

Confidential QA Report
 COSD DMC-ODS Plan
 Substance Use Disorder Services
 Fiscal Year 23-24

Chart Review Results

| | |
|---------------------------|---|
| Agency/Legal Entity Name | 0 |
| Program Name | 0 |
| Total Services for Review | 0 |

| | |
|------------------------------|--|
| Review Start Date: | |
| Review End Date: | |
| Billing Review Period Start: | |
| Billing Review Period End: | |

| | |
|--------------------------|----|
| # of Disallowed Services | 0 |
| Disallowance % | 0% |

| | |
|----------------------|---------|
| Overall Compliance % | #DIV/0! |
| QIP Required? | |

Strengths

Quality Improvement Recommendations

| Total Corrected Services and Disallowances by Client | | | |
|--|-------------------|--------------------|---------------------|
| Client | Services Reviewed | Services Corrected | Services Disallowed |
| Client_1 | | | |
| Client_2 | | | |
| Client_3 | | | |
| Client_4 | | | |
| Client_5 | | | |
| Client_6 | | | |
| Client_7 | | | |
| Client_8 | | | |
| Client_9 | | | |
| Client_10 | | | |
| Client_11 | | | |
| Client_12 | | | |
| Client_13 | | | |
| Client_14 | | | |
| Client_15 | | | |
| Client_16 | | | |
| Client_17 | | | |
| Client_18 | | | |
| Client_19 | | | |
| Client_20 | | | |
| Totals | 0 | 0 | 0 |

| Findings by Category, all Clients | | |
|-----------------------------------|--------------|----------------|
| Category | Items Scored | Total Findings |
| Policy & Procedures (P&P) | 0 | 0 |
| Intake Documents (ID) | 0 | 0 |
| Assessments (A) | 0 | 0 |
| Diagnosis (Dx) | 0 | 0 |
| Service Compliance (SC) | 0 | 0 |
| Group Sign-In (G) | 0 | 0 |
| Discharge (D) | 0 | 0 |
| Perinatal Services (PS) | 0 | 0 |
| Problem List (PL) | 0 | 0 |
| Progress Notes (PN) | 0 | 0 |
| Billing (B) | 0 | 0 |
| Naltrexone Services (N) | 0 | 0 |
| Withdrawal Management (WM) | 0 | 0 |
| Recovery Services (RS) | 0 | 0 |
| Peer Support (PE) | 0 | 0 |
| Care Coordination (CC) | 0 | 0 |
| NTP Maintenance (NTP) | 0 | 0 |

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| Requirement | Item | Pass % |
|--------------------------|--|-----------|
| INTAKE DOCUMENTS | | 0% |
| ID1 | <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, signed and dated by the client - Admission Agreement, signed and dated by the client - Client's Rights, signed and dated by the client - Evidence that Beneficiary Handbook has been provided to client - Financial Agreement form - Fair Hearing Rights information acknowledgement - Notice of Privacy Practices - HIPAA Confidentiality - Releases of Information compliant with 42 Code of Federal Regulations (CFR) - Health Questionnaire - TB screening - Risk assessment - Client Acknowledgement - If client was admitted with medications, documented immediately on the Centrally Stored Medication and Destruction Record | 0% |
| ID2 | 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? | 0% |
| ID3 | <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) | 0% |
| ID4 | For clients whose primary language is not English, is there evidence of informing materials provided to client in their primary/preferred language? | 0% |
| ID5 | Do services include Body Specimen Screening (as applicable to this client)? If lab specimens show up positive, is there a corresponding note from the counselor that this was addressed by the counselor with the client? | 0% |
| ID6 | Has the client's Medi-Cal eligibility been determined at least monthly with proof maintained in the record? | 0% |
| ASSESSMENT / ASAM | | 0% |
| A1 | For clients 21 and over, is there a full assessment using the American Society of Addiction Medicine (ASAM) completed for the client within 30 days of client's first visit 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? | 0% |
| A2 | <p>For clients under 21, or for adults experiencing homelessness, is there a full assessment using the ASAM completed within 60 days of the client's first visit with an LPHA or registered/certified counselor* that includes a typed or legibly printed name, signature of the service provider and date of signature?</p> <p><i>*(A full ASAM assessment is not required to deliver prevention and early intervention services for clients under 21; a brief screening ASAM criteria tool is sufficient for ASAM LOC 0.5).</i></p> | 0% |
| A3 | ASAM: Is the actual level of care either the same as the indicated Level of Care (LOC), or is the change sufficiently justified? | 0% |
| A4 | ASAM: Do the client-specific facts cited in each dimension support the severity rating chosen for that dimension? | 0% |
| A5 | ASAM: Is the indicated level of care supported by the severity ratings in each of the dimensions? | 0% |
| A6 | 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? | 0% |
| A7 | If tobacco use is identified in the assessment; was client provided with required information and offered or referred to treatment? | 0% |
| A8 | <p>Are all of the following included in Assessment completed (Adult ASAM Criteria Assessment/Adolescent Initial Level of Care Assessment, Risk Assessment, DHCS-5103 Health Questionnaire, YAI, CalOMs, etc)?</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 | 0% |

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| A9 | Was client screened for priority population status (pregnant person using IV substances, pregnant person using other non-IV substances, person using IV substances)? | 0% |
| DIAGNOSIS, MEDICAL NECESSITY DETERMINATION, PHYSICAL EXAM | | 0% |
| Dx1 | Does the client have 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? Or Has the client had at least one diagnosis from the DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorder, prior to being incarcerated or during incarceration, determined by substance use history? | 0% |
| Dx2 | Is there documentation of basis for Substance Use Disorder (SUD) diagnosis established within 30 days (or 60 days for adults documented experiencing homelessness or clients under 21 years of age) by a Medical Director, Licensed Physician, or LPHA? | 0% |
| Dx3 | If the assessment was completed by an AOD counselor, is there documentation of a face-to-face or telehealth meeting between the counselor and the LPHA to review the assessment and intake information to determine medical necessity? | 0% |
| Dx4 | Has the Medical Director or LPHA typed or legibly printed their name, and sign and date the diagnosis narrative documentation? | 0% |
| Dx5 | Are all applicable diagnoses present and consistent with the information noted in the medical record? | 0% |
| Dx6 | Does the clinical record substantiate the beneficiary's need for Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS) services as appropriate to their age and in alignment with Behavioral Health Information Notice (BHIN) 23-001? If no, identify the services in the Services Addendum. <i>BHIN 22-063, Enclosure 3 - Reasons for Recoupment</i> | 0% |
| Dx7 | 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. | 0% |
| Dx8 | For clients aged 18-21 and younger than 12 who are receiving SUD treatment, is there documented clinical appropriateness with written protocol that addresses developmentally appropriate services for the client's age group? | 0% |
| SERVICE COMPLIANCE VERIFICATION | | 0% |
| SC1 | Program provided verification that client received the required hours based on their level of care. <i>For outpatient services:</i> Have no more than 9 hours per week of counseling services been provided to the client? <i>For intensive outpatient services:</i> Have a minimum of 9 hours per week of counseling services been provided to the client? | 0% |
| GROUP SIGN-IN SHEET DOCUMENTATION | | 0% |
| G1 | 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)? | 0% |
| G2 | 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 | 0% |
| DISCHARGE DOCUMENTATION | | 0% |
| D1 | Discharge Plan includes: - Description of client triggers - A plan to avoid relapse when confronted with these triggers - A support plan | 0% |
| D2 | 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. | 0% |
| PERINATAL SERVICES | | 0% |
| PS1 | 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? | 0% |
| PS2 | Does the medical documentation substantiate the client's pregnancy and is the last day of pregnancy documented in the client's record? | 0% |
| PS3 | 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. | 0% |
| PROBLEM LIST | | 0% |
| PL1 | Is there a problem list present in the chart that includes all required elements? | 0% |
| PL2 | Is the name and title present of each provider that identified, added or removed items from the problem list as well as the date the items were identified, added or removed? | 0% |
| PL3 | Has the problem list been updated on an ongoing basis to reflect the current presentation of the beneficiary and within a reasonable time and in accordance with generally accepted standards of practice? | 0% |

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| PL4 | Does the problem list reflect the current client needs, including any identified diagnoses, social determinants of health and/or Z codes and has the problem list been updated any time there is a relevant change to the beneficiary's condition? | 0% |
| PL5 | 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? | 0% |
| PROGRESS NOTES | | 0% |
| PN1 | Were the majority of progress notes finalized within 3 business days (with the exception of progress notes for crisis services, which shall be completed within 24 hours)? | 0% |
| PN2 | Are progress notes signed (or the electronic equivalent) by the person providing the service? If no, identify the claims in the Services Addendum. <i>MHP Contract; BHIN 22-019</i> | 0% |
| PN3 | Do all progress notes include the legible name of the provider, the date of signature, interventions provided and next steps to be taken by provider (i.e., plan)? | 0% |
| PN4 | Do progress notes include a sufficient description of SUD intervention(s) provided? | 0% |
| PN5 | 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? | 0% |
| PN6 | For clients diagnosed with a co-occurring mental health disorder, do progress notes document specific integrated SUD treatment approaches, when appropriate? | 0% |
| PN7 | If necessary, were relevant mental health treatment referrals provided and documented in a progress note? | 0% |
| PN8 | 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? | 0% |
| PN9 | Are any gaps in service delivery supported by non-billable notes or explained elsewhere in the clinical record? | 0% |
| PN10 | Does the chart as a whole include evidence of care coordination across providers, agencies and county systems? | 0% |
| PN11 | Based on the documentation as a whole, is there evidence that treatment is high quality, person centered, culturally responsive and aligned with client needs? | 0% |
| PN12 | Have all risk and safety issues in the client record been addressed? | 0% |
| PN13 | Do progress notes document the language of service provided (if other than English)? | 0% |
| PN14 | If a client fails to keep a scheduled appointment, did program discuss the missed appointment with the client and document the discussion and any action taken in the client's file? | 0% |
| BILLING | | 0% |
| B1 | Is there any evidence of fraud, waste, or abuse? If yes, identify the claims in the Services Addendum. | 0% |
| B2 | 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 Services Addendum. 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)). <i>CCR, title 9, chapter 11, section 1840.312(g-h); CCR, title 9, chapter 11, sections 1840.360-1840.374; 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).</i> | 0% |
| B3 | Is there documentation of a valid allowable service for every claim billed within the review period? If no, identify the claims in the Services Addendum. <i>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).</i> | 0% |
| B4 | 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 Services Addendum. <i>**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).</i> | 0% |
| B5 | 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 Services Addendum. <i>**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).</i> | 0% |
| B6 | Do all units of time for services match the amount of time documented in the progress note? If no, identify the claims in the Services Addendum. <i>**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).</i> | 0% |
| B7 | 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)? | 0% |

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| B8 | 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 Services Addendum. <i>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).</i> | 0% |
| B9 | Are all documented services within the scope of practice of the provider? If no, identify the claims in the Services Addendum. <i>CCR, title 9, section 1840.314(d); BHIN 22-019</i> | 0% |
| B10 | Do group progress notes identify the total number of beneficiaries participating in the service activity? If no, identify the claims in the Services Addendum. <i>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).</i> | 0% |
| B11 | For group progress notes, was the claim properly apportioned to all clients present? If no, identify the claims in the Services Addendum. <i>**Recoupment limited to apportionments that resulted in overbilling.** 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).</i> | 0% |
| B12 | 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 Services Addendum. <i>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).</i> | 0% |
| For DMC ONLY - NALTREXONE SERVICES | | 0% |
| N1 | Does the client have a confirmed, documented history of opiate addiction? | 0% |
| N2 | Is the client at least 18 years of age, opiate free and not pregnant? | 0% |
| N3 | Naltrexone services: Are there at least two face-to-face counseling sessions with a therapist or counselor every 30-day period? | 0% |
| For DMC ONLY - WITHDRAWAL MANAGEMENT SERVICES | | 0% |
| WM1 | If IMS certified, DHCS Form 4026 (Incidental Medical Services Certification) is completed within timelines. | 0% |
| WM2 | If prescribed and/or OTC medications were self-administered during the episode, monitoring (including times taken) are logged. | 0% |
| WM3 | WM observation log is completed as required per the SUDPOH WM standards. | 0% |
| WM4 | There is documentation of development of referral plan. | 0% |
| WM5 | There is documentation of care coordination/warm handoff to treatment services to support a smooth transition. | 0% |
| For DMC-ODS ONLY - RECOVERY SERVICES | | 0% |
| RS1 | Is there evidence that the client has been provided behavioral health resources? | 0% |
| RS2 | Has a minimum of 1 counseling service per month been provided to client? | 0% |
| RS3 | 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? | 0% |
| For DMC-ODS ONLY - PEER SUPPORT SERVICES | | 0% |
| PE1 | Is there an approved peer plan of care approved by a Behavioral Health Professional or a Peer Support Specialist Supervisor? | 0% |
| PE2 | 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? | 0% |
| For DMC-ODS ONLY - CARE COORDINATION SERVICES | | 0% |
| CC1 | 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? | 0% |
| CC2 | 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? | 0% |
| For DMC-ODS ONLY - NARCOTIC TREATMENT PROGRAM (NTP) MAINTENANCE | | 0% |
| NTP1 | Is the multiple registration form completed for client? | 0% |
| NTP2 | Is the following demographic and identifying information included in the client's record: - Any aliases client uses - Sex - Height - Weight - Color of hair - Color of eyes - Distinguishing markings (scars/tattoos) | 0% |

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| NTP3 | 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 | 0% |
| NTP4 | Is there evidence of request for client to voluntarily provide social security number? | 0% |
| NTP5 | Is there evidence of request to sign authorization for disclosure of confidential information to contact other narcotic replacement therapy providers prior to admission? | 0% |
| NTP6 | Is there evidence of client signing document indicating whether they are receiving replacement narcotic therapy from another program? | 0% |
| NTP7 | 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. | 0% |
| NTP8 | Are there releases of information for multiple registrants and/or temporary dosing in another narcotic treatment program? | 0% |
| NTP9 | 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 | 0% |
| NTP10 | Is there documentation that client was provided with information and understanding of program's Take-Home policy and expectations? | 0% |
| NTP11 | 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 | 0% |
| NTP12 | Is there certification of fitness for replacement narcotic therapy by physician? | 0% |
| NTP13 | Is there evidence that there was a medical evaluation or documented review and concurrence of a medical evaluation conducted by the Medical Director or physician extender? At 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 | 0% |
| NTP14 | Is there evidence 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? | 0% |
| NTP15 | 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)? | 0% |
| NTP16 | 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? | 0% |
| NTP17 | Is there documented evidence for reasons for changes in dosage levels and medication? | 0% |
| NTP18 | Is there evidence of periodic review or evaluation by Medical Director (every 3 months or at least annually)? | 0% |
| NTP19 | Is there justification for continuing of treatment (maintenance treatment beyond 2 years)? | 0% |
| NTP20 | For temporary dosing: Are medication change orders not exceeded of temporary status of 30 days? | 0% |
| NTP21 | For temporary dosing: Has host program accepted responsibility of client? | 0% |
| NTP22 | Is the primary counselor's name and date of assignment included on the treatment plan? | 0% |
| NTP23 | Is the treatment plan completed within 28 days of admission with both client and counselor signature and date? | 0% |

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| NTP24 | 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) | 0% |
| NTP25 | 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? | 0% |
| NTP26 | Are amendments to the plan medically deemed appropriate? | 0% |
| NTP27 | 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 | 0% |
| NTP28 | 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 | 0% |
| NTP29 | 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 | 0% |
| NTP30 | 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. | 0% |
| NTP31 | 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) | 0% |
| NTP32 | (Detox ONLY) Does the treatment plan include the following: - Provisions to assist client with understanding illicit drug addiction and how to deal with them - Provisions for furnishing services required and description of the role they play in achieving goals - Treatment services required and description of role they play in achieving goals - Type and frequency of scheduled counseling services | 0% |
| NTP33 | (Detox ONLY) Is there signed attestation to a lapse of at least 7 days since termination of immediately preceding episode of detox (if applicable)? | 0% |
| NTP34 | (Detox ONLY) For clients who are pregnant: Is there evidence that the client is NOT in the last trimester of the pregnancy? | 0% |
| NTP35 | 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 | 0% |
| NTP36 | 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) | 0% |
| NTP37 | 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 | 0% |

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| NTP38 | <p>For Pregnant Clients: Is there evidence of prenatal instruction by Medical Director or licensed health personnel including the following:</p> <ul style="list-style-type: none"> - 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 | 0% |
| NTP39 | For Pregnant Clients: Is there evidence of documented refusal by client to receive prenatal care? | 0% |
| NTP40 | For visiting clients only: Is there a signed release of information by the client to obtain information from the current NTP provider? | 0% |
| NTP41 | <p>For visiting clients only: Is there evidence of the following:</p> <ul style="list-style-type: none"> - Contact with the other program to determine that they have not provided client with replacement narcotic therapy for the same time period and that it will not do so - Medication order by referral medical director or program physician allowing permission of temporary service (does not exceed a 30-day period) - Medical Director or program physician of the receiving program is accepting the responsibility to treat the visiting client | 0% |
| NTP42 | 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. | 0% |
| NTP43 | 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? | 0% |
| NTP44 | <p>For client's 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. | 0% |

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| Policy & Procedures | | | |
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| 1. Program has written P&Ps and is following written P&Ps for the following: | | | Comments: |
| P&P1 | A. Program Integrity/Paid Claims Verification | | |
| P&P2 | B. Assessment | | |
| P&P3 | C. Internal QI/QM | | |
| P&P4 | D. Monitoring/Supervision of EBP | | |
| P&P5 | E. Monitoring/Supervision of ASAM | | |
| P&P6 | F. Medication monitoring (storage, self-administration) | | |
| P&P7 | G. Medical Director's P&Ps | | |
| P&P8 | H. Relapse Plan | | |
| P&P9 | I. Admission and readmission criteria (DSM diagnosis, use of alcohol/drug of abuse, physical health status, documentation of social and psychological problems, ASAM LOC determination, and referral process for client's not meeting admission criteria) | | |
| P&P10 | J. Providing translation services to client's whose preferred language is other than English; Limited English Proficiency posters in all 9 threshold languages are posted. | | |
| P&P11 | 2. Grievance/Appeal information available to clients in all threshold languages and posted. Forms/self-addressed and postage paid envelopes for Grievance/Appeal are easily accessible to clients without need for asking. | | |
| P&P12 | 3. Program rules, expectation, and regulations posted or provided | | |
| P&P13 | 4. Program has their Notice of Privacy Practices posted in an area that is visible and accessible to all clients. | | |
| P&P14 | 5. Program has their Open Payment Database Notification to Clients posted in an area that is visible and accessible to all clients. | | |

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| NTP Only | | |
|---|---|--|
| 1. Program has written P&Ps and is following written P&Ps for the following: | | |
| P&P15 | A. Program Integrity/Paid Claims Verification. | |
| P&P16 | B. Assessment. | |
| P&P17 | C. Internal QI/QM. | |
| P&P18 | D. Monitoring/Supervision of EBP. | |
| P&P19 | E. Monitoring/Supervision of ASAM. | |
| P&P20 | F. Providing translation services to client's whose preferred language is other than English; Limited English Proficiency posters in all 9 threshold languages are posted. | |
| P&P21 | G. Admission and readmission criteria (DSM diagnosis, use of alcohol/drug of abuse, physical health status, documentation of social and psychological problems, ASAM LOC determination, and referral process for clients not meeting admission criteria). | |
| P&P22 | H. Medical Director's P&Ps, including administering and/or dispensing methadone, buprenorphine, naloxone, and disulfiram. | |
| P&P23 | I. Medication monitoring (storage, machine calibration, medication destruction, bottle waste). | |
| P&P24 | J. 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). | |
| P&P25 | K. Medically determining a stable maintenance dosage level that: minimizes sedation; decreases withdrawal symptoms; and reduces potential for diversion of take-home medication. | |
| P&P26 | L. Courtesy Dosing. | |
| P&P27 | M. 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). | |
| P&P28 | N. Continuity of treatment in emergency/disaster (9 CCR § 10180). | |
| P&P29 | O. Visiting Clients. | |
| P&P30 | P. Perinatal Clients. | |
| P&P31 | Q. Pre-termination fair hearing (9 CCR § 10420). | |
| P&P32 | 2. Grievance/Appeal information available to clients in all threshold languages and posted. Forms/self-addressed and postage paid envelopes for Grievance/Appeal are easily accessible to clients without need for asking. | |
| P&P33 | 3. Program rules, expectation, and regulations posted or provided. | |
| P&P34 | 4. Program has their Notice of Privacy Practices posted in an area that is visible and accessible to all clients. | |
| P&P35 | 5. Program has their Open Payment Database Notification to Clients posted in an area that is visible and accessible to all clients. | |