

DMC Client Tracking Instruction Form

REQUIRED FORM:

This form is a required document in the client file for Drug Medi-Cal (DMC) providers in Outpatient Services and Intensive Outpatient Services programs.

WHEN:

At client's first DMC billable service and every billable visit thereafter

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

- **IOS/OS/Recovery Services:** Check appropriate box Intensive Outpatient Services (IOS), Outpatient Services (OS), or Recovery Services.
- **Client Name:** Complete with client's full name.
- **Client ID#:** Complete the client ID number as determined by agency guidelines.
- **Admit Date:** Complete the date of admission.
- **Date DMC Billing Began:** Complete the date of client's first face-to-face billable service.
- **M/C (BIC#):** Complete client's Medi-Cal, Benefit Identification Card (BIC) number.
- **DSM - 5 & ICD-10 Dx:** A diagnosis label from the current version of the DSM - 5 is required. An ICD-10 diagnosis code is required for billing. The ICD – 10 code and DSM – 5 diagnosis label must match.
- **Tracking Chart:**
 - (1) **Service Date:** Complete each date of client's DMC billable services.
 - (2) **Service Type & Counselor (CO):**
 - Complete the type of service client received from County billing activity codes: Type (AS = Assessment, GR = Group, CM = Case Management, TP = treatment planning, DC = Discharge, CR = Crisis, MAT = Medication Assisted Treatment, MED = Medication, IND = Ind. Counseling, FT = Family Therapy, PC = Physician Consultation, O = Other).
 - Document the initials of the counselor (CO) that provided the service.
 - (3) **Date Billed:** Complete the date Medi-Cal billing was submitted to the County.
 - (4) **Billing Minutes:** Complete the amount of billing minutes.
- **Review Date:** The date tracking form is reviewed at Quality Assurance Review (QAR).
- **QA Reviewer Signature:** QAR representative must sign after reviewing tracking form.
- **QAR Determination:** QAR representative must select and check the appropriate box according to the review determination.
- **Upcoming Review Dates:** QAR representative must check the box for "no more review dates" or select upcoming review dates.

NOTE: Will be reviewed at QAR for an initial, stay, extension, and discharge.