

**CONFIDENTIAL QM REPORT**  
**COSD DMC-ODS Plan**  
**Technical Assistance Review - Outpatient SUD Services**

**OUTPATIENT TA 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>Review Date:</b>	<b>Program Enrollment:</b>	
<b>Risk Level:</b>		<b># Charts Reviewed:</b>		<b>Next Review Date (estimate):</b>	

<b>Overall Rating:</b>		<b>Disallowance Rate:</b>	#DIV/0!	<b>Billing Corrections Due Date:</b>	
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<b>Comments:</b>					
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<b>Results By Question</b>				<b>Compliance Rate</b>	
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**ASSESSMENTS/CONSENTS**

1	Initial LOC Assessment completed with all signatures (within 7 calendar days of admit).	
2	Initial LOC Assessment completed by SUD counselor, documentation of face to face visit with LPHA or MD in chart.	
3	Perinatal services claimed are provided in a certified/contracted perinatal program.	
4	For perinatal services claimed documentation exists of the beneficiary's pregnancy and last day of pregnancy	
5	DDN completed within timelines (30 days from admission)	
6	MD/LPHA substantiate the basis of the SUD diagnosis sufficiently.	

**TREATMENT PLAN**

7	Initial treatment plan completed within timelines (30 days from admission and MD/LPHA signature within 15 days of counselor's signatures) Note: MD/LPHA must include signature with adjacent legibly printed/typed name and date.	
8	Updated treatment plans completed within timelines. (no later than 90 days after signing the previous treatment plan, signatures per timelines).	
9	Documentation of client participation/agreement with treatment plan or written documentation of client's refusal or unavailability to sign (if client refused to sign, there is documentation of the reason for refusal and provider's strategy to engage the client to participate in treatment).	
10	All treatment plans meet requirements (individualized based on assessment, include problem statement, goals, action steps, target dates, description of services: type and frequency of intervention, assignment of primary counselor, diagnosis, and physical examination goals, if not met by other physical exam option).	
11	Documentation that physical exam requirements were met.	
12	ASAM LOC Recommendation completed with all signatures prior to or on the date of the treatment plan (within 30 calendar days from date of admission). Note: completed in conjunction with not after tx plan.	
13	If ASAM LOC Recommendation completed by SUD counselor, documentation of face to face visit with LPHA or MD in chart.	

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<b>PROGRESS NOTES</b>		
14	There is a progress note for each service claimed	
15	Progress notes signed by the registered/certified SUD counselor or LPHA (adjacent printed/typed name, signature, and date) within 7 days of service	
16	Service rendered by provider operating within his/her scope of practice	
17	Required elements included. (Client name, topic of the session or purpose of service, individualized, describes client's progress on treatment plan, date of service, start/end times of service, type of service, identified if provided in person, by telephone, in the community (requires documentation of how client confidentiality was maintained).	
18	Progress note narrative documents utilization of Evidence Based Practice within treatment session/group with client.	
<b>GROUP COUNSELING</b>		
19	Sign-in sheet contains all of the following: Adjacent printed/typed name, signature, date (must match date of session) of registered/certified counselor/LPHA conducting the session, date of session, topic of session, start/end time of session, typed or legibly printed list of client names with signature of each client attended.	
20	Group meets size limitation requirements (2-12 participants).	
<b>CONTINUING SERVICES JUSTIFICATION</b>		
21	Continuing services 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).	
22	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.	
<b>DISCHARGE</b>		
23	Discharge plan completed by a registered/certified counselor/LPHA with adjacent printed/typed name, signature, and developed with client within thirty (30) days prior to anticipated discharge date.	
24	Discharge summary completed no later than thirty (30) calendar days after last face to face or telephone contact with the client.	
25	Client discharged with referral/linkage if planned discharge.	

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<b>REVIEW DATE:</b>	1/0/1900	<b>CHART NUMBER:</b>	1	<b>BILING REVIEW PERIOD:</b>	1/0/1900	<b>TO</b>	1/0/1900	
<b>DMC CERTIFICATION #:</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>ASSESSMENTS/CONSENTS</b>					<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1	Initial LOC Assessment completed with all signatures (within 7 calendar days of admit).			AOD Certification Standards: 7010				
2	Initial LOC Assessment completed by SUD counselor, documentation of face to face visit with LPHA or MD in chart.			IA: DMC-ODS, Attachment I, III, B, 2, ii				
3	Perinatal services claimed are provided in a certified/contracted perinatal program.			Title 22 51341.1, g, 1, A, iii				
4	For perinatal services claimed documentation exists of the beneficiary's pregnancy and last day of pregnancy			IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 2, iii				
5	DDN completed within timelines (30 days from admission)			Title 22: Drug Medi-Cal Substance Use Disorder Services. 51341.1, h, 1, A, v, a IA: DMC-ODS, Attachment I, III, PP, 10, i, a Minimum Quality Drug Standards for DMC/SABG				
6	MD/LPHA substantiate the basis of the SUD diagnosis sufficiently.			Title 22: Drug Medi-Cal Substance Use Disorder Services. 51341.1, h, 1, A, v, a IA: DMC-ODS, Attachment I, III, PP, 10, i, a, Minimum Quality Drug Standards for DMC/SABG				
<b>TREATMENT PLAN</b>					<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
7	Initial treatment plan completed within timelines (30 days from admission and MD/LPHA signature within 15 days of counselor's signatures) Note: MD/LPHA must include signature with adjacent legibly printed/typed name and date.			IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, b, i; Title 22 51341.1, h, 2, A, i, a-l; Minimum Quality Drug Standards for DMC/SABG				
8	Updated treatment plans completed within timelines. (no later than 90 days after signing the previous treatment plan, signatures per timelines).			IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, ii, a				
9	Documentation of client participation/agreement with treatment plan or written documentation of client's refusal or unavailability to sign (if client refused to sign, there is documentation of the reason for refusal and provider's strategy to engage the client to participate in treatment).			IA Exhibit A, Attachment I A1, 12, I, b, ii, 1				
10	All treatment plans meet requirements (individualized based on assessment, include problem statement, goals, action steps, target dates, description of services: type and frequency of intervention, assignment of primary counselor, diagnosis, and physical examination goals, if not met by other physical exam option).			IA: DMC-ODS, Attachment I, II, B, 2, ix. IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, a, i, 3; Minimum Quality Drug Standards for DMC/SABG IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, a, i, 5, 8				
11	Documentation that physical exam requirements were met.			IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, a, i, 8				
12	ASAM LOC Recommendation completed with all signatures prior to or on the date of the treatment plan (within 30 calendar days from date of admission). Note: completed in conjunction with not after tx plan.			COSD Standard				
13	If ASAM LOC Recommendation completed by SUD counselor, documentation of face to face visit with LPHA or MD in chart.			IA, Exhibit A, Attachment I:III, PP, 16				
<b>PROGRESS NOTES</b>					<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
14	There is a progress note for each service claimed			IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 14, I, a, i				
15	Progress notes signed by the registered/certified SUD counselor or LPHA (adjacent printed/typed name, signature, and date) within 7 days of service			IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 14, I, a, i				

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16	Service rendered by provider operating within his/her scope of practice	IA, Exhibit A, Attachment I: III, A, 1, i, a			
17	Required elements included. (Client name, topic of the session or purpose of service, individualized, describes client's progress on treatment plan, date of service, start/end times of service, type of service, identified if provided in person, by telephone, in the community (requires documentation of how client confidentiality was maintained).	IA, Exhibit A, Attachment I: III, PP, 17			
18	Progress note narrative documents utilization of Evidence Based Practice within treatment session/group with client.	IA, Exhibit A, Attachment I: III, AA, iii			
<b>GROUP COUNSELING</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
19	Sign-in sheet contains all of the following: Adjacent printed/typed name, signature, date (must match date of session) of registered/certified counselor/LPHA conducting the session, date of session, topic of session, start/end time of session, typed or legibly printed list of client names with signature of each client attended.	IA, Exhibit A, Attachment I: III, PP, 13			
20	Group meets size limitation requirements (2-12 participants).	IA, Exhibit A, Attachment I: IV, A, 42			
<b>CONTINUING SERVICES JUSTIFICATON</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
21	Continuing services 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 I: III, PP, 15			
22	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 I: III, PP, 15			
<b>DISCHARGE</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
23	Discharge plan completed by a registered/certified counselor/LPHA with adjacent printed/typed name, signature, and developed with client within thirty (30) days prior to anticipated discharge date.	IA, Exhibit A, Attachment I: III, PP, 16			
24	Discharge summary completed no later than thirty (30) calendar days after last face to face or telephone contact with the client.	IA, Exhibit A, Attachment I: III, PP, 16			
25	Client discharged with referral/linkage if planned discharge.	IA, Exhibit A, Attachment I: III, PP, 15			
<b>COMMENTS</b>					