

CONFIDENTIAL QM REPORT
COSD DMC-ODS Plan
Technical Assistance Review - Withdrawal Management SUD Services

WITHDRAWAL MANAGEMENT TA SUMMARY

Program Name:		Reviewer:		COR:	
Legal Entity:		DMC Certification #		Contract #	
Billing Review Period:		to	Review Date:	Program Enrollment:	
Risk Level:		# Charts Reviewed:		Next Review Date (estimate):	
Overall Rating:		Disallowance Rate:	#DIV/0!	Billing Corrections Due Date:	
Comments:					
Results By Question					Compliance Rate
ASSESSMENTS/CONSENTS					
1	Initial LOC Assessment completed with all required signatures upon intake (within 24 hours of admission).				
2	Initial LOC Assessment completed by SUD counselor, there is documentation of face to face visit with LPHA or MD in chart.				
3	For perinatal programs, pregnant and postpartum client chart documentation substantiates pregnancy and/or proof of delivery				
4	For pregnant and parenting clients, documentation substantiates primary medical care, including referral for prenatal care, had been provided for/arranged.				
5	Withdrawal Management Observation Log completed every 30 minutes for at least the initial 24 hours after client admission and documentation supports change in observation after 24 hours.				
6	DDN completed within timelines (within 72 hours of admission).				
7	MD/LPHA substantiates the basis of the SUD diagnosis.				
8	If certified as an Incidental Medical Services (IMS), DHCS Form 4026 is completed within timelines (within 72 hours).				
9	Drug test and Results Log completed upon admission (breathalyzer, urine screen, blood testing).				
TREATMENT PLAN					
10	Initial treatment plan completed within timelines (within 72 hours of client admission).				
11	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).				
12	Each 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).				
13	Documentation that physical exam requirements were met (goal of obtaining a physical exam until that goal is obtained).				

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14	ASAM LOC Recommendation completed with all signatures (prior to planned discharge or at a maximum of 7 days from client admission).	
15	If ASAM LOC Recommendation completed by SUD counselor, documentation of face to face visit with LPHA or MD in chart.	
PROGRESS NOTES		
16	There is a progress note for each Withdrawal Management day service claimed. (WM minimum requirement is a daily progress note, except CM which requires a separate note).	
17	Progress notes signed by the registered/certified SUD counselor or LPHA (adjacent printed/typed name, signature, and date) who provided the service, within 7 days of service.	
18	Service rendered by provider operating within his/her scope of practice	
19	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).	
20	Progress note narrative documents utilization of Evidence Based Practice within treatment session/group with client.	
GROUP COUNSELING		
21	Sign-in sheet contains all of the following: Adjacent printed/typed name, signature, date (must match date of session) of registered/certified/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.	
22	Group meets size limitation requirements (Residential - 2 to 12, except patient education).	
DISCHARGE		
23	Discharge plan for planned discharge completed by a registered/certified/LPHA with adjacent printed/typed name, signature, and developed with client prior to anticipated discharge date.	
24	Discharge summary completed by a counselor/LPHA within 72 hours from last face to face or telephone contact with the client.	
25	Client discharged with referral/linkage if planned discharge.	

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REVIEW DATE:	1/0/1900	CHART NUMBER:	1	BILING REVIEW PERIOD:	1/0/1900	TO	1/0/1900	
DMC CERTIFICATION #:	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:		
	ASSESSMENTS/CONSENTS				REFERENCE	Yes	No	N/A
1	Initial LOC Assessment completed with all required signatures upon intake (within 24 hours of admission).				AOD Certification Standards: 7010			
2	Initial LOC Assessment completed by SUD counselor, there is documentation of face to face visit with LPHA or MD in chart.				IA: DMC-ODS, Attachment I, III, B, 2, ii			
3	For perinatal programs, pregnant and postpartum client chart documentation substantiates pregnancy and/or proof of delivery				Title 22 51341.1, g, 1, A, iii			
4	For pregnant and parenting clients, documentation substantiates primary medical care, including referral for prenatal care, had been provided for/arranged.				IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 2, i			
5	Withdrawal Management Observation Log completed every 30 minutes for at least the initial 24 hours after client admission and documentation supports change in observation after 24 hours.				COSD Standard			
6	DDN completed within timelines (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	MD/LPHA substantiates the basis of the SUD diagnosis.				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			
8	If certified as an Incidental Medical Services (IMS), DHCS Form 4026 is completed within timelines (within 72 hours).				DHCS Info Notice 16-039			
9	Drug test and Results Log completed upon admission (breathalyzer, urine screen, blood testing).				IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 7, viii. Minimum Quality Drug Standards for DMC/SABG			
	TREATMENT PLAN				REFERENCE	Yes	No	N/A
10	Initial treatment plan completed within timelines (within 72 hours of client admission).				IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, b, 1; Title 22 51341.1, h, 2, A, I, a-1; Minimum Quality Drug Standards for DMC/SABG			
11	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			
12	Each 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 Title 22 51341.1, h, 2, A, I, a-1; Minimum Quality Drug Standards for DMC/SABG			
13	Documentation that physical exam requirements were met (goal of obtaining a physical exam until that goal is obtained).				IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, a, i, 8			
14	ASAM LOC Recommendation completed with all signatures (prior to planned discharge or at a maximum of 7 days from client admission).				COSD Standard			
15	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 COSD Standard			

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PROGRESS NOTES		REFERENCE	Yes	No	N/A
16	There is a progress note for each Withdrawal Management day service claimed. (WM minimum requirement is a daily progress note, except CM which requires a separate note).	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 14, I, a, i			
17	Progress notes signed by the registered/certified SUD counselor or LPHA (adjacent printed/typed name, signature, and date) who provided the service, within 7 days of service.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 14, I, a, i			
18	Service rendered by provider operating within his/her scope of practice	IA, Exhibit A, Attachment I: III, A, 1, i, a			
19	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, 13 IA: IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 14, I, a, ii, 1-3. Minimum Quality Drug Standards for DMC/SABG. IA, Exhibit A, Attachment I: III, PP, 17			
20	Progress note narrative documents utilization of Evidence Based Practice within treatment session/group with client.	IA, Exhibit A, Attachment I: III, AA, iii			
GROUP COUNSELING		REFERENCE	Yes	No	N/A
21	Sign-in sheet contains all of the following: Adjacent printed/typed name, signature, date (must match date of session) of registered/certified/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			
22	Group meets size limitation requirements (Residential - 2 to 12, except patient education).	IA, Exhibit A, Attachment I: IV, A, 42			
DISCHARGE		REFERENCE	Yes	No	N/A
23	Discharge plan for planned discharge completed by a registered/certified/LPHA with adjacent printed/typed name, signature, and developed with client prior to anticipated discharge date.	IA, Exhibit A, Attachment I: III, PP, 16			
24	Discharge summary completed by a counselor/LPHA within 72 hours from 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			
COMMENTS					