

SUD QUALITY ASSURANCE PROGRAM REVIEW SUMMARY

Program Name:				Reviewer:				COR:	
Legal Entity:		State ID #		DMC Certification #				Contract #	
Billing Review Period:		to		Review Dates:		to		# of Services (in EHR):	
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. 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.						
		0%							
Quality Improvement Plan (QIP) Requirements: Refer to the comments section at the bottom of each category for QA Reviewer feedback. A QIP is required if the overall score is less than 90% or disallowance rate is over 5%. Quality Improvement Plans are due to QA 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. NOTE: A QIP may also be requested at the discretion of QA for any significant deficiencies/trends identified in the review.									
1. Billing corrective action (disallowance or correction if allowed) for all services listed on the Progress Notes Summary shall be complete and status reflected on the Progress Notes Summary, then submitted to QA within 14 days of receipt of SUD QAPR. 2.									
Prior year SUD QAPR (previously MRR) Results and Quality Improvement Plan Comments:									
1. 2. 3. 4. 5.									
Commendable Efforts:									
1. 2. 3. 4. 5.									
Continuous Quality of Care Improvement Recommendations:									
1. 2. 3. 4. 5.									

Covered Services

LOC/ Services	P&P	Documentation Verification	Reports	In Compliance Yes/No/NA	Comments
Early Intervention (0.5)					<p>Met. Program adequately identified Early Intervention services in alignment with DMC-ODS.</p> <p>Not met. Program to align Early Intervention services with DMC-ODS.</p> <p>Recommendations: Provide more Early Intervention services to clients.</p> <p>Expand services to include additional Early Intervention activities.</p> <p>Improve documentation and claiming of Early Intervention activities.</p> <p>Other:</p>
OS/IOS (LOC 1 and 2.1)					<p>Met. Program adequately identified OS/IOS services in alignment with DMC-ODS.</p> <p>Not met. Program to align OS/IOS services with DMC-ODS.</p> <p>Recommendations: Improve documentation and claiming of OS/IOS activities.</p> <p>Other:</p>
Residential 3.1; 3.3 and 3.5					<p>Met. Program adequately identified Residential 3.1; 3.3 and 3.5 services in alignment with DMC-ODS.</p> <p>Not met. Program to align Residential 3.1; 3.3 and 3.5 services with DMC-ODS.</p> <p>Recommendations: Improve documentation and claiming of Residential 3.1; 3.3 and 3.5.</p> <p>Other:</p>
Withdrawal Management 3.2					<p>Met. Program adequately identified Withdrawal Management services in alignment with DMC-ODS.</p> <p>Not met. Program to align Withdrawal Management services with DMC-ODS.</p> <p>Recommendations: Improve documentation and claiming of Withdrawal Management services.</p> <p>Other:</p>
NTPs					<p>Met. Program adequately identified NTP services in alignment with DMC-ODS.</p> <p>Not met. Program to align NTP services with DMC-ODS.</p> <p>Recommendations: Improve documentation and claiming of NTP services.</p> <p>Other:</p>
Recovery Services					<p>Met. Program adequately identified Recovery Services in alignment with DMC-ODS.</p> <p>Not met. Program to align Recovery Services with DMC-ODS.</p> <p>Recommendations: Provide more Recovery Services to clients.</p> <p>Expand services to include additional Recovery Services.</p> <p>Improve documentation and claiming of Recovery Services.</p> <p>Other:</p>
Assessment (ASAM)					<p>Met. Program adequately identified Assessment (ASAM) services in alignment with DMC-ODS.</p> <p>Not met. Program to align Assessment (ASAM) services with DMC-ODS.</p> <p>Recommendations: Provide more Assessment (ASAM) services to clients.</p> <p>Expand services to include additional Assessment (ASAM) activities.</p> <p>Improve documentation and claiming of Assessment (ASAM) activities.</p> <p>Other:</p>
Care Coordination					<p>Met. Program adequately identified Care Coordination services in alignment with DMC-ODS.</p> <p>Not met. Program to align Care Coordination services with DMC-ODS.</p> <p>Recommendations: Provide more Care Coordination services to clients.</p> <p>Expand services to include additional Care Coordination activities.</p> <p>Improve documentation and claiming of Care Coordination activities.</p> <p>Other:</p>

MAT					<p>Met. Program adequately identified MAT services in alignment with DMC-ODS.</p> <p>Not met. Program to align MAT services with DMC-ODS.</p> <p>Recommendations: Provide more MAT services to clients.</p> <p>Expand services to include additional MAT activities.</p> <p>Improve documentation and claiming of MAT activities.</p> <p>Other:</p>
Written protocol that addresses developmentally appropriate services for the client's age group. (For clients aged 18-21 and younger than 12 who are receiving SUD treatment.)					<p>Met. Program adequately identified developmentally appropriate service in alignment with DMC-ODS.</p> <p>Not met. Program to align developmentally appropriate service with DMC-ODS.</p> <p>Recommendations: Provide more developmentally appropriate service to clients.</p> <p>Expand services to include additional developmentally appropriate service.</p> <p>Improve documentation developmentally appropriate service.</p> <p>Other:</p>

IA Requirements (Program Integrity)

Regulations	P&P	Documentation Verification	Reports	In Compliance Yes/No	Comments
Authorization of Services/ Medical Necessity					<p>Met. Program's Policies & Procedures for Authorization of Services includes all required elements.</p> <p>Not Met. Program to provide updated Policies & Procedures.</p> <p>Recommendations: Other:</p>
Program Integrity/ Service Verification					<p>Met. Program's Policies & Procedures for Program Integrity/Service Verification includes all required elements.</p> <p>Not Met. Program to provide updated Policies & Procedures.</p> <p>Recommendations: Other:</p>
Evidence Based Practices					<p>Met. Program's Policies & Procedures for Evidence Based Practices includes all required elements.</p> <p>Not Met. Program to provide updated Policies & Procedures.</p> <p>Recommendations: Other:</p>
Medication Monitoring					<p>Met. Program's Policies & Procedures for Program Medical Director's P&Ps includes all required elements.</p> <p>Not Met. Program to provide updated Policies & Procedures.</p> <p>Recommendations: Other:</p>
Medical Director's P&Ps					<p>Met. Program's Policies & Procedures for Program Medication Monitoring includes all required elements.</p> <p>Not Met. Program to provide updated Policies & Procedures.</p> <p>Recommendations: Other:</p>

Beneficiary Rights

Regulations	P&P	Documentation Verification	Reports	In Compliance Yes/No	Comments
Grievance and Appeal Information					<p>Met. Program's Policies & Procedures for Evidence of each program tracking Grievances and Appeals at the program include all required elements.</p> <p>Not Met. Program to provide updated Policies & Procedures.</p> <p>Recommendations: Other:</p>
NOABD					<p>Met. Program's Policies & Procedures for NOABD include all required elements.</p> <p>Not Met. Program to provide updated Policies & Procedures.</p> <p>Recommendations: Other:</p>
Program rules, expectation, and regulations posted or provided					<p>Met. Program's Policies & Procedures for Program rules, expectation, and regulations posted or provided includes all required elements.</p> <p>Not Met. Program to provide updated Policies & Procedures.</p> <p>Recommendations: Other:</p>
Program has their Notice of Privacy Practices posted in an area that is visible and accessible to all clients.					<p>Met. Program's Policies & Procedures for Notice of Privacy Practices includes all required elements.</p> <p>Not Met. Program to provide updated Policies & Procedures.</p> <p>Recommendations: Other:</p>

Program has their Open Payment Database Notification to Clients posted in an area that is visible and accessible to all					Met. Program's Policies & Procedures for Open Payment Database Notification includes all required elements. Not Met. Program to provide updated Policies & Procedures. Recommendations: Other:
Performance Provisions/Requirements – Barriers to services					
Regulations	P&P	Documentation Verification	Reports	In Compliance Yes/No	Comments
Barriers to services					Met. Program's Policies & Procedures for Review barriers to services includes all required elements. Not Met. Program to provide updated Policies & Procedures. Recommendations: Other:
Requirements for Services – Perinatal					
Regulations	P&P	Documentation Verification	Reports	In Compliance Yes/No	Comments
Pregnancy/physical exam (peri programs only)					Met. Program provided details on its admission priority, demonstrating alignment with the SUBG Requirements. Not Met. Program is directed to comply with the SUBG Requirements. Recommendations: Other:
Required treatment issues (peri programs only)					Met. Program provided details on its admission priority, demonstrating alignment with the SUBG Requirements. Not Met. Program is directed to comply with the SUBG Requirements. Recommendations: Other:
Transportation (peri programs only)					Met. Program provided details on its admission priority, demonstrating alignment with the SUBG Requirements. Not Met. Program is directed to comply with the SUBG Requirements. Recommendations: Other:
Discharge Plan (peri programs only)					Met. Program provided details on its admission priority, demonstrating alignment with the SUBG Requirements. Not Met. Program is directed to comply with the SUBG Requirements. Recommendations: Other:

DMC CERTIFICATION #:	0	PROGRAM NAME:	0	UNIQUE CLIENT NUMBER:		ADMISSION DATE:		PERCENTAGE	0%
LOC AT START OF REVIEW PERIOD:		LOC AT END OF REVIEW PERIOD:		# OF SERVICES REVIEWED:		DISCHARGE DATE:			

REQ #	INTAKE DOCUMENTS	RESULT
1	<p>Are all of the following informing materials completed and included in the medical record?</p> <ul style="list-style-type: none"> - Consent to treatment/Admission Agreement, signed and dated by the client - Client's Rights, signed and dated by the client - Evidence that Beneficiary Handbook/Fair Hearing Rights information has been provided to client. - Financial Agreement form - Notice of Privacy Practices/ HIPAA Confidentiality - Releases of Information compliant with 42 Code of Federal Regulations (CFR) - Health Questionnaire - TB screening - Risk assessment - If client was admitted with medications, documented immediately on the Centrally Stored Medication and Destruction Record (Residential and Withdrawal Management) - Advance Directives 	
2	<p>If telehealth or telephone services are provided, is there documented consent (written or verbal) specific to the provision of telehealth services prior to initial delivery of services?</p>	
3	<p>Is all of the following demographic and identifying information included in the medical record:</p> <ul style="list-style-type: none"> - Client identifier (name, number, etc.) - Date of birth - Gender - Race/ethnic backgrounds - Address - Documentation of client living arrangements while attending the program - Telephone number - Next of kin or emergency contact information (including phone number and consent of client to notify contact) 	
4	<p>For clients whose primary language is not English, is there evidence of informing materials provided to client in their primary/preferred language? Do progress notes document the language of service provided (if other than English)?</p>	
5	<p>Does chart contain documentation of random drug testing/Body Specimen Screening. When positive screening occurs, documentation supports counselor has addressed with client and additional services as needed (i.e. assess for higher level of care, risk assessment update, relapse plan update).</p>	

Intake Document Comments (if none, enter "N/A"):

REQ #	ASSESSMENT / ASAM	RESULT
6	<p>Does the ASAM document the following:</p> <ol style="list-style-type: none"> 1. Is actual level of care the same as the indicated Level of Care (LOC), or is the change sufficiently justified? 2. Do client-specific facts cited in each dimension support the severity rating chosen for that dimension? 3. Is the indicated level of care supported by the severity ratings in each of the dimensions? 	
7	<p>Residential Programs Only:</p> <p>Is there a multidimensional LOC assessment within and corresponding authorization within 72 hours of admission with a Licensed Practitioner of the Healing Arts (LPHA) or registered/certified counselor that includes a typed or legibly printed name, signature of the service provider and date of signature?</p> <p>(BHIN 23-068)</p>	
8	<p>If applicable, are all of the following included in Assessment completed?</p> <ul style="list-style-type: none"> - Drug/alcohol use history - Medical history - Psychiatric/psychological history - Social/recreational history - Financial status - Educational history - Employment history - Criminal history/legal status - Previous SUD treatment history 	
9	<p>Was client screened for priority population status (pregnant person using IV substances, pregnant person using other non-IV substances, person using IV substances)?</p>	

Assessment Comments (if none, enter "N/A"):

REQ #	DIAGNOSIS, MEDICAL NECESSITY DETERMINATION, PHYSICAL EXAM	RESULT
10	Does the clinical record contain at least one diagnosis from the Diagnostic and Statistical Manual (DSM) for Substance-Related and Addictive Disorder, with the exception of Tobacco-related Disorders and Non-Substance-Related Disorders and does documentation support diagnosis (within scope of practice) and need for DMC-ODS services according to BHIN 23-001? If no, identify the services in the Progress Notes Summary. BHIN 22-063, Enclosure 3 - Reasons for Recoupment	
11	Has the Medical Director or LPHA typed or legibly printed their name, and sign and date the diagnosis documentation? If the multidimensional assessment is completed by AOD Counselor, does documentation support a face to face or telehealth meeting between AOD Counselor and LPHA to review assessment and intake information to determine medical necessity.	
12	Are all applicable diagnoses present and consistent with the information noted in the medical record?	
13	Physician has reviewed documentation of the most recent physical exam (within 12 months prior to admission to treatment) within 30 calendar days of admission to treatment. If provider is unable to obtain documentation of the most recent physical exam, provider must describe efforts made to obtain such documentation in the chart. As an alternative to complying with the above, a physician, registered nurse practitioner, or a physician assistant may perform a physical exam within 30 days of admission to treatment.	
Diagnosis, Medical Necessity Determination, Physical Exam Comments (if none, enter "N/A"):		
REQ #	PARTICIPANT LIST DOCUMENTATION	RESULT
14	Are all groups limited to no less than 2 and no more than 12 clients with at least one Medi-Cal client in attendance (with exception for patient education groups in residential treatment which may be more than 12 participants). For every group counseling session are the following included: - The date of the counseling session - The topic of the counseling session - The start and end time of the counseling session	
Participant List Comments (if none, enter "N/A"):		
REQ #	DISCHARGE DOCUMENTATION	RESULT
15	Discharge Plan (for planned discharge) includes: - Description of client triggers - A plan to avoid relapse when confronted with these triggers - A support plan	
16	Discharge summary includes all of the following: duration of client's treatment as determined by the dates of admission to and discharge from treatment, the reason for discharge, a narrative summary of the treatment episode, the client's prognosis, and when applicable, client was provided with NOABD within proper timelines and NOABD is documented in SanWITS (MISC NOTE) or logged in another location; all NOABD information is documented.	
Discharge Documentation Comments (if none, enter "N/A"):		
REQ #	PROBLEM LIST	RESULT
17	Is there a problem list present in the chart that includes all required elements? - Name and title present of each provider that identified, added or removed items from the problem list. - The date the items were identified, added or removed?	
18	Does the problem list reflect the current client needs (i.e. updated anytime there is a relevant change to the beneficiary's condition to reflect the current presentation of the beneficiary: including any identified diagnoses, social determinants of health and/or Z codes). Are the updated made within a reasonable time and in accordance with generally accepted standards of practice?	
19	If tobacco use is identified in the assessment and included on problem list, was there evidence of treatment or a referral for tobacco use disorder offered?	
Problem List Comments (if none, enter "N/A"):		

REQ #	PROGRESS NOTES	RESULT
20	Were the majority of progress notes finalized within 3 business days (date of service is day 0) with the exception of progress notes for crisis services, which shall be completed within 24 hours. MHP Contract; BHIN 22-019	
21	Do all progress notes include the legible name of the provider, the date of signature? (For outpatient programs only the progress note should be signed by the person providing the service include the legible name of the provider, the date of signature?) (Run clinical consultation report when available). MHP Contract; BHIN 22-019	
22	Do progress notes include a sufficient description of SUD intervention(s) provided, EBP used and next steps to be taken by provider (i.e., plan)?	
23	Have all risk and safety issues in the client record been addressed and for clients with identified risks, do progress notes document ongoing assessment, clinical monitoring, and intervention(s) that relate to the level of risk, when appropriate?	
24	Are required elements for a relevant care plan for Perinatal and Peer Support Specialist found within the member record? BHIN 23-068 - Care Planning	
Progress Notes Comments (if none, enter "N/A"):		
REQ #	CARE COORDINATION SERVICES	RESULT
25	Is there evidence of discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and/or referrals to primary or specialty medical providers, as clinically indicated for the client?	
26	Do services identify activities that provide coordination of SUD care, mental health care, and medical care, in addition to supporting the client with linkages to services and supports designed to restore the client to their best possible functional level?	
27	Is there evidence of the requirement for referring and connecting TB positive clients for treatment post discharge.	
28	If there is an identified need for MAT services, is there evidence that the provider has either provided MAT directly or provided the client with a referral to MAT services ensuring that the client has followed through with referral?	
29	For clients diagnosed with a co-occurring mental health disorder, do progress notes document specific integrated SUD treatment approaches, when appropriate?	
30	If necessary, were relevant mental health treatment referrals provided and documented in a progress note?	
31	For clients with physical health needs related to their mental health treatment, do progress notes document that physical health care is integrated into treatment through education, resources, referrals, symptom management and/or care coordination with physical healthcare providers?	
32	Does the chart as a whole include evidence of care coordination across providers, agencies and county systems?	
33	Based on the documentation as a whole, is there evidence that treatment is high quality, person centered, culturally responsive and aligned with client needs?	
34	Have all risk and safety issues in the client record been addressed?	
35	There is documentation of care coordination/warm handoff to treatment services to support a smooth transition.	
Care Coordination Services Comments (if none, enter "N/A"):		

REQ #	BILLING	RESULT
36	Is there any evidence of fraud, waste, or abuse? If yes, identify the claims in the Progress Notes Summary.	
37	<p>Were any services provided while the client was in a Medi-Cal lock-out place of service (e.g., psych hospitalization, Institution for Mental Disease (IMD) juvenile hall*, jail)? If yes, identify the services in the Progress Notes Summary.</p> <p>Note: For dependent minors in juvenile detention, Medi-Cal services can be provided prior to disposition, if there is a plan to make the minor's stay temporary (CCR, title 22, section 50273(c)(5)) and after adjudication for release into community (CCR, title 22, section 50273(c)(1)).</p> <p>CCR, title 9, chapter 11, section 1840.312(g-h); CCR, title 9, chapter 11, sections 1840.3601840.374; Code of Federal Regulations (CFR), title 42, part 435, sections 435.1008 435.1009; CFR, title 42, section 440.168; CCR, title 22, section 50273(a)(1-9); CCR, title 22, section 51458.1(a)(8); United States Code (USC), title 42, chapter 7, section 1396d, Code of Federal Regulations, title 42, sections 435.1009 – 435.1010; CCR, title 22, section 50273(a)(5-8), (c)(1, 5); title 22, section 51458.1(a)(8).</p>	
38	<p>Is there documentation of a valid allowable service for every claim billed within the review period? If no, identify the claims in the Progress Notes Summary.</p> <p>CCR, title 9, section 1840.112(b)(3); BHIN 22-019; MHP Contract, Exhibit E, Attachment 1); CCR, title 22, section 51458.1(a)(3)(7).</p>	
39	<p>Does the date of service listed on the progress notes match the date of service listed on all claims? If no, identify the claims in the Progress Notes Summary.</p> <p>**Recoupment is limited to examples where the program is unable to provide other documented evidence that the progress note with the "mismatched" date actually corresponds to the claim in question, and/or was due to a clerical error.** CCR title 9, sections 1840.316 - 1840.322, and 1810.440(c), MHP Contract; CCR, title 9, section 1840.112(b)(3); CCR, title 22, section 51458.1(a)(3).</p>	
40	<p>For all progress notes, did the service that was claimed (procedure code) match the service documented in the progress note? If no, identify the claims in the Progress Notes Summary.</p> <p>**Results in recoupment only when there is an overbilling** CCR title 9, sections 1840.316 - 1840.322, and 1810.440(c), MHP Contract; CCR, title 9, section 1840.112(b)(3); CCR, title 22, section 51458.1(a)(3).</p>	
41	<p>Do all units of time for services match the amount of time documented in the progress note? If no, identify the claims in the Progress Notes Summary.</p> <p>**Recoupment is limited to mismatches that result in overbilling.** CCR title 9, sections 1840.316 - 1840.322, and 1810.440(c); MHP Contract; CCR, title 9, section 1840.112(b)(3); CCR, title 22, section 51458.1(a)(3).</p>	
42	Do all progress notes include required elements (date of service, service type, person contacted, location of service, contact type, evidence based practice (EBP), appointment type)?	
43	<p>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? If no, identify the claims in the Progress Notes Summary.</p> <p>CCR, title 9, section 1840.316(b)(2); Medi-Cal Billing Manual, Chapter 7, section 7.5.5; CCR, title 22, section 51458.1(a)(3).</p>	
44	<p>Are all documented services within the scope of practice of the provider? If no, identify the claims in the Progress Notes Summary.</p> <p>CCR, title 9, section 1840.314(d); BHIN 22-019</p>	
45	<p>Do group progress notes identify the total number of beneficiaries participating in the service activity? If no, identify the claims in the Progress Notes Summary.</p> <p>CCR, title 9, section 1840.316(b)(2); Medi-Cal Billing Manual, Chapter 7, section 7.5.5; CCR, title 22, section 51458.1(a)(3).</p>	
46	<p>Were all services billable according to Title 9; with no services claimed that were solely academic, vocational, recreation, socialization, transportation, clerical or payee related? If no, identify the claims in the Progress Notes Summary.</p> <p>CCR, title 9, sections 1810.247, 1810.345(a), 1810.355(a)(2), 1830.205(b)(3), 1840.312(a-f) CCR, title 22, section 51458.1(a)(7).</p>	
Billing Comments (if none, enter "N/A"):		

REQ #	For DMC ONLY - NALTREXONE SERVICES	RESULT
47	Does the client have a confirmed, documented history of opiate addiction?	
48	Is the client at least 18 years of age, opiate free and not pregnant?	
49	Naltrexone services: Are there at least two face-to-face counseling sessions with a therapist or counselor every 30-day period?	
Naltrexone Services Comments (if none, enter "N/A"):		
REQ #	For DMC-ODS ONLY - RECOVERY SERVICES	RESULT
50	Is there evidence that the client has been provided behavioral health resources?	
51	Do services emphasize the client's central role in managing their health, help the client identify effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to client?	
Recovery Services Comments (if none, enter "N/A"):		
REQ #	For DMC-ODS ONLY - PEER SUPPORT SERVICES	RESULT
52	Do services provide evidence of helping to prevent relapse, empowering the client through strength-based coaching, supporting linkages to community resources, and educating the client and family about the client's condition and the process of recovery?	
Peer Support Services Comments (if none, enter "N/A"):		
REQ #	PERINATAL SERVICES	RESULT
53	Do services rendered address treatment and recovery issues specific to pregnant and postpartum women such as relationships, sexual and physical abuse, and development of parenting skills?	
54	Does the medical documentation substantiate the client's pregnancy and is the last day of pregnancy documented in the client's record?	
55	For Peri Clients Only – if client has not had a physical exam in the last 12 months or physical exam results are not present, obtaining a physical exam is present on the Perinatal Treatment Plan.	
56	Pregnancy/physical exam: Evidence of timelines met for physical examination requirements for pregnant/peri clients	
57	Required treatment issues: Evidence required areas/issues included in treatment (see PPG, includes parenting skills); review of problem lists, referrals, Sign in sheets, Program scheduled	
Perinatal Services Comments (if none, enter "N/A"):		
REQ #	For DMC ONLY - WITHDRAWAL MANAGEMENT SERVICES	RESULT
58	If IMS certified, DHCS Form 4026 (Incidental Medical Services Certification) is completed within timelines.	
59	If prescribed and/or OTC medications were self-administered during the episode, monitoring (including times taken) are logged.	
60	WM observation log is completed as required per the SUDPOH WM standards.	
61	There is documentation of development of referral plan.	
Withdrawal Management Services Comments (if none, enter "N/A"):		

Policy & Procedures

NTP Only		Comments:
1. Program has written P&Ps and is following written P&Ps for the following:		
A. Collection of client body specimens, including assuring the reliability of specimen collection procedure; secure storage of specimens to avoid substitution; substances for which samples are to be analyzed; and usage of test results in client evaluation and treatment (9 CCR § 10310).		
B. Medically determining a stable maintenance dosage level that: minimizes sedation; decreases withdrawal symptoms; and reduces potential for diversion of take-home medication.		
C. Courtesy Dosing/ Visiting Clients.		
D. In the event of a client's hospitalization, including documentation of physician coordination efforts with the attending physician and the hospital to continue narcotic replacement therapy; and dates of hospitalization, reason(s), and circumstances (9 CCR § 10185).		
E. Continuity of treatment in emergency/disaster (9 CCR § 10180).		
F. Detox.		
G. Perinatal Clients.		
H. Pre-termination fair hearing (9 CCR § 10420).		

DMC CERTIFICATION #:	0	PROGRAM NAME:	0	UNIQUE CLIENT NUMBER:		ADMISSION DATE:		PERCENTAGE	0%
LOC AT START OF REVIEW PERIOD:		LOC AT END OF REVIEW PERIOD:		# OF SERVICES REVIEWED:		DISCHARGE DATE:			

REQ #	For DMC-ODS ONLY - NARCOTIC TREATMENT PROGRAM (NTP) MAINTENANCE	RESULT
1	Is there a full assessment using the American Society of Addiction Medicine (ASAM) completed with a Licensed Practitioner of the Healing Arts (LPHA) or registered/certified counselor that includes a typed or legibly printed name, signature of the service provider and date of signature? <i>Effective 1/2025, per BHIN 24-001</i>	
2	Is the multiple registration form completed and is the identifying information included in the patients record: - Any aliases client uses - Sex - Height - Weight - Color of hair - Color of eyes - Distinguishing markings (scars/tattoos) - patient voluntarily provided social security number	
3	Is there acknowledgement of understanding, agreement and receipt of program rules including: - Program hours - Early termination - Program expectations (body specimen collection for testing) - Grounds for involuntary termination - Attendance requirements - Absences - Patient fees - Payment schedule - Requirement for take-home medication - Client's right to humane procedure of withdrawal from medication used in replacement therapy - Emergency provisions - Advisement on program's responsibility to the client	
4	Is there evidence in client chart of: - request to sign authorization for disclosure of confidential information to contact other narcotic replacement therapy providers prior to admission - client signing document indicating whether they are receiving replacement narcotic therapy from another program - releases of information for multiple registrants and/or temporary dosing in another narcotic treatment program and - If program determined client has multiple registrations (is simultaneously receiving replacement narcotic therapy from one or more other programs): - Is there evidence of contact with previous NTP program to notify client has applied for admission replacement narcotic therapy and does this request from previous program to provide this program with written documentation that client has been discharged within 72 hours of receipt of request? - Program documented that it: conferred with the other program(s) to determine which program will accept sole responsibility for the client; revoked the client's take-home medication privileges; and notified DHCS NTP Licensing Branch by phone within 72 hours of the determination.	
5	Is there evidence of advisement of the following: - Client will be tested for evidence of use of opiates and other illicit drugs - Client's dosage level may be adjusted without the client's knowledge, including dose may contain no medication use in treatment - Possible adverse effects of abrupt withdrawal from medication use in replacement therapy - Misuse of medication will result in specified penalties within the program and may also result in criminal prosecution	
6	Is there documentation that client was provided with information and understanding of program's Take-Home policy and expectations?	
7	For female clients who are of childbearing age: Is there evidence of advisement of the following: - The effects of medication use in replacement narcotic therapy on pregnant women and unborn children - That the medications are transmitted to the unborn child and may cause physical dependence - That the use of other medication and illicit drugs in addition to these medication may harm the patient and/or their unborn child - The need for consultation with physician prior to nursing - That the child may show irritability or other ill effects from the client's use of these medications for a brief period following birth	
8	Is there evidence in the client's chart: - of certification of fitness for replacement narcotic therapy by physician - of MD determined physical dependence and addiction to opiates by either observed signs of physical dependence OR results of initial test or analysis for illicit drug use - Medical evaluation or documented review and concurrence of medical evaluation if conducted by Medical Director or physician (at a minimum the evaluation shall consist of) Client's medical history including drug use - TB tested - Chest x-ray - Lab test for determination of narcotic drug use - Syphilis Test (non-reactive) - Urine analysis (minimum 1x/month) - Initial dose observed for new patients - MD records, dates and signs all dosage changes	
9	Is there evidence confirming history of at least 2 years of addiction to opiates by Medical Director (MD) (exceptions may be made by MD based on client's health endangering situations)?	
10	Is there evidence that MD is placing client in treatment by initiating, altering, and determining replacement narcotic therapy medication and dosage amounts by medical director?	

11	Is there documented evidence for reasons for changes in dosage levels and medication?	
12	Is there evidence of periodic review or evaluation by Medical Director (every 3 months or at least annually)?	
13	Is there justification for continuing of treatment (maintenance treatment beyond 2 years)?	
TREATMENT PLAN		
14	Is the primary counselor's name and date of assignment included on the treatment plan?	
15	Is the treatment plan completed within 28 days of admission with both client and counselor signature and date?	
16	Does the treatment plan include the following: - Short-term (90 days or less) and long-term (exceeding 90 days) goals based on identified client needs - Target dates - Specific behavioral tasks to achieve each short-term and long-term goal - Type and frequency of counseling services (minimum of 50 mins/month unless waived by MD)	
17	Has the supervising counselor and medical director reviewed and signed the treatment plan and any subsequent treatment plan updates within 14 days of the effective date?	
18	Are amendments to the plan medically deemed appropriate?	
19	Has an updated treatment plan been created when necessary or at least once every 3 months from the date of admission and include the following: - Summary of progress or lack of progress toward each goal - Development of new goals - Behavioral tasks for newly identified needs - Document any changes to frequency of counseling services - Target dates - Effective date for update	
PROGRESS NOTES		
20	Do progress notes identify the following: - Program's response to test or analysis for illicit drug use which discloses the absence of both methadone and its primary metabolite (when prescribed by the medical director and the program physician) - Incidence of arrest and conviction or any other signs of retrogression (dates of incarceration, reasons for incarceration, circumstances involved) - Evidence of attempted cooperation by program physician to work with jail medical officer to ensure treatment for opiate withdrawal symptoms - Documentation of incidence of hospitalization (dates of hospitalization, reason for hospitalization, circumstances involved) - Evidence of attempted cooperation by program physician to work with hospital staff and attending physician to continue client's replacement narcotic therapy treatment for opiate withdrawal symptoms	
21	Do progress note include the following: - Take-home medication privileges via doctor's order - Client meeting criteria for Take-Home medication - Documentation on restricting, restoring, or suspension of client's Take-Home privileges	
22	Do progress notes identify the following, (if applicable): - Has a minimum of 50 minutes per calendar month of counseling services been provided to client? - Documentation of counseling sessions is in client record within 14-days of service. - Documentation of counseling session must include: date of counseling session, type of session (individual, group or medical psychotherapy) and duration of session in 10 minute intervals, excluding documentation time. - Documentation of case management services must include: date of counseling session, type of session (individual, group or medical psychotherapy) and duration of session in 15 minute intervals, excluding documentation time. - Progress notes include the correct service code, date of service, service time and travel time (if applicable) including start and end times, and signatures with title/degree/credentials, printed name, and date within required timelines.	
23	Is there documentation of the following: - Program's response to 3-consecutively missed appointments (may be terminated or remain in program if physician deemed medically indicated) - Program's response to client missing 2-weeks or more of appointments without notifying the program (will be terminated, if client returns to care will be admitted as a new client with documentation as indicated)	
SPECIALTY POPULATIONS		
24	For Pregnant Clients: Is there a treatment plan update by primary counselor within 14 days of confirmed pregnancy that includes: - Nature of prenatal support - Face-to-face consultation at least 1 time monthly with medical director or physician extender - Collection of body specimens at least 1x/week	
25	For Pregnant Clients: Within 14 days from the date of birth or termination of pregnancy is there the following updated records: - Evidence of updated treatment plan to reflect change in client's status and needs - Evidence on treatment plan of the nature of pediatric care and child immunization (until the child is at least 3 years old)	
26	For Pregnant Clients: Are all of the following requirements documented? - Medical Director reviewed, signed, and dated confirmation of pregnancy - Evidence of accepting medical responsibility for client's prenatal care OR evidence of verification client is under the care of a licensed physician - Evidence of a medical order and rationale, from Medical Director, for determining Levo-Alpha-Acetylmethadol (LAAM) therapy-when applicable - Re-evaluated by program physician no late than 60-days following termination of pregnancy	
27	For Pregnant Clients: Is there evidence of prenatal instruction by Medical Director or licensed health personnel including the following: - Risks to client and unborn child from continued use of illicit and legal drugs, including premature birth - Benefits of narcotic replacement therapy and risk of abrupt withdrawal from opiates, including premature birth - Importance of attending all prenatal care visits - Need for evaluation for the opiate addiction-related care of both the client and newborn following birth	
28	For Pregnant Clients: Is there evidence of documented refusal by client to receive prenatal care?	

29	For clients under 18 years of age: Are there two documented unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period? No person under 18 years of age may be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult designated by the relevant State authority consents in writing to such treatment.	
30	For clients under 18 years of age: Is there written consent by a parent, legal guardian, or responsible adult designated by the relevant State authority for client to be admitted to maintenance treatment?	
31	<p>For clients who are discharged:</p> <ul style="list-style-type: none"> - If the program uses involuntary termination for cause, there is evidence the client was given: <ul style="list-style-type: none"> o Notification of termination o Information on the client's right to a hearing o Information on the client's right to representation. - Evidence that termination, either voluntary or involuntary, is individualized under the direction of the medical director or program physician and takes place over a period of not less than 15 days unless: <ul style="list-style-type: none"> o Medical director or program physician deems it clinically necessary to terminate participation sooner and documents the reason in the client record o Client requests a shorter termination period in writing, or o Client is currently within a 21-day detoxification treatment episode. 	
NTP Comments (if none, enter "N/A"):		

DMC CERTIFICATION #:	0	PROGRAM NAME:	0	PERCENTAGE:	0%
# OF SERVICES REVIEWED:		# OF RENDERING STAFF			

REQ #	PROGRESS NOTES REVIEW BY SERVER	RESULT
1	"Were the majority of progress notes finalized within 3 business days (date of service is day 0) with the exception of progress notes for crisis services, which shall be completed within 24 hours. MHP Contract; BHIN 22-019□	
2	Do all progress notes include the legible name of the provider, the date of signature? (For outpatient programs only the progress note should be signed by the person providing the service include the legible name of the provider, the date of signature?) (Run clinical consultation report when available). MHP Contract; BHIN 22-019	
3	Is there any evidence of fraud, waste, or abuse? If yes, identify the claims in the Progress Notes Summary.	
4	Were any services provided while the client was in a Medi-Cal lock-out place of service (e.g., psych hospitalization, Institution for Mental Disease (IMD) juvenile hall*, jail)? If yes, identify the services in the Progress Notes Summary. Note: For dependent minors in juvenile detention, Medi-Cal services can be provided prior to disposition, if there is a plan to make the minor's stay temporary (CCR, title 22, section 50273(c)(5)) and after adjudication for release into community (CCR, title 22, section 50273(c)(1)). CCR, title 9, chapter 11, section 1840.312(g-h); CCR, title 9, chapter 11, sections 1840.3601840.374; Code of Federal Regulations (CFR), title 42, part 435, sections 435.1008 435.1009; CFR, title 42, section 440.168; CCR, title 22, section 50273(a)(1-9); CCR, title 22, section 51458.1(a)(8); United States Code (USC), title 42, chapter 7, section 1396d, Code of Federal Regulations, title 42, sections 435.1009 – 435.1010; CCR, title 22, section 50273(a)(5-8), (c)(1, 5); title 22, section 51458.1(a)(8).	
5	For progress notes submitted that were attested by the program, is there documentation of a valid allowable service for claim billed? If no, identify the claims in the Progress Notes Summary. CCR, title 9, section 1840.112(b)(3); BHIN 22-019; MHP Contract, Exhibit E, Attachment 1); CCR, title 22, section 51458.1(a)(3)(7).	
6	For progress notes submitted that were attested by the program, did the service that was claimed (procedure code) match the service documented in the progress note? If no, identify the claims in the Progress Notes Summary. **Results in recoupment only when there is an overbilling** CCR title 9, sections 1840.316 - 1840.322, and 1810.440(c), MHP Contract; CCR, title 9, section 1840.112(b)(3); CCR, title 22, section 51458.1(a)(3).	
7	For progress notes submitted that were attested by the program, Are all documented services within the scope of practice of the provider? If no, identify the claims in the Progress Notes Summary. CCR, title 9, section 1840.314(d); BHIN 22-019	
8	Do group progress notes identify the total number of beneficiaries participating in the service activity? If no, identify the claims in the Progress Notes Summary. CCR, title 9, section 1840.316(b)(2); Medi-Cal Billing Manual, Chapter 7, section 7.5.5; CCR, title 22, section 51458.1(a)(3).	
9	For progress notes submitted that were attested by the program, were all services billable according to Title 9; with no services claimed that were solely academic, vocational, recreation, socialization, transportation, clerical or payee related? If no, identify the claims in the Progress Notes Summary. CCR, title 9, sections 1810.247, 1810.345(a), 1810.355(a)(2), 1830.205(b)(3), 1840.312(a-f) CCR, title 22, section 51458.1(a)(7).	
Billing Comments (if none, enter "N/A"):		

