

**Confidential QM Report**

COSD DMC-ODS Plan

Quality Assurance Review for Outpatient SUD Services

REVIEW DATE:	CHART NUMBER:	1	BILING REVIEW PERIOD:	TO		
REVIEWER:	PROGRAM NAME:	UNIQUE CLIENT NUMBER:	ADMISSION DATE:			
LOC AT START OF REVIEW PERIOD:	LOC AT END OF REVIEW PERIOD:	# OF SERVICES REVIEWED:	DISCHARGE DATE:			
ADMISSION			REFERENCE	Yes	No	N/A
1	Initial and monthly DMC eligibility is documented in the chart.	IA, Exhibit A, Attachment I: III, BB, 2, ii				
2	CalOMS Admission is completed as required.	IA: DMC-ODS, Attachment I, III, FF, 3, i, f				
3	Financial Responsibility and Information form is completed.	COSD Standard				
4	Initial LOC Assessment complete (including documentation of face-to-face requirement with LPHA if conducted by counselor) with all signatures within 7 calendar days.	COSD Standard				
5	If the 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				
CONSENT FORMS			REFERENCE	Yes	No	N/A
6	Consent to Release Information signed with all required signatures and dated, for communication with PCP, system providers and other collateral contacts (refusal to sign releases must be documented) as indicated. The "to whom" section of the consent complies with requirements for treating and non-treating provider relationships.	AOD Certification Standards: 12020				
7	ROI for PCP to coordinate care for client	COSD Standard				
8	Consent for treatment signed and dated prior to treatment services being provided.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 7, iii Minimum Quality Drug Standards for DMC/SABG				
9	Notice of Privacy Practices/HIPAA signed with all required signatures and dated.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, E, 3 iii, f				
10	Acknowledgement of DMC-ODS Beneficiary Handbook and Provider Directory signed and dated.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, B, 2, ii, b				
11	Written summary of Federal Confidentiality Requirements per 42 CFR, present in chart, with all required signatures and dated.	IA: DMC-ODS Boilerplate Exhibit F, D, 9				
12	Client Personal Rights At An AOD Certified Program signed with all required signatures and dated.	AOD Certification Standards: 1600				
ASSESSMENTS			REFERENCE	Yes	No	N/A
13	ASI/YAI with all sections complete (within 30 days of admission)	COSD Standard				
14	Risk Assessment (i.e. HRA, C-SSRS) completed upon admit.	COSD Standard				
15	MD or LPHA documents the basis of the diagnosis on the DDN within 30 days 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				
16	Stay Review completed/signed within required timelines (no sooner than 5 months; no later than 6 months of admission)	IA, Exhibit A, Attachment I: III, PP, 15				
PHYSICAL			REFERENCE	Yes	No	N/A
17	Health Questionnaire is completed upon admission as required and signed by the client and reviewing staff.	AOD Certification Standards: 7020				
18	Proof of pregnancy/due date/end date provided (if applicable)	IA: DMC-ODS, Attachment, I, PP 2 iii				

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19	There is documentation that the Medical director has reviewed the client's Health Questionnaire, medical, and drug history within 30 days of admission	Alcohol and/or Other Drug Program Certification Standards 7020 COSD Standard			
20	There is documentation of a referral and medical clearance if the client was referred to licensed medical professionals for physical, psychiatric, and laboratory examinations	COSD Standard			
21	TB Screening is present in the chart, with all applicable fields completed, and there is documentation that a referral was made and results were received.	COSD Standard			
<b>TREATMENT PLAN</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
22	ASAM LOC Recommendation completed with all signatures prior to or on the date of the treatment plan	COSD Standard			
23	If ASAM LOC Recommendation completed by SUD counselor, then there is documentation of face to face visit with LPHA or MD in chart	IA, Exhibit A, Attachment I: III, PP, 16			
24	Initial tx plan developed within 30 days of admission	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, b, i; Title 22 51341.1, h, 2, A, I, a-i; Minimum Quality Drug Standards for DMC/SABG			
25	MD or LPHA signed within 15 days of development date (counselor's signature)	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, b, i; Title 22 51341.1, h, 2, A, I, a-i; Minimum Quality Drug Standards for DMC/SABG			
26	Updated treatment plans completed within timelines. (no later than 90 days after signing the previous treatment plan, signatures per timelines) <u>Note:</u> MD/LPHA must include signature and legibly printed/typed name on all treatment plans.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, ii, a			
27	All treatment plans meet requirements (individualized based on assessment, include problem statement, goals, action steps, target dates, description of services: type and frequency assignment of primary counselor, diagnosis, and physical examination goals, if not met by other physical exam option).	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, a, i			
<b>PROGRESS NOTES: All notes must be complete to meet requirements</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
28	There is a progress note for each service claimed	IA: DMC-ODS, Attachment I, PP 14 1a			
29	Progress notes signed (with legibly printed/typed name) within 7 days of service	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 14, I, a, i			
30	Required elements included? (Client name, topic of the session or purpose of service, description of 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 [which requires documentation of how confidentiality was obtained])	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 14, I, a, ii			
31	Progress Note and Client Tracking Form identify why services are County Billable or non-billable.	COSD Standard			
32	Each progress note for group service has a corresponding group sign-in sheet meeting all required elements	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 13			
33	There is an encounter in SanWITS for each documented service.	COSD Standard			
<b>DISCHARGE/LOC TRANSFER</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
34	CalOMS Discharge completed as required.	IA, Exhibit A, Attachment I: III, FF, 3, i, e			
35	Discharge summary completed within 30 days of SanWITS discharge	IA, Exhibit A, Attachment I: III, PP, 16			
36	For planned discharges, discharge plan completed within 30 calendar days prior to the anticipated discharge date.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 16, ii, b			
37	If the client changed LOC after DC, there is documentation to reflect client change in LOC.	COSD Standard			
<b>RECOVERY SERVICES</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
38	Monthly DMC eligibility reports in file	IA, Exhibit A, Attachment I: III, BB, 2, ii			
39	New DDN completed within 30 days of admit to recovery services	COSD Standard			

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COSD DMC-ODS Plan

Quality Assurance Review for Outpatient SUD Services

40	TEA completed within 30 days of admit to recovery services	COSD Standard			
41	Initial Recovery Plan completed within 30 days of admit to recovery services	COSD Standard			
42	Updated Recovery Plan and TEA completed within 90 days from previous plan completion	COSD Standard			
43	Every recovery service has a Progress Note	IA: DMC-ODS, Attachment I, PP 14 1a			
44	If the client has a planned discharge from recovery services, a discharge plan is completed within 30 days prior to the anticipated discharge date.	COSD Standard			

**COMMENTS**

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Quality Assurance Review for Outpatient SUD Services

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REVIEWER:	PROGRAM NAME:	UNIQUE CLIENT NUMBER:	ADMISSION DATE:			
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ADMISSION			REFERENCE	Yes	No	N/A
1	Initial and monthly DMC eligibility is documented in the chart.		IA, Exhibit A, Attachment I: III, BB, 2, ii			
2	CalOMS Admission is completed as required.		IA: DMC-ODS, Attachment I, III, FF, 3, i, f			
3	Financial Responsibility and Information form is completed.		COSD Standard			
4	Initial LOC Assessment complete (including documentation of face-to-face requirement with LPHA if conducted by counselor) with all signatures within 7 calendar days.		COSD Standard			
5	If the 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			
CONSENT FORMS			REFERENCE	Yes	No	N/A
6	Consent to Release Information signed with all required signatures and dated, for communication with PCP, system providers and other collateral contacts (refusal to sign releases must be documented) as indicated. The "to whom" section of the consent complies with requirements for treating and non-treating provider relationships.		AOD Certification Standards: 12020			
7	ROI for PCP to coordinate care for client		COSD Standard			
8	Consent for treatment signed and dated prior to treatment services being provided.		IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 7, iii Minimum Quality Drug Standards for DMC/SABG			
9	Notice of Privacy Practices/HIPAA signed with all required signatures and dated.		IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, E, 3 iii, f			
10	Acknowledgement of DMC-ODS Beneficiary Handbook and Provider Directory signed and dated.		IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, B, 2, ii, b			
11	Written summary of Federal Confidentiality Requirements per 42 CFR, present in chart, with all required signatures and dated.		IA: DMC-ODS Boilerplate Exhibit F, D, 9			
12	Client Personal Rights At An AOD Certified Program signed with all required signatures and dated.		AOD Certification Standards: 1600			
ASSESSMENTS			REFERENCE	Yes	No	N/A
13	ASI/YAI with all sections complete (within 30 days of admission)		COSD Standard			
14	Risk Assessment (i.e. HRA, C-SSRS) completed upon admit.		COSD Standard			
15	MD or LPHA documents the basis of the diagnosis on the DDN within 30 days 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			
16	Stay Review completed/signed within required timelines (no sooner than 5 months; no later than 6 months of admission)		IA, Exhibit A, Attachment I: III, PP, 15			
PHYSICAL			REFERENCE	Yes	No	N/A
17	Health Questionnaire is completed upon admission as required and signed by the client and reviewing staff.		AOD Certification Standards: 7020			
18	Proof of pregnancy/due date/end date provided (if applicable)		IA: DMC-ODS, Attachment, I, PP 2 iii			

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20	There is documentation of a referral and medical clearance if the client was referred to licensed medical professionals for physical, psychiatric, and laboratory examinations	COSD Standard			
21	TB Screening is present in the chart, with all applicable fields completed, and there is documentation that a referral was made and results were received.	COSD Standard			
<b>TREATMENT PLAN</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
22	ASAM LOC Recommendation completed with all signatures prior to or on the date of the treatment plan	COSD Standard			
23	If ASAM LOC Recommendation completed by SUD counselor, then there is documentation of face to face visit with LPHA or MD in chart	IA, Exhibit A, Attachment I: III, PP, 16			
24	Initial tx plan developed within 30 days of admission	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, b, i; Title 22 51341.1, h, 2, A, I, a-i; Minimum Quality Drug Standards for DMC/SABG			
25	MD or LPHA signed within 15 days of development date (counselor's signature)	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, b, i; Title 22 51341.1, h, 2, A, I, a-i; Minimum Quality Drug Standards for DMC/SABG			
26	Updated treatment plans completed within timelines. (no later than 90 days after signing the previous treatment plan, signatures per timelines) <u>Note:</u> MD/LPHA must include signature and legibly printed/typed name on all treatment plans.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, ii, a			
27	All treatment plans meet requirements (individualized based on assessment, include problem statement, goals, action steps, target dates, description of services: type and frequency assignment of primary counselor, diagnosis, and physical examination goals, if not met by other physical exam option).	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, a, i			
<b>PROGRESS NOTES: All notes must be complete to meet requirements</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
28	There is a progress note for each service claimed	IA: DMC-ODS, Attachment I, PP 14 1a			
29	Progress notes signed (with legibly printed/typed name) within 7 days of service	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 14, I, a, i			
30	Required elements included? (Client name, topic of the session or purpose of service, description of 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 [which requires documentation of how confidentiality was obtained])	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 14, I, a, ii			
31	Progress Note and Client Tracking Form identify why services are County Billable or non-billable.	COSD Standard			
32	Each progress note for group service has a corresponding group sign-in sheet meeting all required elements	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 13			
33	There is an encounter in SanWITS for each documented service.	COSD Standard			
<b>DISCHARGE/LOC TRANSFER</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
34	CalOMS Discharge completed as required.	IA, Exhibit A, Attachment I: III, FF, 3, i, e			
35	Discharge summary completed within 30 days of SanWITS discharge	IA, Exhibit A, Attachment I: III, PP, 16			
36	For planned discharges, discharge plan completed within 30 calendar days prior to the anticipated discharge date.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 16, ii, b			
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<b>RECOVERY SERVICES</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
38	Monthly DMC eligibility reports in file	IA, Exhibit A, Attachment I: III, BB, 2, ii			
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**COMMENTS**

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Quality Assurance Review for Outpatient SUD Services

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REVIEWER:	PROGRAM NAME:	UNIQUE CLIENT NUMBER:	ADMISSION DATE:			
LOC AT START OF REVIEW PERIOD:	LOC AT END OF REVIEW PERIOD:	# OF SERVICES REVIEWED:	DISCHARGE DATE:			
<b>ADMISSION</b>			<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1	Initial and monthly DMC eligibility is documented in the chart.		IA, Exhibit A, Attachment I: III, BB, 2, ii			
2	CalOMS Admission is completed as required.		IA: DMC-ODS, Attachment I, III, FF, 3, i, f			
3	Financial Responsibility and Information form is completed.		COSD Standard			
4	Initial LOC Assessment complete (including documentation of face-to-face requirement with LPHA if conducted by counselor) with all signatures within 7 calendar days.		COSD Standard			
5	If the 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			
<b>CONSENT FORMS</b>			<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
6	Consent to Release Information signed with all required signatures and dated, for communication with PCP, system providers and other collateral contacts (refusal to sign releases must be documented) as indicated. The "to whom" section of the consent complies with requirements for treating and non-treating provider relationships.		AOD Certification Standards: 12020			
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8	Consent for treatment signed and dated prior to treatment services being provided.		IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 7, iii Minimum Quality Drug Standards for DMC/SABG			
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16	Stay Review completed/signed within required timelines (no sooner than 5 months; no later than 6 months of admission)		IA, Exhibit A, Attachment I: III, PP, 15			
<b>PHYSICAL</b>			<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
17	Health Questionnaire is completed upon admission as required and signed by the client and reviewing staff.		AOD Certification Standards: 7020			
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<b>RECOVERY SERVICES</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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**COMMENTS**

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ASSESSMENTS			REFERENCE	Yes	No	N/A
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15	MD or LPHA documents the basis of the diagnosis on the DDN within 30 days 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			
16	Stay Review completed/signed within required timelines (no sooner than 5 months; no later than 6 months of admission)		IA, Exhibit A, Attachment I: III, PP, 15			
PHYSICAL			REFERENCE	Yes	No	N/A
17	Health Questionnaire is completed upon admission as required and signed by the client and reviewing staff.		AOD Certification Standards: 7020			
18	Proof of pregnancy/due date/end date provided (if applicable)		IA: DMC-ODS, Attachment, I, PP 2 iii			

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COSD DMC-ODS Plan

Quality Assurance Review for Outpatient SUD Services

19	There is documentation that the Medical director has reviewed the client's Health Questionnaire, medical, and drug history within 30 days of admission	Alcohol and/or Other Drug Program Certification Standards 7020 COSD Standard			
20	There is documentation of a referral and medical clearance if the client was referred to licensed medical professionals for physical, psychiatric, and laboratory examinations	COSD Standard			
21	TB Screening is present in the chart, with all applicable fields completed, and there is documentation that a referral was made and results were received.	COSD Standard			
<b>TREATMENT PLAN</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
22	ASAM LOC Recommendation completed with all signatures prior to or on the date of the treatment plan	COSD Standard			
23	If ASAM LOC Recommendation completed by SUD counselor, then there is documentation of face to face visit with LPHA or MD in chart	IA, Exhibit A, Attachment I: III, PP, 16			
24	Initial tx plan developed within 30 days of admission	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, b, i; Title 22 51341.1, h, 2, A, I, a-i; Minimum Quality Drug Standards for DMC/SABG			
25	MD or LPHA signed within 15 days of development date (counselor's signature)	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, b, i; Title 22 51341.1, h, 2, A, I, a-i; Minimum Quality Drug Standards for DMC/SABG			
26	Updated treatment plans completed within timelines. (no later than 90 days after signing the previous treatment plan, signatures per timelines) <u>Note:</u> MD/LPHA must include signature and legibly printed/typed name on all treatment plans.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, ii, a			
27	All treatment plans meet requirements (individualized based on assessment, include problem statement, goals, action steps, target dates, description of services: type and frequency assignment of primary counselor, diagnosis, and physical examination goals, if not met by other physical exam option).	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, a, i			
<b>PROGRESS NOTES: All notes must be complete to meet requirements</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
28	There is a progress note for each service claimed	IA: DMC-ODS, Attachment I, PP 14 1a			
29	Progress notes signed (with legibly printed/typed name) within 7 days of service	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 14, I, a, i			
30	Required elements included? (Client name, topic of the session or purpose of service, description of 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 [which requires documentation of how confidentiality was obtained])	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 14, I, a, ii			
31	Progress Note and Client Tracking Form identify why services are County Billable or non-billable.	COSD Standard			
32	Each progress note for group service has a corresponding group sign-in sheet meeting all required elements	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 13			
33	There is an encounter in SanWITS for each documented service.	COSD Standard			
<b>DISCHARGE/LOC TRANSFER</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
34	CalOMS Discharge completed as required.	IA, Exhibit A, Attachment I: III, FF, 3, i, e			
35	Discharge summary completed within 30 days of SanWITS discharge	IA, Exhibit A, Attachment I: III, PP, 16			
36	For planned discharges, discharge plan completed within 30 calendar days prior to the anticipated discharge date.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 16, ii, b			
37	If the client changed LOC after DC, there is documentation to reflect client change in LOC.	COSD Standard			
<b>RECOVERY SERVICES</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
38	Monthly DMC eligibility reports in file	IA, Exhibit A, Attachment I: III, BB, 2, ii			
39	New DDN completed within 30 days of admit to recovery services	COSD Standard			

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COSD DMC-ODS Plan

Quality Assurance Review for Outpatient SUD Services

40	TEA completed within 30 days of admit to recovery services	COSD Standard			
41	Initial Recovery Plan completed within 30 days of admit to recovery services	COSD Standard			
42	Updated Recovery Plan and TEA completed within 90 days from previous plan completion	COSD Standard			
43	Every recovery service has a Progress Note	IA: DMC-ODS, Attachment I, PP 14 1a			
44	If the client has a planned discharge from recovery services, a discharge plan is completed within 30 days prior to the anticipated discharge date.	COSD Standard			

**COMMENTS**

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**Confidential QM Report**

COSD DMC-ODS Plan

Quality Assurance Review for Outpatient SUD Services

REVIEW DATE:	CHART NUMBER:	5	BILING REVIEW PERIOD:	TO		
REVIEWER:	PROGRAM NAME:	UNIQUE CLIENT NUMBER:	ADMISSION DATE:			
LOC AT START OF REVIEW PERIOD:	LOC AT END OF REVIEW PERIOD:	# OF SERVICES REVIEWED:	DISCHARGE DATE:			
ADMISSION			REFERENCE	Yes	No	N/A
1	Initial and monthly DMC eligibility is documented in the chart.		IA, Exhibit A, Attachment I: III, BB, 2, ii			
2	CalOMS Admission is completed as required.		IA: DMC-ODS, Attachment I, III, FF, 3, i, f			
3	Financial Responsibility and Information form is completed.		COSD Standard			
4	Initial LOC Assessment complete (including documentation of face-to-face requirement with LPHA if conducted by counselor) with all signatures within 7 calendar days.		COSD Standard			
5	If the 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			
CONSENT FORMS			REFERENCE	Yes	No	N/A
6	Consent to Release Information signed with all required signatures and dated, for communication with PCP, system providers and other collateral contacts (refusal to sign releases must be documented) as indicated. The "to whom" section of the consent complies with requirements for treating and non-treating provider relationships.		AOD Certification Standards: 12020			
7	ROI for PCP to coordinate care for client		COSD Standard			
8	Consent for treatment signed and dated prior to treatment services being provided.		IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 7, iii Minimum Quality Drug Standards for DMC/SABG			
9	Notice of Privacy Practices/HIPAA signed with all required signatures and dated.		IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, E, 3 iii, f			
10	Acknowledgement of DMC-ODS Beneficiary Handbook and Provider Directory signed and dated.		IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, B, 2, ii, b			
11	Written summary of Federal Confidentiality Requirements per 42 CFR, present in chart, with all required signatures and dated.		IA: DMC-ODS Boilerplate Exhibit F, D, 9			
12	Client Personal Rights At An AOD Certified Program signed with all required signatures and dated.		AOD Certification Standards: 1600			
ASSESSMENTS			REFERENCE	Yes	No	N/A
13	ASI/YAI with all sections complete (within 30 days of admission)		COSD Standard			
14	Risk Assessment (i.e. HRA, C-SSRS) completed upon admit.		COSD Standard			
15	MD or LPHA documents the basis of the diagnosis on the DDN within 30 days 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			
16	Stay Review completed/signed within required timelines (no sooner than 5 months; no later than 6 months of admission)		IA, Exhibit A, Attachment I: III, PP, 15			
PHYSICAL			REFERENCE	Yes	No	N/A
17	Health Questionnaire is completed upon admission as required and signed by the client and reviewing staff.		AOD Certification Standards: 7020			
18	Proof of pregnancy/due date/end date provided (if applicable)		IA: DMC-ODS, Attachment, I, PP 2 iii			

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COSD DMC-ODS Plan

Quality Assurance Review for Outpatient SUD Services

19	There is documentation that the Medical director has reviewed the client's Health Questionnaire, medical, and drug history within 30 days of admission	Alcohol and/or Other Drug Program Certification Standards 7020 COSD Standard			
20	There is documentation of a referral and medical clearance if the client was referred to licensed medical professionals for physical, psychiatric, and laboratory examinations	COSD Standard			
21	TB Screening is present in the chart, with all applicable fields completed, and there is documentation that a referral was made and results were received.	COSD Standard			
<b>TREATMENT PLAN</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
22	ASAM LOC Recommendation completed with all signatures prior to or on the date of the treatment plan	COSD Standard			
23	If ASAM LOC Recommendation completed by SUD counselor, then there is documentation of face to face visit with LPHA or MD in chart	IA, Exhibit A, Attachment I: III, PP, 16			
24	Initial tx plan developed within 30 days of admission	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, b, i; Title 22 51341.1, h, 2, A, I, a-i; Minimum Quality Drug Standards for DMC/SABG			
25	MD or LPHA signed within 15 days of development date (counselor's signature)	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, b, i; Title 22 51341.1, h, 2, A, I, a-i; Minimum Quality Drug Standards for DMC/SABG			
26	Updated treatment plans completed within timelines. (no later than 90 days after signing the previous treatment plan, signatures per timelines) <u>Note:</u> MD/LPHA must include signature and legibly printed/typed name on all treatment plans.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, ii, a			
27	All treatment plans meet requirements (individualized based on assessment, include problem statement, goals, action steps, target dates, description of services: type and frequency assignment of primary counselor, diagnosis, and physical examination goals, if not met by other physical exam option).	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 12, i, a, i			
<b>PROGRESS NOTES: All notes must be complete to meet requirements</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
28	There is a progress note for each service claimed	IA: DMC-ODS, Attachment I, PP 14 1a			
29	Progress notes signed (with legibly printed/typed name) within 7 days of service	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 14, I, a, i			
30	Required elements included? (Client name, topic of the session or purpose of service, description of 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 [which requires documentation of how confidentiality was obtained])	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 14, I, a, ii			
31	Progress Note and Client Tracking Form identify why services are County Billable or non-billable.	COSD Standard			
32	Each progress note for group service has a corresponding group sign-in sheet meeting all required elements	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 13			
33	There is an encounter in SanWITS for each documented service.	COSD Standard			
<b>DISCHARGE/LOC TRANSFER</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
34	CalOMS Discharge completed as required.	IA, Exhibit A, Attachment I: III, FF, 3, i, e			
35	Discharge summary completed within 30 days of SanWITS discharge	IA, Exhibit A, Attachment I: III, PP, 16			
36	For planned discharges, discharge plan completed within 30 calendar days prior to the anticipated discharge date.	IA: DMC-ODS Boilerplate Exhibit A, Attachment I, III, PP, 16, ii, b			
37	If the client changed LOC after DC, there is documentation to reflect client change in LOC.	COSD Standard			
<b>RECOVERY SERVICES</b>		<b>REFERENCE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
38	Monthly DMC eligibility reports in file	IA, Exhibit A, Attachment I: III, BB, 2, ii			
39	New DDN completed within 30 days of admit to recovery services	COSD Standard			

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COSD DMC-ODS Plan

Quality Assurance Review for Outpatient SUD Services

40	TEA completed within 30 days of admit to recovery services	COSD Standard			
41	Initial Recovery Plan completed within 30 days of admit to recovery services	COSD Standard			
42	Updated Recovery Plan and TEA completed within 90 days from previous plan completion	COSD Standard			
43	Every recovery service has a Progress Note	IA: DMC-ODS, Attachment I, PP 14 1a			
44	If the client has a planned discharge from recovery services, a discharge plan is completed within 30 days prior to the anticipated discharge date.	COSD Standard			

**COMMENTS**

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**Confidential QM Report**

COSD DMC-ODS Plan  
Substance Use Disorder Services  
Fiscal Year 19-20

Program Name	Legal Entity Name	COR	REASON CODES	
			(1) Claimed reimbursement for a service not rendered	(12) MD/LPHA printed name, signature and date not completed on treatment plan within timelines
<b>Program Enrollment</b>	<b>DMC Certification #</b>	<b>QM Reviewer(s)</b>	(2) Claimed reimbursement for a service at an uncertified location (or documentation does not reflect service in the community/how confidentiality was maintained in community)	(13) Treatment plan does not contain all required elements
			(3) Same day billing not consistent with DMC-ODS Same Day Matrix	(14) Progress note does not contain all required elements
			(4) Residential Bed Day does not meet required level of service activity per DHCS IN 18-001	(15) LPHA or counselor did not print, sign, date progress note within timelines
<b>Review Date</b>	<b>Review Period</b>		(5) Perinatal services claimed in non-peri certified/contracted program (or for a non-perinatal client)	(16) No progress note for service claimed
		to	(6) There is no documentation that substantiates the beneficiary's pregnancy and last day of pregnancy for perinatal services claimed	(17) Claim for group activity was not properly apportioned
<b>Disallowance Rate</b>	<b>Total Disallowed Services</b>	<b>Divided By</b>	(7) Documentation does not establish medical necessity criteria/MD or LPHA did not substantiate the basis of the SUD diagnosis	(18) Group claimed with less than 2 or more than 12 clients
			(8) Documentation does not substantiate that physical exam requirement was met	(19) Group sign-in sheet requirements not met
			(9) Initial treatment plan not completed within timelines	(20) The service provided was not within the scope of practice of the person delivering the service
<p>The services listed below are disallowed. Program is responsible for taking the appropriate corrective action as outlined in the BHS Drug Med Cal Organizational Providers Billing Manual. Billing corrections shall be completed within 14 calendar days of receive of this tool and a copy of the Billing Summary Form verifying actions taken shall be submitted to the SUD QM Reviewer. Program shall include SUD QM Reviewer on all communications with Billing Unit to address these required corrections. By submitted this form, you are attesting that all corrective actions have been taken. In lieu of an appeal, providers are given the opportunity to provide evidence for identified deficiencies while QM Reviewer is present.</p>			(10) Treatment plan was not updated within timelines	(21) Continuing services justification not documented with required elements and within timelines per modality regulations
			(11) No documentation of client participation/agreement with treatment plan (or written documentation of client's refusal or unavailability to sign)	(22) Discharge plan was missing the therapist or counselor and/or client typed or legibly printed name, signatures, and/or signature date



### Confidential QM Report

COSD DMC-ODS Plan  
 Substance Use Disorder Services  
 Fiscal Year 19-20

Chart #:	Client #	Rendering Staff Initials	Date of Service	Type of Service	# of Services	Total Time in Minutes (only enter number)	Payor Source (DMC or County)	Reason Code	Corrective Action Type (For Program Use)				Comments	
									Correction or Repayment	Date Completed Payment Recovery Form & sent to SUD BU	Date Edited/ Deleted Service in SanWITS	Final Action Date		

**Confidential QM Report**

COSD DMC-ODS Plan  
Substance Use Disorder Services  
Fiscal Year 19-20

Chart #:	Client #	Rendering Staff Initials	Date of Service	Type of Service	# of Services	Total Time in Minutes (only enter number)	Payor Source (DMC or County)	Reason Code	Corrective Action Type (For Program Use)					
									Correction or Repayment	Date Completed Payment Recovery Form & sent to SUD BU	Date Edited/ Deleted Service in SanWITS	Final Action Date	Comments	

**Confidential QM Report**

COSD DMC-ODS Plan  
 Substance Use Disorder Services  
 Fiscal Year 19-20

Chart #:	Client #	Rendering Staff Initials	Date of Service	Type of Service	# of Services	Total Time in Minutes (only enter number)	Payor Source (DMC or County)	Reason Code	Corrective Action Type (For Program Use)				
									Correction or Repayment	Date Completed Payment Recovery Form & sent to SUD BU	Date Edited/ Deleted Service in SanWITS	Final Action Date	Comments