

DMC-ODS UTILIZATION REVIEW

Audit Review dates:

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|-------------|-----------------------------|---------------------|------|
| Program | Primary Counselor Last Name | Consular First Name | |
| | | | |
| Client ID # | Client Last Name | Client First Name | Date |
| | | | |

| | | P | NP | N/A |
|----|---|---|----|-----|
| 1 | Documentation of all client demographics and emergency phone number | 0 | 0 | 0 |
| 2 | Monthly Medi-Cal eligibility is documented | 0 | 0 | 0 |
| 3 | YOUTH - Parental/guardian's involvement in treatment is justified, sign & dated | 0 | 0 | 0 |
| 4 | ALOC reflects appropriate LOC for the treatment modality & is signed and dated | 0 | 0 | 0 |
| 5 | ALOC is completed at the "Intake" counseling session | 0 | 0 | 0 |
| 6 | - ALOC reflects appropriate LOC, is signed & dated with QI authorization | 0 | 0 | 0 |
| 7 | Consent to Treatment is signed and dated | 0 | 0 | 0 |
| 8 | There is a written consent for psychiatric medications | | | |
| 9 | Admission Agreement is signed and dated | 0 | 0 | 0 |
| 10 | Program Rules are signed and dated | 0 | 0 | 0 |
| 11 | Appropriate Release Of Information (ROI) are completed, signed and dated | 0 | 0 | 0 |
| 12 | Beneficiary Handbook given & Ack of Receipt of Grievance process signed & dated | 0 | 0 | 0 |
| 13 | Beneficiary's Fair Hearing Rights are signed and dated | 0 | 0 | 0 |
| 14 | Beneficiary's preferred language for treatment is documented | 0 | 0 | 0 |
| 15 | Interpretation services are documented when preferred language is not English | 0 | 0 | 0 |
| 16 | Physical Exam(PE) a) completed by M.D. / LNP / PA within 30 days of admit | 0 | 0 | 0 |
| 17 | (Choose 1 - NA for others) b) provides proof a PE done within the last 12 months | 0 | 0 | 0 |
| 18 | c) Obtaining a PE is a Treatment Plan goal | 0 | 0 | 0 |
| 19 | Health screen questionnaire is signed and dated by client | 0 | 0 | 0 |
| 20 | HSQ signed by M.D. w/licence & #, and dated within 30 days of admission | 0 | 0 | 0 |
| 21 | Determination of medical eligibility by the M.D. within 30 days of admit | 0 | 0 | 0 |
| 22 | Identifies client's strengths | 0 | 0 | 0 |
| 23 | Financial, educational, employment and legal history is documented | 0 | 0 | 0 |
| 24 | Individual and family substance use history documented | 0 | 0 | 0 |
| 25 | Familial, cultural and social factors are identified | 0 | 0 | 0 |
| 26 | Case Management issues are summarized | 0 | 0 | 0 |
| 27 | Documentation of coordination of care with other providers | 0 | 0 | 0 |
| 28 | Admit to Recovery Services is conditional on previously completing OS treatment | 0 | 0 | 0 |
| 29 | ASAM biopsychosocial assessment is completed within 30 days of admit | 0 | 0 | 0 |
| 30 | Diagnosis is supported by current symptoms and behaviors | 0 | 0 | 0 |
| 31 | LPHA determines DSM5 diagnosis | 0 | 0 | 0 |
| 32 | LPHA provides justification for appropriate ASAM Level of Care | 0 | 0 | 0 |
| 33 | Medical necessity is stated as a significant impairment or distress in life functioning | 0 | 0 | 0 |
| 34 | LPHA documents the face-to-face/telehealth chart review with the counselor (as needed) | 0 | 0 | 0 |
| | LPHA name is printed, signed, license & # and dated | 0 | 0 | 0 |
| 35 | Physical health issues noted per HSQ and Dim 2 are on the Treatment Plan | 0 | 0 | 0 |
| 36 | Client's goal to obtain a PE is on the Treatment Plan (as needed) | 0 | 0 | 0 |
| 37 | TP/RS/Care Plan has modality of SUD services, frequency, amount & target dates | 0 | 0 | 0 |
| 38 | Treatment assessment problem areas are addressed in the Treatment Plan | 0 | 0 | 0 |
| 39 | Case Management (CM) identifies specific linkage services | 0 | 0 | 0 |
| 40 | Case Management (CM) is stated with range of frequency | 0 | 0 | 0 |
| 41 | 1st Problem Statement identifies areas of impairment or distress of SU | 0 | 0 | 0 |
| 42 | Interventions were clinically appropriate to reduce impairment, restore functioning or prevent significant deterioration | 0 | 0 | 0 |
| 43 | 1st Problem Statement is correctly matched with the appropriate dimension | 0 | 0 | 0 |
| 44 | The Stage of Change is correctly matched with appropriate Problem | 0 | 0 | 0 |
| 45 | Goal(s) relate to the Problem Statement & match the Stage of Change | 0 | 0 | 0 |
| 46 | Action Steps/Interventions are strength-based | 0 | 0 | 0 |
| 47 | Action Steps are stated in measurable terms (S.M.A.R.T.) | 0 | 0 | 0 |
| 48 | Action Steps help achieve the Goal (s) | 0 | 0 | 0 |
| 49 | 2nd Problem Statement identifies areas of impairment or distress of SU | 0 | 0 | 0 |
| 50 | 2nd Problem Statement correctly matched with the appropriate dimension | 0 | 0 | 0 |
| 51 | Interventions were clinically appropriate to reduce impairment, restore functioning or prevent significant deterioration | 0 | 0 | 0 |
| 52 | Stage of Change is correctly matched with appropriate Problem Statement | 0 | 0 | 0 |
| 53 | Goal(s) relate to the Problem Statement & match the Stage of Change | 0 | 0 | 0 |
| 54 | Action Steps are strength-based | 0 | 0 | 0 |

Intake and Assessment

Treatment Plan

| | | | | | |
|----|----------------|--|---|---|---|
| | | Action Steps are stated in measurable terms (S.M.A.R.T.) | 0 | 0 | 0 |
| | | Action Steps help achieve the Goal (s) | 0 | 0 | 0 |
| | | 3rd Problem Statement identifies areas of impairment or distress of SU | 0 | 0 | 0 |
| 55 | Treatment Plan | Interventions were clinically appropriate to reduce impairment, restore functioning or prevent significant deterioration | 0 | 0 | 0 |
| 56 | | 3rd Problem Statement is correctly matched with the appropriate dimension | 0 | 0 | 0 |
| 57 | | The Stage of Change is correctly matched with appropriate Problem | 0 | 0 | 0 |
| 58 | | Goal(s) relate to the Problem Statement & match the Stage of Change | 0 | 0 | 0 |
| 59 | | Action Steps are strength-based | 0 | 0 | 0 |
| 60 | | Action Steps are stated in measurable terms (S.M.A.R.T.) | 0 | 0 | 0 |
| 61 | | Action Steps help achieve the Goal (s) | 0 | 0 | 0 |
| 62 | | WM Care Plan by counselor signed, license & # and dated w/in 48h of admit | 0 | 0 | 0 |
| 63 | | PHS/RES - TP is signed, license & # and dated w/in 10 days of admit | 0 | 0 | 0 |
| 64 | | OS/IOS/RS Treatment / RS Plan is submitted within 30d of admit | 0 | 0 | 0 |
| 65 | | Primary Counselor is stated | 0 | 0 | 0 |
| 66 | | Client has name printed, signed and dated | 0 | 0 | 0 |
| 67 | | OS/IOS/PHS/RS TP / RS Plan printed, signed, lic & # and dated w/in 30d of admit | 0 | 0 | 0 |
| 68 | | OP LPHA printed, signed, lic & # and dated w/in 15 days of counselor | 0 | 0 | 0 |
| 69 | | Notation that a copy was given to the client (in their preferred language) | 0 | 0 | 0 |

| | | | | | |
|-----|--|---|--|---|---|
| 70 | Progress Note | Individual / group / phone / CM session has a topic | 0 | 0 | 0 |
| 71 | | No show or cancelations are documented | 0 | 0 | 0 |
| 72 | | OS / IOS / PHS / RS Has location, type and summary of services provided | 0 | 0 | 0 |
| 72 | | CM/phone - Has justification / rationale of treatment services | 0 | 0 | 0 |
| 73 | | CM field sessions have an explanation of how confidentiality is protected | 0 | 0 | 0 |
| 74 | | Each session for each service type has start and end times | 0 | 0 | 0 |
| 75 | | Services are individualized based on the TP | 0 | 0 | 0 |
| 76 | | Any change in medication dosage is noted on a new consent form | 0 | 0 | 0 |
| 77 | | Counselor's interventions reflect EBPs being used | 0 | 0 | 0 |
| 78 | | Has client's response to counselor's intervention(s) | 0 | 0 | 0 |
| 79 | | Reflects treatment progress or lack thereof based on the TP | 0 | 0 | 0 |
| 80 | | Family therapy and/or family counseling appropriately claimed | 0 | 0 | 0 |
| 81 | | Multidisciplinary team is claimed as coordination of services and linkage or referral | 0 | 0 | 0 |
| 82 | | OS and RS - completed within 7 days of the counseling session | 0 | 0 | 0 |
| 83 | | IOS / PHS / WM / RES - DAILY documentation of activities, services and sessions | 0 | 0 | 0 |
| 84 | | IOS - Adult - Sessions correspond to a minimum of 9 hours/week | 0 | 0 | 0 |
| 85 | | RES Bed census correspond to treatment services documented 7d / wk | 0 | 0 | 0 |
| 86 | | RES documented services are a minimum of 20 hrs / wk | 0 | 0 | 0 |
| 87 | | PHS - Total treatment services per week are 20 HRS or more | 0 | 0 | 0 |
| 88 | | RS - Minimum 1x monthly (face-to-face, telephone or telehealth) | 0 | 0 | 0 |
| 89 | | PHS - Sessions correspond to a minimum of 20 hours/week | 0 | 0 | 0 |
| 90 | | RS - Sessions correspond to a minimum of 1x/monthly | 0 | 0 | 0 |
| 91 | | IOS and PHS - Breaks are separated from the hourly listing of services | 0 | 0 | 0 |
| 92 | | Notation if treatment services were provided in their preferred language | 0 | 0 | 0 |
| 93 | | Has counselor's name printed, signed, licence & # and date | 0 | 0 | 0 |
| 94 | | Notation there are specific CM services connected to the TP Goals, and Action Steps | 0 | 0 | 0 |
| 95 | | There is evidence of coordination of care with client's PCP | 0 | 0 | 0 |
| 96 | | There is documentation of coordination of care with other providers | 0 | 0 | 0 |
| 97 | | | | | |
| 98 | | Group | Group counseling note is between 2-12 participants | 0 | 0 |
| 99 | Group notes documented seperately by a second facilitator | | 0 | 0 | 0 |
| 100 | Group sign-in sheet has topic | | 0 | 0 | 0 |
| 101 | Group sign-in sheet has date | | 0 | 0 | 0 |
| 102 | Sign-in sheet has client's notation of start and the end time of the group session | | 0 | 0 | 0 |
| 103 | Client's name is printed and signed on Group sign-in sheet | | 0 | 0 | 0 |
| 104 | Counselor's name printed, signed, licence & # and dated on Group sign-in sheet | | 0 | 0 | 0 |

| | | | | |
|-----|--|---|---|---|
| 105 | Updated Treatment /Recovery Services Plan is within 90 days of Initial TP | 0 | 0 | 0 |
| 106 | Updated Treatment /Recovery Services Plan reflects change in treatment focus | 0 | 0 | 0 |
| 107 | Client physical health issues as noted per the HSQ (Dim 2) are on the TP | 0 | 0 | 0 |
| 108 | There is evidence of coordination of care with client's PCP | 0 | 0 | 0 |
| 109 | There is documentation of coordination of care with other providers, as needed | 0 | 0 | 0 |
| 110 | Treatment / Recovery Services Plan has modality, frequency and target dates | 0 | 0 | 0 |
| 111 | 1st Problem Statement identifies areas of impairment or distress of SU | 0 | 0 | 0 |
| 112 | 1st Problem Statement is correctly matched with the appropriate dimension | 0 | 0 | 0 |
| 113 | The Stage of Change is correctly matched with appropriate Problem | 0 | 0 | 0 |
| 114 | Goal(s) relate to the Problem Statement & match the Stage of Change | 0 | 0 | 0 |
| 115 | Action Steps are strength-based | 0 | 0 | 0 |
| 116 | Action Steps are stated in measurable terms (S.M.A.R.T.) | 0 | 0 | 0 |
| 117 | Action Steps help achieve the Goal (s) | 0 | 0 | 0 |
| 118 | 2nd Problem Statement identifies areas of impairment or distress of SU | 0 | 0 | 0 |
| 119 | 2nd Problem Statement correctly matched with the appropriate dimension | 0 | 0 | 0 |
| 120 | Stage of Change is correctly matched with appropriate Problem Statement | 0 | 0 | 0 |
| 121 | Goal(s) relate to the Problem Statement & match the Stage of Change | 0 | 0 | 0 |
| 122 | Action Steps are strength-based | 0 | 0 | 0 |
| 123 | Action Steps are stated in measurable terms (S.M.A.R.T.) | 0 | 0 | 0 |
| 124 | Action Steps help achieve the Goal (s) | 0 | 0 | 0 |
| 125 | 3rd Problem Statement identifies areas of impairment or distress of SU | 0 | 0 | 0 |
| 126 | 3rd Problem Statement is correctly matched with the appropriate dimension | 0 | 0 | 0 |
| 127 | The Stage of Change is correctly matched with appropriate Problem | 0 | 0 | 0 |
| 128 | Goal(s) relate to the Problem Statement & match the Stage of Change | 0 | 0 | 0 |
| 129 | Action Steps are strength-based | 0 | 0 | 0 |
| 130 | Action Steps are stated in measurable terms (S.M.A.R.T.) | 0 | 0 | 0 |
| 131 | Action Steps help achieve the Goal (s) | 0 | 0 | 0 |
| 132 | Client's name is printed, signed and dated | 0 | 0 | 0 |
| 133 | Counselor's printed, signed, licence & #, dated w/in 90d of previous TP | 0 | 0 | 0 |
| 134 | LPHA name printed, signed and dated w/15 days of counselor | 0 | 0 | 0 |
| 135 | YOUTH - Notice of Parental/guardian's is Updated, justified, signed & dated | 0 | 0 | 0 |

Updated Treatment/Recovery Service Plan

| | | | | |
|-----|--|---|---|---|
| 136 | Describes treatment outcomes | 0 | 0 | 0 |
| 137 | Counselor/LPHA gives prognosis | 0 | 0 | 0 |
| 138 | CSJ of treatment extension has counselor's name printed, signed and dated | 0 | 0 | 0 |
| 139 | LPHA has narrative clinical justification for medical necessity for this LOC | 0 | 0 | 0 |
| 140 | CSJ extension is signed by LPHA between the 5th & 6th month | 0 | 0 | 0 |
| 141 | CSJ extension is signed by LPHA between the 11th & 12th month | 0 | 0 | 0 |

Justification

| | | | | |
|-----|---|---|---|---|
| 142 | Treatment / Residential / Recovery Services Plan is current at discharge | 0 | 0 | 0 |
| 143 | Notes either reason of Voluntary or Involuntary discharge | 0 | 0 | 0 |
| 144 | Involuntarily terminated client's Fair Hearing Rights are advised | 0 | 0 | 0 |
| 145 | Discharge Summary gives reason for discharge | 0 | 0 | 0 |
| 146 | Discharge Summary gives duration of treatment | 0 | 0 | 0 |
| 147 | Discharge Summary has narrative of treatment outcomes | 0 | 0 | 0 |
| 148 | Discharge Summary notes treatment prognosis | 0 | 0 | 0 |
| 149 | Discharge Summary completed within 30 days of the last face to face session | 0 | 0 | 0 |
| 150 | Discharge Plan has detailed progress and goals (achieved or not) | 0 | 0 | 0 |
| 151 | Discharge Plan states current status | 0 | 0 | 0 |
| 152 | Discharge Plan defines client's Relapse Triggers and how to assist / avoid | 0 | 0 | 0 |
| 153 | Discharge Plan details client's Continuing Care Support Plan | 0 | 0 | 0 |
| 154 | Discharge Plan states value and referral to Recovery Services | 0 | 0 | 0 |
| 155 | A copy of the Discharge Plan is offered to the client | 0 | 0 | 0 |
| 156 | Discharge Plan is completed within 30 days prior to the last face to face | 0 | 0 | 0 |
| 157 | Discharge Plan has client's name printed, signed and dated | 0 | 0 | 0 |
| 158 | Counselor's name printed, signed, licence & # and dated | 0 | 0 | 0 |
| 159 | Client notification of a NOADB - IF Involuntarily terminated is given 10 day prior to D/C | 0 | 0 | 0 |

Care Plan
Discharge & Continuing

MEDI-CAL DETERMINATION: IN COMPLIANCE OUT OF COMPLIANCE DISALLOWANCES

Reviewer Last Name:

DATE: _____

| Item # | Recorded Service ID # | Date of Service | Serv Item Type |
|----------------------|-----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Discrepancies and compliance issues

| Item # | Recorded Service ID # | Date of Service | Serv Item Type |
|----------------------|-----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Discrepancies and compliance issues

| Item # | Recorded Service ID # | Date of Service | Serv Item Type |
|----------------------|-----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Discrepancies and compliance issues

| Item # | Recorded Service ID # | Date of Service | Serv Item Type |
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Discrepancies and compliance issues

| Item # | Recorded Service ID # | Date of Service | Serv Item Type |
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Discrepancies and compliance issues

| Item # | Recorded Service ID # | Date of Service | Serv Item Type |
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Discrepancies and compliance issues

| Item # | Recorded Service ID # | Date of Service | Serv Item Type |
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Discrepancies and compliance issues

| Item # | Recorded Service ID # | Date of Service | Serv Item Type |
|----------------------|-----------------------|----------------------|----------------------|
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Discrepancies and compliance issues