

SUD MEDICAL RECORD REVIEW SUMMARY

Program Name:		Reviewer:		COR:	
Legal Entity:		DMC Certification #		Contract #	
Billing Review Period:		Review Date:		# Records Reviewed:	0
Program Enrollment:				# Clients at Program:	

1. Program has written P&Ps for the following:	Comments:																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">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: 15%;"></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&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> <tr> <td>K. Disposal of client medications</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>L. Diversion control policy</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>M. Naloxone use policy</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		K. Disposal of client medications	Yes		No		L. Diversion control policy	Yes		No		M. Naloxone use policy	Yes		No		
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M. Naloxone use policy	Yes		No																																																															
2. Program is following written P&Ps	Yes		No																																																															
3. Grievance/Appeal information available to clients in all threshold languages and posted	Yes		No																																																															
4. Forms/self-addressed and postage paid envelopes for Grievance/Appeal are easily accessible to clients without need for asking.	Yes		No																																																															
5. Program rules, expectation, and regulations posted or provided	Yes		No																																																															
6. Data Entry Standards met	Yes		No																																																															
7. Program has their Notice of Privacy Practices posted in an area that is visible and accessible to all clients.	Yes		No																																																															
8. Does program staff have copies or electronic access to the current version of following?																																																																		
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 Withdrawal Management Services
 Fiscal Year 20-21

Overall Result	QIP 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!	Recovery of Payment Rate: 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.
Quality Improvement Plan (QIP) Requirements: Refer to the comments section at the bottom of each category for QM Reviewer feedback.			
<ol style="list-style-type: none"> 1. A QIP is required if the Overall Result is below 90% or if disallowance rate exceeds 5%. The QIP shall include the Billing Summary Form. A QIP may also be requested at the discretion of the QM Specialist for any significant deficiencies/trends identified in the review. 2. If the Overall Result is below 80%, a second SUD MRR will occur after a period of time (3 months) that program has been able to implement its quality improvement plan. 3. Any services listed on the Billing Summary Form shall be corrected on the Billing Summary Form and submitted to QM within 14 days of receipt of SUD MRR. 4. Quality Improvement Plans are due to the QM Unit within 14 days of the date program is notified of required QIP. 			
Prior year SUD MRR Results and Quality Improvement Plan Comments:			
<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 			
Commendable Efforts:			
<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 			
Continuous Quality Improvement Recommendations:			
<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 			

Confidential QM Report
COSD DMC-ODS Plan
Medical Record Review for
Withdrawal Management SUD Services

REVIEW DATE:	1/0/1900	CHART NUMBER:		BILLING REVIEW PERIOD:	1/0/1900	TO	1/0/1900		
DMC CERTIFICATON #:	0	PROGRAM NAME:	0	UNIQUE CLIENT NUMBER:		ADMISSION DATE:			
LOC AT START OF REVIEW PERIOD:		LOC AT END OF REVIEW PERIOD:		# OF SERVICES REVIEWED:		DISCHARGE DATE:			
	INTAKE/ASSESSMENT				REFERENCE		Yes	No	N/A
1	The Initial Level of Care Assessment completed with all signatures upon intake (within 24 hours of admit).				IA: DMC-ODS, Attachment I, III, PP, 10, ii, a				
2	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; IA: DMC-ODS, Attachment I AI, III, F, 3, iv.				
3	Initial Level of Care Assessment form documents a provisional DSM-5 diagnosis.				IA: DMC-ODS, Attachment I, III, B, 2, ii, a, i				
4	Initial Level of Care Assessment form documents client's preferred language.				IA: DMC-ODS, Exhibit A, Attachment I A1, II, B, 2, vii-xiii.				
5	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				
6	Diagnosis Determination Note meets standards (LPHA documents the basis for DSM-5 diagnosis, and legibly printed name, adjacent signatures and date within 72 hours of 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				
7	Risk Assessment and Safety Management Plan (or HRA for admits prior to 8/1/19) completed within 24 hours of admission.				COSD Standard				
	Assessments (Initial LOC Assessment, Risk Assessment, Health Questionnaire, ASI/YAI, CalOMS, etc.) shall include the following:								
8	Drug/alcohol use history				Minimum Quality Drug Standards for DMC/SABG				
9	Medical history				Minimum Quality Drug Standards for DMC/SABG				
10	Family history				Minimum Quality Drug Standards for DMC/SABG				
11	Psychiatric/psychological history				Minimum Quality Drug Standards for DMC/SABG				
12	Social/recreational history				Minimum Quality Drug Standards for DMC/SABG				
13	Financial status/history				Minimum Quality Drug Standards for DMC/SABG				
14	Educational history				Minimum Quality Drug Standards for DMC/SABG				
15	Employment history				Minimum Quality Drug Standards for DMC/SABG				
16	Criminal history, legal status				Minimum Quality Drug Standards for DMC/SABG				
17	Previous SUD treatment history				Minimum Quality Drug Standards for DMC/SABG				
	Intake/Assessment Comments:								
	CONSENTS/CONFIDENTIALITY				REFERENCE		Yes	No	N/A
18	Consent for treatment signed and dated prior to treatment services being provided.				IA: DMC-ODS Exhibit A, Attachment I, III, PP, 8, iii Minimum Quality Drug Standards for DMC/SABG				

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Consents/Confidentiality Comments:					
HEALTH/MEDICAL		REFERENCE	Yes	No	N/A
19	For perinatal programs, pregnant and postpartum client chart documentation substantiates pregnancy and last day of pregnancy.	Title 22 51341.1, g, 1, A, iii			
20	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			
21	Drug screen is conducted upon admission and per program policies, and the results are documented in the client's record.	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 8, viii Minimum Quality Drug Standards for DMC/SABG			
22	Health Questionnaire is completed as required within 24 hours and signed by the client and reviewing staff.	AOD Certification Standards: 7020			
23	If IMS certified, DHCS Form 4026 (Incidental Medical Services Certification) is completed within timelines.	MHSUDS Information Notice #18-031			
24	Centrally stored medication and destruction record is completed per SUDPOH standards	COSD Standard			
25	If prescribed and/or OTC medications were self-administered during the episode, monitoring (including times taken) are logged.	COSD Standard			
26	WM observation log is completed as required per the SUDPOH WM standards.	COSD Standard			
Health/Medical Comments:					
TREATMENT PLANNING		REFERENCE	Yes	No	N/A
27	WM 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 required timelines. (72 hours from admit)	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 12, i, b, i; Title 22 51341.1, h, 2, A, I, a-1; Minimum Quality Drug Standards for DMC/SABG			
28	WM treatment plans are individualized to the client based upon information obtained in the intake/assessment process.	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 12, i			
29	Each WM 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			
30	Each WM 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			
31	Each WM 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			
32	Each WM treatment plan includes frequency for all interventions/services to be provided.	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 12, i, a, i, 5			
33	Each WM 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 diagnoses as documented on DDN)	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 12, i, a, i, 7			
34	WM 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, 8			
35	If no physical exam results within the 12-month period preceding admission have been obtained and reviewed by the MD (or program with IMS has not provided a physical exam within 72 hours of admit), treatment plan includes the goal of obtaining a physical exam, even if the program is unable to assist in completing the goal during the treatment episode.	IA: DMC-ODS Exhibit A, Attachment I, III, PP, 12, i, a, i, 8			
Treatment Plan Comments:					

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	PROGRESS NOTES	REFERENCE	Yes	No	N/A
36	There is daily documentation (i.e. WM Daily Progress Note or SUD Treatment Progress Note) in the chart, per SUDPOH WM Standards.	COSD Standard			
37	For each <u>case management</u> 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 Exhibit A, Attachment I A1, III, PP, 14, i, c			
38	For each <u>case management</u> service claimed, 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 Exhibit A, Attachment I A1, III, PP, 14, i, c			
39	Progress notes include the correct service code, purpose/topic of session, date of service, including start and end times and duration of travel or documentation time, if applicable.	IA, Exhibit A, Attachment I: III, PP, 17			
40	Time billed is equal to time documented and substantiated in documentation.	IA, Exhibit A, Attachment I: III, BB, 2, i			
41	Progress note narrative for clinical services reflects utilization of Evidence Based Practices of Motivational Interviewing (MI) within the treatment session or group with client.	IA, Exhibit A, Attachment I: III, AA,3, iii			
42	Progress note narrative for clinical services reflects utilization of Evidence Based Practices of Relapse Prevention (RP) within the treatment session or group with client.	IA, Exhibit A, Attachment I: III, AA,3, iii			
43	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, a, ii, 5.			
44	All clinical groups meet size standard (2 - 12 participants).	IA, Exhibit A, Attachment I: IV, A, 44			
45	There is a group sign-in sheet for each group service provided to the client.	IA Exhibit A III. PP. 13			
	Each group session has a sign-in sheet that includes the following:				
46	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			
47	The date of the session and start and end time of the session	IA, Exhibit A, Attachment I: III, PP, 13			
48	The topic of the session	IA, Exhibit A, Attachment I: III, PP, 13			
49	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			
	Progress Notes Comments:				
	DISCHARGE	REFERENCE	Yes	No	N/A
50	ASAM LOC Recommendation form documentation supports the client's recommended level of care for ongoing treatment.	COSD Standard			
51	For planned discharges, documentation supports that the client was linked to appropriate level of care after completion of withdrawal management services within 10 business days of discharge.	COSD Standard			
52	LPHA or counselor completed a discharge plan prior to client's planned discharge from program, if applicable. Discharge plan contains counselor or LPHA legibly printed/typed name, adjacent signature, and date of signature.	IA, Exhibit A, Attachment I: III, PP, 16			
	Discharge plan includes:				
53	Description of client's triggers	IA, Exhibit A, Attachment I: III, PP, 16			
54	A plan to avoid relapse when confronted with these triggers	IA, Exhibit A, Attachment I: III, PP, 16			

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55	A support plan	IA, Exhibit A, Attachment I: III, PP, 16			
56	Documentation indicates the client was given a copy of the discharge plan.	Minimum Quality Drug Standards for DMC/SABG			
57	LPHA or counselor completed a discharge summary for each client within 72 hours of the date of the last service with the client.	IA, Exhibit A, Attachment I: III, PP, 16 COSD Standard			
	Discharge summaries include all of the following:				
58	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			
59	The reason for discharge	IA, Exhibit A, Attachment I: III, PP, 16			
60	A narrative summary of the treatment episode	IA, Exhibit A, Attachment I: III, PP, 16			
61	The client's prognosis	IA, Exhibit A, Attachment I: III, PP, 16, iii.b.iv			
	Discharge Comments:				
	FINANCIAL/BILLING	REFERENCE	Yes	No	N/A
62	Initial DMC eligibility is documented in the chart (and monthly if applicable).	IA, Exhibit A, Attachment I: III, BB, 2, ii			
	Financial/Billing Comments:				