

QAR Review Worksheet

INITIAL REVIEW

REQUIRED FORM:

This form is a required document in client file for Drug Medi-Cal providers only.

WHEN:

At least 90% of Drug Medi-Cal client files will be reviewed at QAR (Quality Assessment Review). These client files will be taken to the QAR for an Initial Review within sixty days from admit.

COMPLETED BY:

Authorized agency representative will complete top section of this form. QA Reviewer attending the QAR will review the file and complete remaining sections of this form.

REQUIRED ELEMENTS:

The top part of all QAR forms should be completed by staff prior to QAR.

- **Program:** Complete the name of program.
- **Admission Date:** Complete client's date of admission.
- **DMC Eligible Date:** Complete the date client's Drug Medi-Cal billing started.
- **Date of Review:** Complete the date file will be reviewed at QAR.
- **ODF/IOT:** Check appropriate treatment modality.
- **Check the appropriate type of QAR review:** Initial Review, Re-admission or D/C, or Transfer out.
- **Client I.D.:** Complete the Client ID number as determined by agency guidelines.
- **State I.D.:** Enter the appropriate State ID number.
- **Primary Counselor's Name:** Complete primary counselor's name responsible for file.

NOTES:

The file will be reviewed at QAR and the remainder of form will be completed by the QAR reviewer.