attachment I: III, BB, 2, i				
54	Services are rendered by provider operating within their scope of practice	IA, Exhibit A, Attachment I: III, A, 1, i, a				
55	Progress note narrative for clinical services reflects utilization of Evidence Based Practices of Motivational Interviewing (MI) or Relapse Planning (RP) within the treatment session or group with client	IA, Exhibit A, Attachment I: III, AA,3, iii, a, and c				
56	If services were provided in the community, progress notes document the location and how the provider ensured confidentiality.	IA, Exhibit A, Attachment I: III, PP, 14, i				
57	Progress notes reflect clinical contact as appropriate for determined ASAM level of care (less than 9 hours a week for adult OS/6 hours a week for adolescent OS; between 9-19 hours a week for adult IOS/6-19 hours a week for adolescent IOS).	IA, Exhibit A, Attachment I: III, O, 1, and P, 1				
58	All clinical and patient education groups meet size standard (2 - 12 participants).	IA, Exhibit A, Attachment I: IV, A, 45				

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**Outpatient SUD Services**

59	There is a group sign-in sheet for each group service provided to the client.	IA Exhibit A III. PP. 13, i			
	Each group session has a sign-in sheet that includes the following:				
60	Adjacent typed/legibly printed name and signature of the LPHA or counselor conducting the session and date. The date of signature must be the same day as the group service.	IA, Exhibit A, Attachment I: III, PP, 13, i, a			
61	The date of the session and start and end time of the session	IA, Exhibit A, Attachment I: III, PP, 13, i, b, and d			
62	The topic of the session	IA, Exhibit A, Attachment I: III, PP, 13, i, c			
63	A typed/legibly printed list of the client's first and last names and signatures of each client that attended the session	IA, Exhibit A, Attachment I: III, PP, 13, i, e			
	<b>Progress Notes Comments:</b>				
	<b>CONTINUING SERVICES JUSTIFICATION</b>	<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
64	Continuing Services Justification (aka Stay Review Justification) completed no sooner than five months and no later than six months after client's admission to treatment (or date of completion of the most recent justification).	IA, Exhibit A, Attachment 1: II, PP, 15, i, a, i			
65	The LPHA has documented medical necessity for continued services at the same level of care, or recommended step-down or step-up in level of care.	IA, Exhibit A, Attachment 1: II, PP, 15, i, a, ii			
	Documentation of the Continuing Services Justification includes consideration of all the following:				
66	Client's personal, medical, and substance use history	IA, Exhibit A, Attachment 1: II, PP, 15, i, a, ii, 1			
67	Documentation of the client's most recent physical exam	IA, Exhibit A, Attachment 1: II, PP, 15, i, a, ii, 2			
68	The client's progress notes and treatment plan goals	IA, Exhibit A, Attachment 1: II, PP, 15, i, a, ii, 3			
69	The LPHA's or counselor's recommendations	IA, Exhibit A, Attachment 1: II, PP, 15, i, a, ii, 4			
70	The client's prognosis	IA, Exhibit A, Attachment 1: II, PP, 15, i, a, ii, 5			
71	If the LPHA determines continuing treatment services are not medically necessary, the documentation reflects following required discharge and warm handoff processes.	IA, Exhibit A, Attachment 1: II, PP, 15, i, a, iii			
	<b>Continuing Services Justification Comments:</b>				
	<b>DISCHARGE</b>	<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
72	LPHA or counselor completed a discharge plan for each planned discharge within 30 calendar days prior to the last scheduled treatment service with client and is signed by the LPHA or counselor and client on the client's last face to face day of treatment.	IA, Exhibit A, Attachment I: III, PP, 16, ii, b			
	Discharge plan includes:				
73	Description of client's triggers	IA, Exhibit A, Attachment I: III, PP, 16, ii, a, i			
74	A plan to avoid relapse when confronted with these triggers	IA, Exhibit A, Attachment I: III, PP, 16, ii, a, ii			
75	A support plan	IA, Exhibit A, Attachment I: III, PP, 16, ii, a, iii			
76	Documentation indicates the client was given a copy of the discharge plan.	IA, Exhibit A, Attachment I: III, PP, 16, ii, c; Minimum Quality Drug Standards for DMC/SABG			
77	Discharge is supported by an updated ASAM LOC Recommendation form	IA, Exhibit A, Attachment I: III, PP, 16, ii, b, i			
78	LPHA or counselor completed a discharge summary for each client within 30 calendar days of the date of the last face-to-face or telephone contact with the client.	IA, Exhibit A, Attachment I: III, PP, 16, iii, a			
	Discharge summaries include all of the following:				

**Confidential QM Report**

COSD DMC-ODS Plan  
 Medical Record Review for  
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79	The duration of the client's treatment as determined by the dates of admission to and discharge from treatment	IA, Exhibit A, Attachment I: III, PP, 16, iii, b, i			
80	The reason for discharge	IA, Exhibit A, Attachment I: III, PP, 16, iii, b, ii			
81	A narrative summary of the treatment episode	IA, Exhibit A, Attachment I: III, PP, 16, iii, b, iii			
82	The client's prognosis	IA, Exhibit A, Attachment I: III, PP, 16, iii, b, iv			
83	Client was provided with NOABD within proper timelines of discharge and NOABD is documented in SanWITS (MISC NOTE) or logged in another location.	IA, Exhibit A, Attachment I: II, G, 2			
84	If client transitioning to new LOC, including RS, there is documentation of this LOC change beginning within 10 business days of discharge.	IA, Exhibit A, Attachment I: V, D, 2, ii			
<b>Discharge Comments:</b>					
<b>FINANCIAL/BILLING</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
85	Financial Responsibility and Information form is completed.	COSD Standard; Minimum Quality Drug Standards for DMC/SABG			
86	Initial and monthly DMC eligibility is documented in the chart.	IA, Exhibit A, Attachment I: III, BB, 2, ii			
<b>Financial/Billing Comments:</b>					