Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Opioid Treatment Services
Fiscal Year 22-23

SUD MEDICAL RECORD REVIEW SUMMARY

Program Name:		**Reviewer:**		**COR:**	
Legal Entity:		**DMC Certification #**		**Contract #**	
Billing Review Period:	to	**Review Date:**		**# Records Reviewed:**	0
Program Enrollment:		**# Rendering Staff**		**# of Services (in SanWITS)**	

1.	**Program has written P&Ps for the following (the approved Protocol may serve as the procedure manual):**					**Comments:**
	A. Program Integrity/Paid Claims Verification	**Yes**		**No**		
	B. Assessment	**Yes**		**No**		
	C. Internal QI/QM	**Yes**		**No**		
	D. Monitoring/Supervision of EBP	**Yes**		**No**		
	E. Monitoring/Supervision of ASAM	**Yes**		**No**		
	F. Providing translation services to clients whose preferred language is other than English; Limited English Proficiency posters in all 6 threshold languages are posted.	**Yes**		**No**		
	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)	**Yes**		**No**		
	H. Medical Director's P&Ps, including administering and/or dispensing methadone, buprenorphine, naloxone, and disulfiram	**Yes**		**No**		
	I. Medication monitoring (storage, machine calibration, medication destruction, bottle waste)	**Yes**		**No**		
	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)	**Yes**		**No**		
	K. Medically determining a stable maintenance dosage level that: minimizes sedation; decreases withdrawal symptoms; and reduces potential for diversion of take-home medication	**Yes**		**No**		
	L. Courtesy Dosing	**Yes**		**No**		
	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)	**Yes**		**No**		
	N. Continuity of treatment in emergency/disaster (9 CCR § 10180)	**Yes**		**No**		
	O. Visiting Clients	**Yes**		**No**		
	P. Perinatal Clients	**Yes**		**No**		
	Q. Pre-termination fair hearing (9 CCR § 10420)	**Yes**		**No**		
2.	**Program is following written P&Ps**	**Yes**		**No**		
3.	**Grievance/Appeal information available to clients in all threshold languages and posted**	**Yes**		**No**		
4.	**Forms/self-addressed and postage paid envelopes for Grievance/Appeal are easily accessible to clients without need for asking.**	**Yes**		**No**		
5.	**Program rules, expectation, and regulations posted or provided**	**Yes**		**No**		
7.	**Program has their Notice of Privacy Practices posted in an area that is visible and accessible to all clients.**	**Yes**		**No**		
8.	**Do all program staff have knowledge about or know where to find copies or electronic access to the current version of following?**					
	A. SUDPOH	**Yes**		**No**		

B. SUDURM	**Yes**		**No**	
C. DHCS and BHS Billing Manuals	**Yes**		**No**	
D. CalOMS Manuals	**Yes**		**No**	
E. Community Resource List for clients				

Overall Result	QIP, FR, CAN Required?	Recovery of Payment Rate
	#DIV/0!	#DIV/0!

Overall Result: Percentage represents number of yes response(s) divided by the total number of yes and no response(s). N/A responses are not included.

Recovery of Payment Rate: The number of disallowed services divided by the total number of services reviewed. The recovery of payment rate does not include non-billable services or services that can be edited/corrected/claimed. Recovery of payments are based on the DMC-ODS Intergovernmental Agency Agreement (IA) Standards.

Quality Improvement Plan (QIP) & Focus Review (FR) Requirements: Refer to the comments section at the bottom of each category for QM Reviewer feedback.

1. A QIP is required if the overall score is less than 90% or disallowance rate is over 5%. Quality Improvement Plans are due to QM within 14 days of the date program is notified of required QIP. A follow-up on the QIP is due within 4 months to ensure implementation.
   NOTE: A QIP may also be requested at the discretion of QM for any significant deficiencies/trends identified in the review.
2. A Focus Review is required in addition to the QIP if the disallowance rate is 20% to 49%.
3. A Corrective Action Notice (CAN) may be required by your COR in addition to the QIP if the disallowance rate is equal to or greater than 50%.
4. Billing corrective action (disallowance or correction if allowed) for all services listed on the Billing Summary Form shall be complete and status reflected on the Billing Summary Form, then submitted to QM within 14 days of receipt of SUD MRR.

Prior year SUD MRR Results and Quality Improvement Plan Comments:

1.
2.
3.
4.
5.

Commendable Efforts:

1.
2.
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5.

Continuous Quality Improvement Recommendations:

1.
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3.
4.
5.

Confidential QA Report

COSD DMC-ODS Plan
Medical Record Review for
Opioid Treatment SUD Services

REVIEW DATE:	1/0/1900	**CHART NUMBER:**		**BILLING REVIEW PERIOD:**	1/0/1900	**TO**	1/0/1900
DMC CERTIFICATON #:	0	**PROGRAM NAME:**	0	**UNIQUE CLIENT NUMBER:**		**ADMISSION DATE:**	
LOC AT START OF REVIEW PERIOD:		**LOC AT END OF REVIEW PERIOD:**		**# OF SERVICES REVIEWED:**		**DISCHARGE DATE:**	

	INTAKE/ASSESSMENT	REFERENCE	Yes	No	N/A
1	Client record contains client personal information obtained from the client and documented at the time of admission, to include: client full name and any aliases; month, day, and year of birth; mother's maiden name; gender; race; height and weight; color of eyes and hair; distinguishing marks, such as scars or tattoos; address; telephone number (if applicable); next of kin or emergency contact; and request for client to voluntarily provide his/her Social Security Number.	IA: DMC-ODS Exhibit A, Attachment I A2, III, PP, 10, i, a-c; Title 9. Sec 10165, 10210			
2	Documentation of a medical evaluation by the MD or MD review and concurrence with a medical evaluation by the physician extender prior to admission to detox or maintenance treatment. At minimum, medical evaluation includes all required elements outlined in Title 9, Section 10270.	Title 9, Sec 10270			
3	A documented and substantiated diagnosis meets standards (MD/LPHA documents the basis for DSM- 5 diagnosis, within 30 days of admission).	Title 22: DMC Substance Use Disorder Services. 51341.1, h, 1, A, v, a IA: DMC-ODS, Attachment I A2, III, PP, 11, i, a			
4	Risk Assessment completed upon admit.	Minimum Quality Drug Standards for DMC/SABG			
5	Assessment information includes all of the following: • Drug/alcohol use history • Medical history • Family history • Psychiatric/psychological history • Social/recreational history • Financial status/history • Educational history • Employment history • Criminal history • Legal status • Previous SUD treatment history.	Minimum Quality Drug Standards for DMC/SABG Title 9, Sec 10305			
	Intake/Assessment Comments:				

	CONSENTS/CONFIDENTIALITY	REFERENCE	Yes	No	N/A
6	Documentation of informed consent with client attestation to voluntary participation in program. Consent documentation evidences that client has read and understood the consent form, that program rules have been explained, and that the client has been given copies of the consent form and program rules.	Title 9, Sec 10290			
7	Notification prior to admission of a client that the program cannot provide replacement narcotic therapy to a client who is simultaneously receiving this therapy from another program.	Title 9, Sec 10210			
8	At the time of admission of a client who claims he/she is not currently receiving replacement narcotic therapy from another program and for whom initial test or analysis indicates the presence of methadone or its metabolite, and the client has not been hospitalized within the past 72 hours, pursuant to a signed ROI, the program documents contacting each narcotic treatment program within a 50 mile radius within 15 days of admitting the client to determine if the client is simultaneously receiving replacement narcotic therapy from another program. Documentation includes all required information per Title 9, Section 10215.	Title 9. Sec 10210, 10215			
	Consents/Confidentiality Comments:				

	HEALTH/MEDICAL	REFERENCE	Yes	No	N/A
9	Evidence that a test or analysis for illicit drug use has been performed at the time of admission and any other time deemed necessary by the attending physician for a client in detoxification treatment.	Title 9. Sec 10310			
10	Evidence that a test or analysis for illicit drug use has been performed at least monthly for a client in maintenance treatment.	Title 9. Sec 10310			

11	Client record contains information on program's response to drug testing which reveals absence of methadone/methadone metabolite or the presence of illicit drugs or abuse of other substances, including alcohol.	Title 9. Sec 10165			
12	The TB Screening Questionnaire is completed upon admission or TB documentation is included in the medical evaluation.	COSD Standard			
13	A Health Questionnaire is completed upon admission as required and signed by the client and reviewing staff.	COSD Standard			
14	For a pregnant client who repeatedly refuses prenatal services or referrals for prenatal care, there is documentation by the medical director in the client record of the repeated refusals and written acknowledgement by the client that she has refused the treatment services.	Title 9. Sec 10360			
15	For a pregnant client, documentation not later than 60 days following termination of the pregnancy that the program physician has evaluated and made a determination as to whether continuation of maintenance treatment is appropriate.	Title 9. Sec 10270			
	Health/Medical Comments:				

	MEDICATION	**REFERENCE**	**Yes**	**No**	**N/A**
16	Evidence that the initial dosage of a medication used in replacement narcotic therapy was administered or supervised by the program physician.	Title 9. Sec 10350			
17	Evidence that the initial dose for a new patient was observed, and that observation continued for a period of time prescribed by the medical director or program physician. If observation delegated to a staff member, the staff member documented the length of time the new client was observed and the outcome of the observation and notified the medical director/program physician immediately of any adverse effects. (Observation requirements do not apply if client was receiving replacement narcotic therapy from a different program the previous day.)	Title 9. Sec 10350			
18	Each change in the medication schedule and the reason for the deviation is recorded, signed, and dated by the medical director or program physician.	Title 9, Sec 10355			
19	Documentation of review by the medical director or program physician of the client's dosage level at least every 3 months.	Title 9. Sec 10355			
20	If client has missed 3 or more consecutive doses of replacement narcotic therapy, a new medication order is documented from the medical director or program physician before continuation of treatment.	Title 9. Sec 10355			
21	For a client granted take-home medication privileges, documentation demonstrates that the medical director or program physician has determined the quantity of take-home medication dispensed to the client, and the program has instructed the client on the client's obligation to safeguard the take-home medication and any Step Level changes.	Title 9. Sec 10365 Title 9. Sec 10375 Title 9. Sec 10385 Title 9. Sec 10400			
22	The medical director's or program physician's rationale for determining the client to be responsible for handling self-administered take-home medication is documented in the client record to include consideration of all elements required in Title 9, Section 10370.	Title 9. Sec 10370			
23	If a client's take-home medication privileges have been restricted by moving the client back at least one step level or revoked, the order from the medical director or program physician to restrict or revoke the client's take-home privileges is documented within 15 days of the date the program has obtained evidence of a reason for restriction or revocation of privileges as outlined in Title 9, Section 10390.	Title 9. Sec 10390			
	Medication Comments:				

	TREATMENT PLANNING	**REFERENCE**	**Yes**	**No**	**N/A**
24	An individualized treatment plan for a client in maintenance treatment is developed by the primary counselor within 28 calendar days after initiation of maintenance tx and includes goals to be achieved by client based on needs identified in the needs assessment, with estimated target dates for attainment in accordance with: short-term goals estimated to require ≤90 days; and long-term goals estimated to require >90 days to achieve.	Title 9. Sec 10305			
25	An individualized treatment plan for a client in maintenance treatment includes description of the type and frequency of counseling services to be provided to the client.	Title 9. Sec 10305			
26	An individualized treatment plan for a client in maintenance treatment includes effective date based on the day the primary counselor signed the initial tx plan.	Title 9. Sec 10305			

27	Evidence that the primary counselor has evaluated and updated the client's maintenance treatment plan whenever necessary and at least once every 3 months from the date of admission.	Title 9. Sec 10305			
28	The updated maintenance treatment plan includes a summary of the client's progress or lack of progress toward each goal identified on the previous tx plan.	Title 9. Sec 10305			
29	The updated maintenance treatment plan includes new goals and behavioral tasks for any newly identified needs, and related changes in the type and frequency of counseling services.	Title 9. Sec 10305			
30	The updated maintenance treatment plan includes the effective date based on the day the primary counselor signed the updated tx plan.	Title 9. Sec 10305			
31	The initial maintenance treatment plan, along with the corresponding needs assessment, and all updated maintenance tx plans have been reviewed and countersigned by the supervising counselor within 14 calendar days from the effective dates.	Title 9. Sec 10305			
32	The initial maintenance treatment plan, along with the corresponding needs assessment, and all updated maintenance tx plans have been reviewed and countersigned by the medical director within 14 calendar days from the effective dates to signify concurrence with findings.	Title 9. Sec 10305			
33	For a pregnant client, the updated treatment plan must: • Be updated within 14 days of confirmation of pregnancy • Include periodic face-to-face consultation at least monthly with the medical director or designated physician extender • Include collection of client body specimens at least once a week • Include prenatal instruction.	Title 9, Sec 10360			
34	Within 14 calendar days from date of birth or termination of pregnancy, the treatment plan was updated by the primary counselor. Subsequent updated treatment plans include the nature of pediatric care and child immunizations until the child is at least 3 years old.	Title 9, Sec 10360			
	Treatment Plan Comments:				

	PROGRESS NOTES	**REFERENCE**	**Yes**	**No**	**N/A**
35	Client in maintenance treatment, upon completion of the initial tx plan, is receiving a minimum of 50 minutes, of counseling services per calendar month at the program, unless the medical director has, by medical order, adjusted or waived the minimum number of minutes of counseling services per month, and the rationale for this adjustment is documented in client's tx plan.	Title 9. Sec 10345 DHCS DMC Billing Manual BHIN - 21-075			
36	Documentation demonstrates that each counseling session is conducted by a staff member meeting minimum counselor qualifications (licensed, certified, or registered to obtain certification or licensure).	Title 9. Sec 10345			
37	Group sessions have a minimum of 2 clients and no more than 12 clients in attendance, and have a clear goal or purpose that is a common issue identified in the tx plans of all participating clients.	DHCS Informational Notice 15-012			
38	Documentation of counseling sessions is in client record within 14-days of service.	Title 9. Sec 10345			
39	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.	Title 9. Sec 10345			
40	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.	DMC billing Manual page 39			
41	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.	IA, Exhibit A, Attachment I: III, PP, 17			
42	Time billed is equal to time documented and substantiated in documentation.	IA, Exhibit A, Attachment I: III, BB, 2, i			
43	Documentation summarizing counseling session must include one or more of the following: •Progress towards one or more goals in the treatment plan. •Response to a drug-screening specimen •New issue or problem that affects treatment. •Nature of prenatal support provided by the program or other appropriate health care provider. •Goal and/or purpose of the group session, the subjects discussed, and a brief summary of the patient's participation.	Title 9. Sec 10345			
44	If program is aware that the client has been incarcerated, there is documentation of the program physician's coordination efforts with the jail to ensure necessary treatment for opiate withdrawal symptoms; and the date(s) of incarceration, reason(s), and circumstances involved.	Title 9, Sec 10190			
45	If program is aware that the client has been hospitalized, there is documentation of the program physician's coordination efforts with the attending physician and the hospital staff to continue the client's replacement narcotic therapy; and the date(s) of hospitalization, reason(s), and circumstances involved.	Title 9, Sec 10185			

46	If program determined client has multiple registrations (is simultaneously receiving replacement narcotic therapy from one or more other programs), 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.	Title 9, Sec 10225			
47	If not accepting sole responsibility for a client determined to have multiple registrations for continued services, program immediately discharged the client, documented the reason for discharge, and provided to the responsible program within 72 hours of discharge, documentation (letter or discharge summary) of the discharge.	Title 9, Sec 10225			
	Progress Notes Comments:				

	CONTINUING SERVICES JUSTIFICATION	REFERENCE	Yes	No	N/A
48	For a client continued on maintenance treatment beyond 2 years, there is documentation of the circumstances justifying such continued treatment.	Title 9, Sec 10165			
49	There is evidence that the MD/program physician or LPHA has re-evaluated the client's medical necessity qualification at least annually through the reauthorization process to determine that the OTP services are still clinically appropriate.	COSD Standard			
50	There is documentation that the client's status relative to continued maintenance treatment is reevaluated at least annually after two continuous years of maintenance treatment. Documentation shall include justification from the medical director or program physician of the decision to continue the client's maintenance treatment based on: •Evaluating the client's progress or lack of progress in achieving treatment goals •Determining that discontinuance from treatment would lead to a return to opiate addiction.	Title 9, Sec 10410			
	Continuing Services Justification Comments:				

	DISCHARGE	REFERENCE	Yes	No	N/A
51	For a client who has completed/terminated from the program, there is a discharge summary and follow-up notations to allow determination of success or failure of treatment.	Title 9. Sec 10165			
52	If the program uses involuntary termination for cause, there is evidence the client was given: •Notification of termination •Information on the client's right to a hearing •Information on the client's right to representation.	Title 9, Sec 10415			
53	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: • Medical director or program physician deems it clinically necessary to terminate participation sooner and documents the reason in the client record • Client requests a shorter termination period in writing, or • Client is currently within a 21-day detoxification treatment episode.	Title 9, Sec 10415			
	Discharge Comments:				

	FINANCIAL/BILLING	REFERENCE	Yes	No	N/A
54	Financial Responsibility and Information form is completed.	COSD Standard			
55	Initial DMC eligibility is documented in the chart (and monthly if applicable).	IA, Exhibit A, Attachment I: III, BB, 2, ii			
	Financial/Billing Comments:				