

NTP CHART REVIEW

Audit Date:	Provider:
Audit Timeframe:	ASAM LOC:

There is evidence of the following included in the person served's	Compliance				Findings	Class	Reference
	Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety		
1.0 INTAKE							
1 Patient selection evaluation minimally consists of history of illicit drug use, lab test of narcotic drug use, TB and syphilis(or documentation of no venius access)				#DIV/0!		R	
2 The physical examination includes: evaluation of organ systems for possibility of infectious disease, record of vital signs, exam of head, ears, eyes, nose, throat, chest, abdomen, extremities, skin and general appearance, assessment of neurological system, record of overall impression for medical conditions or health problems that warrant treatment				#DIV/0!		R	
3 The minimum maintenance treatment includes: confirmed documented history of at least one year of opiate addiction as evidenced by arrests and/or treatment failures, confirmed history of two or more unsuccessful treatment attempts with relapse, at least 18 years of age, physician certification of fitness for tx based on physical exam, medical history and lab work with plans of correction of existing medical conditions (HIV and HCV tests are optional) Admission exceptions –(1) An applicant who has resided in a penal or chronic care institution for 1 month or longer may be admitted to maintenance w/in 6 months after release w/o evidence of physical dependence (was 1 month) (2) Previously treated patients who voluntarily detoxed from maintenance treatment may be admitted to maintenance w/in 2 years after discharge w/o evidence of physical dependence (was 6 months)				#DIV/0!		R	9 CCR § 10270 42 CFR § 8.12
4 The Fresno County Screening form was completed				#DIV/0!		Q	PM p. 43 IA E(3)(iii)(c)
5 The person served has attested to voluntary participation as evidenced by a signed consent (each new treatment episode requires a new consent form) and person served must be supplied with program rules and the consent form				#DIV/0!		R	9 CCR § 10290(a)(b)(c)
6 The member handbook acknowledgement form has been signed and placed in file				#DIV/0!		Q	Required Form, PM p. 48
7 The appropriate releases of information have been signed				#DIV/0!		Q	42 CFR Subpart C §2.31
8 Personal information has been documented including: name, phone number, address, date of birth, sex, race and/or ethnic background, next of kin or emergency contact				#DIV/0!		R	PM p. 52 IA (III)(PP)(9)(i)(c) 9 CCR § 10568
9 The Notice of Privacy Practices has been provided and the acknowledgement has been signed				#DIV/0!		Q	45 CFR § 164.520
10 Proof of DMC Eligibility Status has been printed				#DIV/0!		Q	PM p. 43 IA (BB)(2)(ii)
11 Referrals for ancillary services (when appropriate) and follow up have been documented				#DIV/0!		Q	PM p. 29 IA (III)(PP)(7)(v)
12 Evidence that copies of the following documents were provided to the person served upon admission: - Person served rights - Share of cost (if applicable) - Notification of DMC funding accepted as payment in full				#DIV/0!		Q	PM p. 45 IA (III)(PP)(7)(vi)
13 Copies of the following documents have been provided to the person served OR are posted in a prominent place: - A statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability to pay - Compliance process and grievance procedures - Appeal process for involuntary discharge - Program rules and expectations				#DIV/0!		Q	PM p. 46 IA (III)(PP)(7)(vii)
14 The multiple registration form (within 50 miles) has been signed and in the person served file				#DIV/0!		Q	9 CCR § 10215

There is evidence of the following included in the person served's

	Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	Class	Reference
15 The needs assessment has been completed which includes: a summary of psychological and sociological background, educational and vocational experience, health care as per the physical exam, psychosocial, vocational rehab, economic and legal services				#DIV/0!		R	9 CCR § 10305
16 Drug tests are completed at least on a monthly basis (Benzos must be included in the drug specimen test)				#DIV/0!		R	9 CCR § 10315 BHIN 20-050
17 If the person served has missed dosing for two weeks or more without notifying the program, there is a documented discharge				#DIV/0!		Q	9 CCR § 10300
18 Providers shall notify persons served that oral interpretation is available for any language and written translation is available in prevalent languages to individuals whose primary language is not English				#DIV/0!		Q	PM p. 42
19 There is documentation of reasonable accommodation requests				#DIV/0!		Q	IA (I)(E)(1)(v)(b)
20 Person served records are legible						Q	PM p. 61
PERINATAL							
21 If the person served is pregnant, the 2 year addiction or 2 previous treatment failures is waived and the program physician re-evaluates need for treatment no later than 60 days after the termination of pregnancy				#DIV/0!		R	9 CCR § 10270
22 The person served is UA tested at least once every calendar week				#DIV/0!		Q	9 CCR § 10360
2.0 ASSESSMENT							
23 The Fresno County Assessment form was used				#DIV/0!		R	Required Form, PM p. 48-49
24 The demographic information of the person served was completed				#DIV/0!		Q	
25 Dimension 1				#DIV/0!		Q	
26 Dimension 2				#DIV/0!		Q	
27 Dimension 3				#DIV/0!		Q	
28 Dimension 4				#DIV/0!		Q	
29 Dimension 5				#DIV/0!		Q	
30 Dimension 6				#DIV/0!		Q	
31 Clinical Summary				#DIV/0!		Q	
32 Placement Summary				#DIV/0!		Q	
33 Placement Summary/Level of Care				#DIV/0!		Q	
34 Reviewed by MD/LPHA within 28 calendar days of admission, if assessment is completed by a counselor - as evidenced by a dated signature on the assessment				#DIV/0!		R	
Updated Assessment							
35 The Fresno County Updated Assessment form was used				#DIV/0!		R	Required Form, PM p. 50
36 The demographic information of the person served was completed				#DIV/0!		Q	
37 Dimension 1				#DIV/0!		Q	
38 Dimension 2				#DIV/0!		Q	
39 Dimension 3				#DIV/0!		Q	
40 Dimension 4				#DIV/0!		Q	
41 Dimension 5				#DIV/0!		Q	
42 Dimension 6				#DIV/0!		Q	
43 Clinical Summary				#DIV/0!		Q	
44 Placement Summary				#DIV/0!		Q	
45 Placement Summary/Level of Care				#DIV/0!		Q	
46 The updated assessment is reviewed by MD/LPHA, if the assessment is completed by a counselor - as evidenced by a dated signature on the assessment The re-assessment should be completed on an annual basis				#DIV/0!		R	
3.0 MEDICAL NECESSITY/DIAGNOSIS							
47 The County Mandated IDD form was used to document the diagnosis.				#DIV/0!		R	Required Form, PM p. 16-17, 52-53
48 The MD/LPHA evaluated the person served's assessment and intake and has established medical necessity with a substantiated DSM-5 diagnosis				#DIV/0!		R	
49 If the assessment was completed by a counselor, there is evidence that a face-to-face review was conducted between the counselor and MD/LPHA on the IDD form				#DIV/0!		R	
50 MD/LPHA has documented the basis for a DSM-5 diagnosis within 28 days of admission and has printed, signed and dated the IDD form				#DIV/0!		R	

There is evidence of the following included in the person served's

	Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	Class	Reference	
51 Documentation of additional diagnoses after the initial diagnosis (see additional IDD forms)				#DIV/0!		R		
4.0 INITIAL NEEDS ASSESSMENT								
52 Prior to developing a patient's initial maintenance treatment plan, as required in paragraph (e) of this section, the primary counselor shall complete and document in the patient's record a needs assessment for the patient which shall include: a summary of psychological and sociological background, educational and vocational experience, health care as per the physical exam, psychosocial, vocational rehab, economic and legal services				#DIV/0!		R	9 CCR § 10305	
53 An assessment of the patient's needs for:								
a) Health care as recorded within the overall impression portion of the physical examination				#DIV/0!		R		
b) Employment				#DIV/0!		R		
c) Education				#DIV/0!		R		
d) Psychosocial, vocational rehabilitation, economic, and legal services.				#DIV/0!		R		
5.0 TREATMENT PLAN								
INITIAL TREATMENT PLAN								
54 The primary counselor has documented when the person served was assigned to the counselor				#DIV/0!		Q	9 CCR § 10305	
55 The initial treatment plan was completed within 28 days of the admission date				#DIV/0!		R		
56 The treatment plan has been signed in a timely manner by:								
a) Person served				#DIV/0!		R		
b) Supervising counselor				#DIV/0!		R		
c) Physician				#DIV/0!		R		
57 The treatment goals are appropriate and based off of the Initial Needs Assessment and or DSM-5 diagnosis, which was previously identified by the MD or LPHA, is accurately documented on the treatment plan				#DIV/0!		Q		
58 The DSM-5 diagnosis, which was previously identified by the MD or LPHA, is accurately documented on the treatment plan								
59 The short term goals are 90 days or less				#DIV/0!		Q		
60 The long term goals exceed 90 days				#DIV/0!		Q		
61 Targeted behaviors are identified to achieve short term and long term goals				#DIV/0!		Q		
62 The type of counseling and frequency of services have been identified				#DIV/0!		Q		
63 The treatment plan has been individualized to the person served's needs				#DIV/0!		Q		
1ST UPDATED TREATMENT PLAN								
64 The first treatment plan update was completed at least once every 3 months from the date of admission or whenever necessary				#DIV/0!		R		
65 The treatment plan has been signed in a timely manner by:								
a) Person served				#DIV/0!		R		
b) Supervising counselor				#DIV/0!		R		
c) Physician				#DIV/0!		R		
66 Progress or lack of progress in treatment is documented				#DIV/0!		Q		
67 New treatment goals and targeted behaviors are established for newly identified needs				#DIV/0!		Q		
68 Any changes in type and frequency of counseling have been documented				#DIV/0!		Q		
2ND UPDATED TREATMENT PLAN								
69 The second treatment plan was completed 6 months after the date of admission or whenever necessary				#DIV/0!		R		
70 The treatment plan has been signed in a timely manner by:								
a) Person served				#DIV/0!		R		
b) Supervising counselor				#DIV/0!		R		
c) Physician				#DIV/0!		R		
71 Progress or lack of progress in treatment is documented				#DIV/0!		Q		
72 New treatment goals and targeted behaviors are established for newly identified needs				#DIV/0!		Q		
73 Any changes in type and frequency of counseling have been documented				#DIV/0!		Q		
3RD UPDATED TREATMENT PLAN								
74 The third treatment plan was completed 9 months after the date of admission or whenever necessary				#DIV/0!		R		

There is evidence of the following included in the person served's				Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	Class	Reference
75	The treatment plan has been signed in a timely manner by:									
	a) Person served						#DIV/0!		R	
	b) Supervising counselor						#DIV/0!		R	
	c) Physician						#DIV/0!		R	
76	Progress or lack of progress in treatment is documented						#DIV/0!		Q	
77	New treatment goals and targeted behaviors are established for newly identified needs						#DIV/0!		Q	
78	Any changes in type and frequency of counseling have been documented						#DIV/0!		Q	
6.0 COUNSELING - PROGRESS NOTES										
79	Person served is receiving counseling services at the frequency identified on the treatment plan or at a minimum of 50 minutes per calendar month						#DIV/0!		Q	
80	Progress notes are completed within 14 calendar days of the counseling service						#DIV/0!		Q	PM p. 61 9 CCR § 10345 (a)
81	The date of the service is documented						#DIV/0!		R	
82	The type of counseling service is documented						#DIV/0!		R	
83	The duration of the service is documented (minimum of 10 minute intervals)						#DIV/0!		R	
84	Progress notes includes at least one of the following:									
	a) The person's served progress in treatment (i.e. treatment plan problems, goals, action steps, objectives and/or referrals) is reviewed and documented						#DIV/0!		Q	9 CCR § 10345
	b) The person served's response to a drug screening that is positive for illicit drugs or negative for methadone						#DIV/0!		Q	
	c) New issue or problem that impacts the person served's treatment						#DIV/0!		Q	
	d) Evidence-based practice used and appropriately documented in text of progress note (i.e. Psycho-education, Trauma Informed Treatment, Cognitive Behavioral Therapy, Relapse Prevention)						#DIV/0!		Q	
85	There is a progress note for every service claimed by the provider						#DIV/0!		R	PM. 61
86	The diagnosis claimed is the diagnosis identified on the IDD form and treatment plan and the diagnosis is an included Medi-Cal diagnosis						#DIV/0!		R	BHIN 22-019
87	The medical director has adjusted or waived the minimum number of counseling services per calendar month and has documented the medical order						#DIV/0!		R	9 CCR § 10345
7.0 CONTINUING SERVICES JUSTIFICATION										
1ST ANNUAL CONTINUING SERVICES JUSTIFICATION FORM										
88	The Medical Director shall evaluate the following annually:						#DIV/0!		R	
	a) Evaluate the patient's progress or lack of progress in achieving treatment goals						#DIV/0!		R	
	b) Determine in his or her clinical judgment, that the patient's status indicates that such treatment should be continued for a longer period of time because discontinuance from treatment would lead to a return to opioid addiction.						#DIV/0!		R	
	c) The Medical Director or program physician shall document in the patient's record the facts justifying his or her decision to continue the patient's maintenance treatment as required by subsections (a) and (b)						#DIV/0!		R	
2ND ANNUAL CONTINUING SERVICES JUSTIFICATION FORM										
89	The Medical Director shall evaluate the following annually:						#DIV/0!		R	
	a) Evaluate the patient's progress or lack of progress in achieving treatment goals						#DIV/0!		R	
	b) Determine in his or her clinical judgment, that the patient's status indicates that such treatment should be continued for a longer period of time because discontinuance from treatment would lead to a return to opioid addiction.						#DIV/0!		R	
	c) The Medical Director or program physician shall document in the patient's record the facts justifying his or her decision to continue the patient's maintenance treatment as required by subsections (a) and (b)						#DIV/0!		R	
3RD ANNUAL CONTINUING SERVICES JUSTIFICATION FORM										
90	The Medical Director shall evaluate the following annually:						#DIV/0!		R	
	a) Evaluate the patient's progress or lack of progress in achieving treatment goals						#DIV/0!		R	
	b) Determine in his or her clinical judgment, that the patient's status indicates that such treatment should be continued for a longer period of time because discontinuance from treatment would lead to a return to opioid addiction.						#DIV/0!		R	9 CCR § 10410

There is evidence of the following included in the person served's					Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	Class	Reference
c) The Medical Director or program physician shall document in the patient's record the facts justifying his or her decision to continue the patient's maintenance treatment as required by subsections (a) and (b)								#DIV/0!		R	
4TH ANNUAL CONTINUING SERVICES JUSTIFICATION FORM											
91 The Medical Director shall evaluate the following annually:								#DIV/0!		R	
a) Evaluate the patient's progress or lack of progress in achieving treatment goals								#DIV/0!		R	
b) Determine in his or her clinical judgment, that the patient's status indicates that such treatment should be continued for a longer period of time because discontinuance from treatment would lead to a return to opioid addiction.								#DIV/0!		R	
c) The Medical Director or program physician shall document in the patient's record the facts justifying his or her decision to continue the patient's maintenance treatment as required by subsections (a) and (b)								#DIV/0!		R	
8.0 DISCHARGE - PLAN/SUMMARY											
DISCHARGE PLAN											
92 The discharge plan has been completed and includes the following:								#DIV/0!		Q	
a) Created no sooner than 30 days prior to discharge and signed at the last face to face meeting								#DIV/0!		Q	
b) A description of the person served's relapse triggers								#DIV/0!		Q	
c) A relapse prevention plan has been developed for each identified trigger								#DIV/0!		Q	
d) A support plan which includes any referrals								#DIV/0!		Q	
e) Person served's comments								#DIV/0!		Q	
93 The LPHA/Counselor's name has been printed, signed and dated								#DIV/0!		R	
94 The person served's name has been printed, signed and dated								#DIV/0!		R	
95 There is evidence that a copy of the discharge plan has been provided to the person served								#DIV/0!		Q	
DISCHARGE SUMMARY											
96 The discharge summary has been completed and includes the following:								#DIV/0!		Q	
a) The person served's name and date of discharge								#DIV/0!		Q	
b) The reason for discharge								#DIV/0!		Q	
c) A summary of the person served's progress during treatment								#DIV/0!		Q	
9.0 ADDITIONAL AREAS											
NOABD											
97 The Notice of Adverse Benefit Determination (NOABD) has been completed (if applicable). NOABD was provided to person served when the authorized service was denied and the person served disagreed with the denial								#DIV/0!		Q	MHSUDS 18-010E
ADDITIONAL PERINATAL REQUIREMENTS											
98 The medical director has reviewed, signed and dated a confirmation of pregnancy within 14 calendar days of primary counselor's knowledge of pregnancy								#DIV/0!		R	
99 The medical director has documented acceptance of medical responsibility of prenatal care or has provided verification of patient care under a licensed physician in CA who has been trained in obstetrics or gynecology								#DIV/0!		R	
100 The medical director has provided a medical order and documented their rational for determining LAAM was the best source of treatment and conducted a medical examination of the person served prior to the medical order								#DIV/0!		R	
101 Within 14 days of the date of confirmed pregnancy by the medical director, the primary counselor shall update the treatment plan to include at least a monthly face to face consultation with the physician to review the following:											
a) The risks of drug use to the person served and unborn child								#DIV/0!		Q	
b) The benefits of NRT and the risks of abrupt withdrawal from opiates								#DIV/0!		Q	
c) The importance of attending all prenatal care visits								#DIV/0!		Q	
d) The need for evaluation for opiate addiction related care of both participant and newborn following birth								#DIV/0!		Q	
e) Signs and symptoms of withdrawal in a newborn child								#DIV/0!		Q	
f) The risks and benefits of breastfeeding while on NRT medication								#DIV/0!		Q	
g) Postpartum depression, family planning and contraception								#DIV/0!		Q	9 CCR § 10360

There is evidence of the following included in the person served's

	Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	Class	Reference
h) Basic prenatal care for those not referred to another provider (including nutrition, prenatal vitamins, child pediatric care, immunizations, handling health and safety)				#DIV/0!		Q	
102 If the person served refuses referrals or direct prenatal services, the physician has documented the refusal and there is written acknowledgement by the person served that she has refused services				#DIV/0!		Q	
103 Within 14 calendar days after the date of birth and/or termination of the pregnancy, the physician has documented the following:							
a) A summary of delivery and the treatment outcome for the participant and the baby				#DIV/0!		Q	
b) OR evidence that a request for the information was made, but no response was received				#DIV/0!		Q	
104 Within 14 days of the date of birth and/or termination of the pregnancy, the primary counselor shall update the treatment plan to include the following:							
a) The nature of pediatric and child immunizations should be included in subsequent updated treatment plans until the child is at least three (3) years of age				#DIV/0!		Q	

REVIEWERS			
Name/Title	Date	Name/Title	Date

OUTPATIENT CHART REVIEW

Audit Date:			
Audit Timeframe:			

Provider:	
ASAM LOC:	

There is evidence of the following included in the person served's chart:

*Items in **Bold** are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*

Compliance				Findings	Class	Reference
Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety		

1.0 INTAKE

1				#DIV/0!		Q	PM p. 43
2				#DIV/0!		Q	IA (III)(PP)(7)(iii) PM p. 45
3						Q	AOD 15000(a-e)
4				#DIV/0!		Q	Required Form PM p. 48
5				#DIV/0!		H	42 CFR Subpart C §2.31
6				#DIV/0!		Q	IA (III)(PP)(9)(i)(c)
7				#DIV/0!		H	45 CFR § 164.520
8				#DIV/0!		Q	IA (III)(BB)(2)(ii) PM p. 43
9				#DIV/0!		Q	AOD 7020 PM p. 52
10				#DIV/0!		Q	AOD 16000(d)
11				#DIV/0!		Q	BHIN 21-047
12				#DIV/0!		Q	IA (III)(PP)(7)(vi) PM p. 70
13				#DIV/0!		Q	IA (III)(PP)(7)(vii) PM p. 46
14				#DIV/0!		Q	IA (III)(PP)(11) PM p. 53
15				#DIV/0!		Q	PM p. 42
16				#DIV/0!		Q	BHIN 22-019 Attachment 1
17				#DIV/0!		Q	IA (II)(E)(1)(v)(b)

PERINATAL TREATMENT

18				#DIV/0!		Q	PPG pp. 4, 7
19				#DIV/0!		Q	PPG p. 5

There is evidence of the following included in the person served's chart:

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2.0 ASSESSMENT

20	The Fresno County Assessment form was utilized			#DIV/0!	Q	Required Form BHIN 23-001 PM pp. 48-49	
21	Do the person served-specific facts cited in each dimension support the severity rating chosen for that dimension?						
	a) Dimension 1			#DIV/0!	Q		
	b) Dimension 2			#DIV/0!	Q		
	c) Dimension 3			#DIV/0!	Q		
	d) Dimension 4			#DIV/0!	Q		
	e) Dimension 5			#DIV/0!	Q		
	f) Dimension 6			#DIV/0!	Q		
22	Was the indicated level of care supported by the severity ratings in each of the dimensions?			#DIV/0!	Q		
23	Was the actual level of care either the same as the indicated Level of Care (LOC), or is the change sufficiently justified?			#DIV/0!	Q		
24	The Fresno County SUD assessment is completed by an LPHA or registered/certified counselor that includes a typed or legibly printed name, signature of the service provider and date of signature?			#DIV/0!	Q		
	a) For persons served 21 years and over, within 30 days of first visit			#DIV/0!	Q		
	b) For persons served 21 years and over and experiencing homelessness, within 60 days of first visit (justification needs to be documented if homeless)			#DIV/0!	Q		
25	The assessment was reviewed by the MD/LPHA, if the assessment was completed by a counselor - as evidenced by a dated signature on the assessment			#DIV/0!	Q		

UPDATED ASSESSMENT

26	The Fresno County Updated Assessment form was utilized			#DIV/0!	Q	Required Form BHIN 23-001 PM pp. 48-49	
27	Do the person served-specific facts cited in each dimension support the severity rating chosen for that dimension?						
	a) Dimension 1			#DIV/0!	Q		
	b) Dimension 2			#DIV/0!	Q		
	c) Dimension 3			#VALUE!	Q		
	d) Dimension 4			#DIV/0!	Q		
	e) Dimension 5			#DIV/0!	Q		
	f) Dimension 6			#DIV/0!	Q		
28	Was the indicated level of care supported by the severity ratings in each of the dimensions?			#DIV/0!	Q		
29	Was the actual level of care either the same as the indicated Level of Care (LOC), or is the change sufficiently justified?			#DIV/0!	Q		
30	The Fresno County Updated Assessment was completed by an LPHA or registered/certified counselor that includes a typed or legibly printed name, signature of the service provider and date of signature			#DIV/0!	Q		
31	The assessment was reviewed by the MD/LPHA, if the assessment was completed by a counselor - as evidenced by a dated signature on the assessment			#DIV/0!	Q		

3.0 MEDICAL NECESSITY/DIAGNOSIS & AUTHORIZATION

32	If the assessment was completed by a counselor, there is evidence that a face-to-face review was conducted between the counselor and MD/LPHA			#DIV/0!	Q	IA (111)(B)(2)(iv) PM p. 53
33	The County Mandated IDD form was completed (as evidenced by the MD/LPHA printed name and dated signature). Is there documentation of basis for Substance Use Disorder (SUD) diagnosis established within 30 days of first visit with LPHA or registered/certified counselor (or 60 days for adults documented experiencing homelessness) by a Medical Director, Licensed Physician, or LPHA?			#DIV/0!	R	BHIN 23-001 PM p. 53

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34			#DIV/0!		Q	PM p. 53
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4.0 TREATMENT PLAN

INITIAL TREATMENT PLAN

35			#DIV/0!		Q	IA (III)(PP)(12)(b)(i) SABG Minimum Quality Drug Treatment 2F(b)
36			#DIV/0!		Q	
37			#DIV/0!		Q	IA (III)(PP)(12) PM pp. 58-60
38			#DIV/0!		Q	
39			#DIV/0!		Q	IA (III)(PP)(12)(i)(a)(i)(7) PM p. 58
40			#DIV/0!		Q	IA (III)(12)(i)(a)(i)(9) PM p. 58
41			#DIV/0!		Q	PPG p. 8

1ST UPDATED TREATMENT PLAN

42			#DIV/0!		Q	IA (III)(PP)(12) PM pp. 58-60
43			#DIV/0!		Q	
44			#DIV/0!		Q	
45			#DIV/0!		Q	
46			#DIV/0!		Q	IA (III)(PP)(12)(i)(a)(i)(7) PM p. 58
47			#DIV/0!		Q	IA (III)(12)(i)(a)(i)(9) PM p. 58
48			#DIV/0!		Q	PPG p. 8

2ND UPDATED TREATMENT PLAN

49			#DIV/0!		Q	IA (III)(PP)(12) PM pp. 58-60
50			#DIV/0!		Q	
51			#DIV/0!		Q	
52			#DIV/0!		Q	
53			#DIV/0!		Q	IA (III)(PP)(12)(i)(a)(i)(7) PM p. 58
54			#DIV/0!		Q	IA (III)(12)(i)(a)(i)(9) PM p. 58
55			#DIV/0!		Q	PPG p. 8

5.0 PROBLEM LIST

56			#DIV/0!		Q	BHIN 22-019
57						
a)			#DIV/0!		Q	
b)			#DIV/0!		Q	
c)			#DIV/0!		Q	
d)			#DIV/0!		Q	
58			#DIV/0!		Q	

6.0 PROGRESS NOTES/SIGN IN SHEETS

OUTPATIENT SERVICES

There is evidence of the following included in the person served's chart:

*Items in **Bold** are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*

	Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety		
59 For outpatient services: - Adults are receiving up to 9 hours per week				#DIV/0!		Q	IA (III)(O)(1) PM p. 19
60 Were the majority of the progress notes finalized within 3 business days (with the exception of progress notes for crisis services) as evidenced by the LPHA/Counselor's printed name and dated signature				#DIV/0!		Q	BHIN 22-019
61 Evidence-based practice used and appropriately documented in text of progress note (i.e. Psycho-education, Trauma Informed Treatment, Cognitive Behavioral Therapy, Relapse Prevention)				#DIV/0!		Q	BHIN 23-001
62 Do all progress notes include the person's served progress in treatment (i.e. treatment plan problems, goals, action steps, objectives and/or referrals) and the next steps to be taken by the provider?				#DIV/0!		Q	IA (III)(PP)(14)(i)(a)(ii)(2) PM p. 61
63 Were all progress notes signed by the by the person providing the service?				#DIV/0!		R	IA (III)(PP)(14)(i)(a)(i) BHIN 22-019 PM p. 61
64 Were there any gaps in service delivery supported by non-billable notes or explained elsewhere in the clinical record?				#DIV/0!		Q	PM p. 52
65 If appropriate, were relevant referrals provided and documented in a progress note?				#DIV/0!		Q	PM p. 61
66 If service(s) were provided in the community, the location(s) were identified and how confidentiality was ensured				#DIV/0!		Q	IA (III)(PP)(14)(i)(a)(ii)(5) PM p. 61
67 For persons served with a co-occurring mental health disorder, do progress notes document specific integrated SUD treatment approaches, when appropriate?				#DIV/0!		Q	
68 Have all risk and safety concerns in the person served's record been addressed and documented in progress notes?				#DIV/0!		Q	BHIN 22-019
69 Based on the documentation as a whole, was there evidence that treatment was high quality, person centered, culturally responsive and aligned with person served needs?				#DIV/0!		Q	
INTENSIVE OUTPATIENT SERVICES							
70 For intensive outpatient services: - Adults are receiving a minimum of 9 hours and a maximum of 19 hours per week				#DIV/0!		Q	IA (III)(P)(1) PM p. 20
71 Were the majority of the progress notes finalized within 3 business days (with the exception of progress notes for crisis services) as evidenced by the LPHA/Counselor's printed name and dated signature				#DIV/0!		Q	BHIN 22-019
72 Evidence-based practice used and appropriately documented in text of progress note (i.e. Psycho-education, Trauma Informed Treatment, Cognitive Behavioral Therapy, Relapse Prevention)				#DIV/0!		Q	BHIN 23-001
73 Do all progress notes include the person's served progress in treatment (i.e. treatment plan problems, goals, action steps, objectives and/or referrals) and the next steps to be taken by the provider?				#DIV/0!		Q	IA (III)(PP)(14)(i)(b)(ii)(1) PM p. 61
74 Were all progress notes signed by the by the person providing the service?				#DIV/0!		R	IA (III)(PP)(14)(i)(a)(i) BHIN 22-019 PM p. 61
75 Were there any gaps in service delivery supported by non-billable notes or explained elsewhere in the clinical record?				#DIV/0!		Q	PM p. 52
76 If appropriate, were relevant referrals provided and documented in a progress note?				#DIV/0!		Q	PM p. 61
77 If service(s) were provided in the community, the location(s) were identified and how confidentiality was ensured				#DIV/0!		Q	IA (III)(PP)(14)(i)(b)(ii)(4) PM p. 61
78 For persons served with a co-occurring mental health disorder, do progress notes document specific integrated SUD treatment approaches, when appropriate?				#DIV/0!		Q	
79 Have all risk and safety concerns in the person served's record been addressed and documented in progress notes?				#DIV/0!		Q	BHIN 22-019
80 Based on the documentation as a whole, was there evidence that treatment was high quality, person centered, culturally response and aligned with person served needs?				#DIV/0!		Q	
RECOVERY SERVICES							
81 Has a minimum of 1 counseling service per month been provided to person served?				#DIV/0!		Q	Fresno County Recovery Services PPG

There is evidence of the following included in the person served's chart:

*Items in **Bold** are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*

	Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	
82				#DIV/0!		Q Fresno County Recovery Services PPG DMC Billing Manual p. 41-42
83				#DIV/0!		Q Fresno County Recovery Services PPG DMC Billing Manual p. 41-42
PEER SUPPORT SERVICES						
84				#DIV/0!		R BHIN 22-019
85				#DIV/0!		Q BHIN 23-001 DMC Billing Manual p. 11
SIGN-IN SHEETS						
86				#DIV/0!		Q
87				#DIV/0!		Q
88				#DIV/0!		Q IA (III)(13)(i) PM pp. 60-61
89				#DIV/0!		Q
90				#DIV/0!		Q
91				#DIV/0!		Q IA (III)(O)(1), (III)(P)(1) PM p. 20
7.0 BILLING LINES						
92				#DIV/0!		R BHIN 23-001
93				#DIV/0!		R CCR 22 § 50273 CCR 22 § 51458.1 IA (II)(G)(2)(iii)(c)(iv)
94				#DIV/0!		R BHIN 22-019 CCR 22 § 51458.1
95				#DIV/0!		R BHIN 22-019 CCR 22 § 51458.1
96				#DIV/0!		R BHIN 22-019 CCR 22 § 51458.1
97				#DIV/0!		R BHIN 22-019 CCR 22 § 51458.1
98				#DIV/0!		R BHIN 22-019 DMC ODS Billing Manual p. 93 DMC Billing Manual p. 38 AOD p. 6
99				#DIV/0!		R BHIN 22-019
100				#DIV/0!		R BHIN 22-019 DMC Billing Manual p. 38
101				#DIV/0!		R BHIN 22-019 DMC Billing Manual p. 38
102				#DIV/0!		R BHIN 23-001
8.0 REFERRAL/CARE COORDINATION SERVICES						
103				#DIV/0!		Q
104				#DIV/0!		Q BHIN 23-001

There is evidence of the following included in the person served's chart:

*Items in **Bold** are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*

	Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	
105				#DIV/0!		Q
106				#DIV/0!		Q

9.0 CONTINUING SERVICES JUSTIFICATION (OUTPATIENT)

INITIAL CONTINUING SERVICES JUSTIFICATION FORM

107				#DIV/0!		Q	IA (III)(PP)(15)(i)(a)(i) PM p. 63
108				#DIV/0!		Q	
109							IA (III)(PP)(15)(i)(a)(ii) PM p. 63
				#DIV/0!		Q	
				#DIV/0!		Q	
				#DIV/0!		Q	
110				#DIV/0!		Q	Required Form
111				#DIV/0!		Q	IA (III)(PP)(15)(i)(a)(ii)(2)

10.0 DISCHARGE PLAN/SUMMARY & CALOMS

DISCHARGE PLAN

112							
				#DIV/0!		Q	IA (III)(PP)(16)(ii)(b) PM p. 64
				#DIV/0!		Q	
				#DIV/0!		Q	IA (III)(PP)(16)(ii)(a) PM p. 64
				#DIV/0!		Q	
113				#DIV/0!		Q	
114				#DIV/0!		Q	IA (III)(PP)(16)(ii)(c) PM p. 64
115				#DIV/0!		Q	

DISCHARGE SUMMARY

116				#DIV/0!		Q	
117							IA (III)(PP)(16)(iii)(b) PM p. 65
				#DIV/0!		Q	
				#DIV/0!		Q	
				#DIV/0!		Q	
				#DIV/0!		Q	
				#DIV/0!		Q	
118				#DIV/0!		Q	IA (III)(PP)(16)(iii) PM p. 64
119				#DIV/0!		Q	BHIN 22-019 Attachment 1

11.0 ADDITIONAL AREAS

120				#DIV/0!		Q	IN 18-010E
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There is evidence of the following included in the person served's chart:

*Items in **Bold** are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*

Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	
PERINATAL					
121			#DIV/0!		Q PPG p. 8
122			#DIV/0!		Q PPG p. 6
123			#DIV/0!		Q 45 CFR § 96.124(e) PPG p. 12
124			#DIV/0!		Q PPG p. 12
125			#DIV/0!		Q PPG p. 6
126			#DIV/0!		Q PPG pp. 9-10
127			#DIV/0!		Q PPG p. 18
128			#DIV/0!		Q 45 CFR § 96.124 PM p. 15 PPG p. 13

REVIEWERS			
Name/Title	Date	Name/Title	Date

OUTPATIENT CHART REVIEW

Audit Date:			
Audit Timeframe:			

Provider:	
ASAM LOC:	

	Compliance				Findings	Class	Reference
	Y	N	NA	%			
<p>There is evidence of the following included in the person served's chart:</p> <p>*Items in Bold are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*</p>							
1.0 INTAKE							
1				#DIV/0!		Q	PM p. 43
2				#DIV/0!		Q	IA (III)(PP)(7)(iii) PM p. 45
3				#DIV/0!		Q	AOD 15000(a-e)
4				#DIV/0!		Q	Required Form PM p. 48
5				#DIV/0!		H	42 CFR Subpart C §2.31
6				#DIV/0!		Q	IA (III)(PP)(9)(i)(c)
7				#DIV/0!		H	45 CFR § 164.520
8				#DIV/0!		Q	IA (III)(BB)(2)(ii) PM p. 43
9				#DIV/0!		Q	AOD 7020 PM p. 52
10				#DIV/0!		Q	AOD 16000(d)
11				#DIV/0!		Q	BHIN 21-047
12				#DIV/0!		Q	IA (III)(PP)(7)(vi) PM p. 70
13				#DIV/0!		Q	IA (III)(PP)(7)(vii) PM p. 46
14				#DIV/0!		Q	IA (III)(PP)(11) PM p. 53
15				#DIV/0!		Q	PM p. 42
16				#DIV/0!		Q	BHIN 22-019 Attachment 1
17				#DIV/0!		Q	IA (II)(E)(1)(v)(b)
ADOLESCENT TREATMENT							
18				#DIV/0!		Q	Required Form H&S § 124620 CCR 9 § 622-626
19				#DIV/0!		Q	Required Form CFC § 6929c
20				#DIV/0!		Q	Adolescent Best Practices p. 23

There is evidence of the following included in the person served's chart:

*Items in **Bold** are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*

	Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	
21 Did the file contain evidence of screening of co-occurring mental health disorders at time of intake?				#DIV/0!		Q
a) If the person served screened positive for mental health concerns, was there evidence of a referral made to a mental health provider?				#DIV/0!		Q
PERINATAL TREATMENT						
22 Medical documentation substantiating the person served pregnancy's & last day of pregnancy				#DIV/0!		Q
23 Priority admission given in following order: - Pregnant injection substance users - Pregnant substance users - Parenting injection substance users - Parenting substance users				#DIV/0!		Q
2.0 EARLY INTERVENTION SERVICES						
24 Was the screening tool utilized to justify the provision of early intervention services?				#DIV/0!		Q
25 Was a full assessment conducted, if during EIS episode, an SUD was suspected?				#DIV/0!		Q
2.0 ASSESSMENT						
26 The Fresno County Assessment form was utilized				#DIV/0!		Q
27 Do the person served-specific facts cited in each dimension support the severity rating chosen for that dimension?						
a) Dimension 1				#DIV/0!		Q
b) Dimension 2				#DIV/0!		Q
c) Dimension 3				#DIV/0!		Q
1. For persons served under the age of 21, does the assessment include identified safety issues such as: - Risk of suicide - Current or history of physical and/or sexual abuse or prepetration of physical or sexual abuse on others - Evaluation of risk to self or others				#DIV/0!		Q
d) Dimension 4				#DIV/0!		Q
e) Dimension 5				#DIV/0!		Q
f) Dimension 6				#DIV/0!		Q
28 Was the indicated level of care supported by the severity ratings in each of the dimensions?				#DIV/0!		Q
29 Was the actual level of care either the same as the indicated Level of Care (LOC), or is the change sufficiently justified?				#DIV/0!		Q
30 The Fresno County SUD assessment is completed by an LPHA or registered/certified counselor that includes a typed or legibly printed name, signature of the service provider and date of signature?				#DIV/0!		Q
a) For persons served under 21, within 60 days of first visit				#DIV/0!		Q
31 The assessment was reviewed by the MD/LPHA, if the assessment was completed by a counselor - as evidenced by a dated signature on the assessment				#DIV/0!		Q
UPDATED ASSESSMENT						
32 The Fresno County Updated Assessment form was utilized				#DIV/0!		Q
33 Do the person served-specific facts cited in each dimension support the severity rating chosen for that dimension?						
a) Dimension 1				#DIV/0!		Q
b) Dimension 2				#DIV/0!		Q
c) Dimension 3				#DIV/0!		Q
1. For persons served under the age of 21, does the assessment include identified safety issues such as: - Risk of suicide - Current or history of physical and/or sexual abuse or prepetration of physical or sexual abuse on others - Evaluation of risk to self or others				#DIV/0!		Q
d) Dimension 4				#DIV/0!		Q
e) Dimension 5				#DIV/0!		Q

Adolescent Best Practices p. 26-27

PPG pp. 4, 7

PPG p. 5

BHIN 23-001

Required Form
BHIN 23-001
PM pp. 48-49
Adolescent Best Practices p. 11

Required Form
BHIN 23-001
PM pp. 48-49
Adolescent Best Practices p. 11

There is evidence of the following included in the person served's chart:		Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	
Items in Bold are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions							
f) Dimension 6				#DIV/0!		Q	Adolescent Best Practices p. 11
34 Was the indicated level of care supported by the severity ratings in each of the dimensions?				#DIV/0!		Q	
35 Was the actual level of care either the same as the indicated Level of Care (LOC), or is the change sufficiently justified?				#DIV/0!		Q	
36 The Fresno County Updated Assessment was completed by an LPHA or registered/certified counselor that includes a typed or legibly printed name, signature of the service provider and date of signature				#DIV/0!		Q	
37 The assessment was reviewed by the MD/LPHA, if the assessment was completed by a counselor - as evidenced by a dated signature on the updated assessment				#DIV/0!		Q	
3.0 MEDICAL NECESSITY/DIAGNOSIS & AUTHORIZATION							
38 If the assessment was completed by a counselor, there is evidence that a face-to-face review was conducted between the counselor and MD/LPHA				#DIV/0!		Q	IA (III)(B)(2)(iv) PM p. 53
39 The County Mandated IDD form was completed (as evidenced by the MD/LPHA printed name and dated signature). Is there documentation of basis for Substance Use Disorder (SUD) diagnosis established within 60 days of first visit with LPHA or registered/certified counselor by a Medical Director, Licensed Physician, or LPHA?				#DIV/0!		R	BHIN 23-001
40 Additional IDD form (if necessary)				#DIV/0!		Q	PM p. 53
41 For persons served aged 18-21 and younger than 12 who are receiving SUD treatment, was there documented clinical appropriateness with written protocol that addressed developmentally appropriate services for the person served's age group?				#DIV/0!		Q	Adolescent Best Practices p. 5-6
4.0 TREATMENT PLAN							
INITIAL TREATMENT PLAN							
42 The client plan was completed within 30 days of admission				#DIV/0!		Q	IA (III)(PP)(12)(b)(i) SABG Minimum Quality Drug Treatment 2F(h)
43 The counselor's name is printed, signed and dated within 30 days of admission				#DIV/0!		Q	
44 The person's served name is printed, signed and dated - If the person served did not sign the treatment plan, the reason is documented in the treatment plan and a progress note				#DIV/0!		Q	IA (III)(PP)(12) PM pp. 58-60
45 The LPHA's name is printed, signed and dated within 7 days of the counselor's signature				#DIV/0!		Q	
46 The DSM-5 diagnosis, which was previously identified by the MD or LPHA, is accurately documented on the treatment plan				#DIV/0!		Q	IA (III)(PP)(12)(i)(a)(i)(7) PM p. 58
47 Was the development of the treatment plan adolescent guided and adolescent centered to the extent that was developmentally, culturally and gender appropriate?				#DIV/0!		Q	Adolescent Best Practices p. 13, 19-20
48 a) Was the development of the treatment plan in collaboration with the adolescent and his/her family or other supportive adults, as evidenced by the inclusion of goals for family functioning or ongoing family support and improvement goals?				#DIV/0!		Q	
49 Was there evidence of the provider encouraging the use of peer recovery groups and mentors/coaches in the treatment plan process (if appropriate)?				#DIV/0!		Q	Adolescent Best Practices p. 12
50 Did the treatment plan reflect the person served's educational goals and objectives as they relate to SUD treatment and medical necessity?				#DIV/0!		Q	Adolescent Best Practices p. 28
51 The physical examination is identified as a goal (if necessary)				#DIV/0!		Q	IA (III)(12)(i)(a)(i)(9) PM p. 58
52 If the person served is receiving perinatal services, ancillary services and parenting skills have been incorporated into the treatment plan				#DIV/0!		Q	PPG p. 8
1ST UPDATED TREATMENT PLAN							
53 Completed within 90 days of the initial treatment plan OR when there is a significant event OR a change in treatment modality				#DIV/0!		Q	
54 The counselor's name is printed, signed and dated				#DIV/0!		Q	

There is evidence of the following included in the person served's chart:					Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety		
Items in Bold are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions											
55	The person served's name is printed, signed and dated - If the person served did not sign the treatment plan, the reason is documented in the treatment plan and a progress note						#DIV/0!			Q	IA (III)(PP)(12) PM pp. 58-60
56	The LPHA's name is printed, signed and dated						#DIV/0!			Q	
57	The DSM-5 diagnosis, which was previously identified by the MD or LPHA, was accurately documented on the treatment plan						#DIV/0!			Q	IA (III)(PP)(12)(i)(a)(i)(7) PM p. 58
58	Was the development of the treatment plan adolescent guided and adolescent centered to the extent that was developmentally, culturally and gender appropriate?						#DIV/0!			Q	Adolescent Best Practices p. 13, 19-20
59	a) Was the development of the treatment plan in collaboration with the adolescent and his/her family or other supportive adults, as evidenced by the inclusion of goals for family functioning or ongoing family support and improvement goals?						#DIV/0!			Q	
60	Was there evidence of the provider encouraging the use of peer recovery groups and mentors/coaches in the treatment plan process (if appropriate)?						#DIV/0!			Q	Adolescent Best Practices p. 12
61	Did the treatment plan reflect the person served's educational goals and objectives as they relate to SUD treatment and medical necessity?						#DIV/0!			Q	Adolescent Best Practices p. 28
62	The physical examination is identified as a goal (if necessary)						#DIV/0!			Q	IA (III)(12)(i)(a)(i)(9) PM p. 58
63	If the person served is receiving perinatal services, ancillary services and parenting skills have been incorporated into the treatment plan						#DIV/0!			Q	PPG p. 8
2ND UPDATED TREATMENT PLAN											
53	Completed within 90 days of the initial treatment plan OR when there is a significant event OR a change in treatment modality						#DIV/0!			Q	IA (III)(PP)(12) PM pp. 58-60
54	The counselor's name is printed, signed and dated						#DIV/0!			Q	
55	The person served's name is printed, signed and dated - If the person served did not sign the treatment plan, the reason is documented in the treatment plan and a progress note						#DIV/0!			Q	
56	The LPHA's name is printed, signed and dated						#DIV/0!			Q	
57	The DSM-5 diagnosis, which was previously identified by the MD or LPHA, was accurately documented on the treatment plan						#DIV/0!			Q	IA (III)(PP)(12)(i)(a)(i)(7) PM p. 58
58	Was the development of the treatment plan adolescent guided and adolescent centered to the extent that was developmentally, culturally and gender appropriate?						#DIV/0!			Q	Adolescent Best Practices p. 13, 19-20
59	a) Was the development of the treatment plan in collaboration with the adolescent and his/her family or other supportive adults, as evidenced by the inclusion of goals for family functioning or ongoing family support and improvement goals?						#DIV/0!			Q	
60	Was there evidence of the provider encouraging the use of peer recovery groups and mentors/coaches in the treatment plan process (if appropriate)?						#DIV/0!			Q	Adolescent Best Practices p. 12
61	Did the treatment plan reflect the person served's educational goals and objectives as they relate to SUD treatment and medical necessity?						#DIV/0!			Q	Adolescent Best Practices p. 28
62	The physical examination is identified as a goal (if necessary)						#DIV/0!			Q	IA (III)(12)(i)(a)(i)(9) PM p. 58
63	If the person served is receiving perinatal services, ancillary services and parenting skills have been incorporated into the treatment plan						#DIV/0!			Q	PPG p. 8
5.0 PROBLEM LIST											
64	A problem list shall be created and maintained in the person served's file						#DIV/0!			Q	BHIN 22-019
65	The problem list shall include, but is not limited to, the following:						#DIV/0!			Q	
	a) Diagnoses identified by a provider acting within their scope of practice						#DIV/0!			Q	
	b) Problems identified by a provider acting within their scope of practice						#DIV/0!			Q	
	c) The name and title of the provider that identified, added, or removed the problem						#DIV/0!			Q	
	d) The date the problem was identified, added, or removed						#DIV/0!			Q	
66	Has the problem list been updated on an ongoing basis to reflect the current presentation (including any identified diagnoses, social determinants of health and/or Z codes) of the person served and within a reasonable time and in accordance with generally accepted standards of practice?						#DIV/0!			Q	

There is evidence of the following included in the person served's chart:

*Items in **Bold** are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*

	Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	
6.0 PROGRESS NOTES/SIGN IN SHEETS						
OUTPATIENT SERVICES						
67				#DIV/0!		Q IA (III)(O)(1) PM p. 19
68				#DIV/0!		Q BHIN 22-019
69				#DIV/0!		Q BHIN 23-001
70				#DIV/0!		Q IA (III)(PP)(14)(i)(a)(ii)(2) PM p. 61
71				#DIV/0!		R IA (III)(PP)(14)(i)(a)(i) BHIN 22-019 PM p. 61
72				#DIV/0!		Q PM p. 52
73				#DIV/0!		Q Adolescent Best Practices pg. 15
74				#DIV/0!		Q PM p. 61
75				#DIV/0!		Q IA (III)(PP)(14)(i)(a)(ii)(5) PM p. 61
76				#DIV/0!		Q
77				#DIV/0!		Q BHIN 22-019
78				#DIV/0!		Q
INTENSIVE OUTPATIENT SERVICES						
79				#DIV/0!		Q IA (III)(P)(1) PM p. 20
80				#DIV/0!		Q BHIN 22-019
81				#DIV/0!		Q BHIN 23-001
82				#DIV/0!		Q IA (III)(PP)(14)(i)(b)(ii)(1) PM p. 61
83				#DIV/0!		R IA (III)(PP)(14)(i)(a)(i) BHIN 22-019 PM p. 61
84				#DIV/0!		Q PM p. 52
85				#DIV/0!		Q Adolescent Best Practices p. 15
86				#DIV/0!		Q PM p. 61
87				#DIV/0!		Q IA (III)(PP)(14)(i)(b)(ii)(4) PM p. 61
88				#DIV/0!		Q Adolescent Best Practices p. 9-10 BHIN 22-019

There is evidence of the following included in the person served's chart:		Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety		
89	Have all risk and safety concerns in the person served's record been addressed and documented in progress notes?				#DIV/0!		Q	BHIN 22-019
90	Based on the documentation as a whole, was there evidence that treatment was high quality, person centered, culturally response and aligned with person served needs?				#DIV/0!		Q	BHIN 22-019
RECOVERY SERVICES								
91	Has a minimum of 1 counseling service per month been provided to client?				#DIV/0!		Q	Fresno County Recovery Services PPG
92	Was there evidence that the person served has been provided appropriate referrals to ancillary services?				#DIV/0!		Q	Fresno County Recovery Services PPG DMC Billing Manual p. 41-42
93	Did services emphasize the person served's central role in managing their health, help the person served identify effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to person served?				#DIV/0!		Q	Fresno County Recovery Services PPG DMC Billing Manual p. 41-42
PEER SUPPORT SERVICES								
94	Is there an approved peer plan of care approved by a Behavioral Health Professional or a Peer Support Specialist Supervisor?				#DIV/0!		Q	BHIN 22-019
95	Did the file contain evidence of peer supports that achieved the following: build peer relationships through mutual aid groups to prosocial activities, guiding the person served through the treatment process, encouraged social connectedness?				#DIV/0!		Q	Adolescent Best Practices p. 36
SIGN-IN SHEETS								
96	The name of the LPHA/Counselor providing the service is legibly printed, signed and dated on the same date of the service				#DIV/0!		Q	IA (III)(PP)(13)(i) PM p. 60-61
97	The date of the service is identified				#DIV/0!		Q	
98	The topic or purpose of the service is clearly identified				#DIV/0!		Q	
99	The start and end times of the service are documented				#DIV/0!		Q	
100	The names of the participating persons served are legibly printed and signed				#DIV/0!		Q	
101	The group has at least 2 persons served and no more than 12 persons served				#DIV/0!		Q	IA (III)(O)(1), (III)(P)(1) PM p. 20
7.0 BILLING LINES								
102	Was there any evidence of fraud, waste or abuse?				#DIV/0!		R	BHIN 23-001
103	Were any services provided while the person served was in a Medi-Cal lock-out place of service (i.e. psych hospitalization, Institution for Mental Disease (IMD), juvenile hall, jail)?				#DIV/0!		R	CCR 22 § 50273 CCR 22 § 51458.1 IA (II)(G)(2)(iii)(c)(iv)
104	Was there documentation of a valid allowable service for every claim billed within the review period?				#DIV/0!		R	BHIN 22-019 CCR 22 § 51458.1
105	Did the date of service listed on the progress notes match the date of service listed on all claims?				#DIV/0!		R	BHIN 22-019 CCR 22 § 51458.1
106	For all progress notes, did the service claimed match the service documented in the progress note?				#DIV/0!		R	BHIN 22-019 CCR 22 § 51458.1
107	Did the units of time for services match the amount of time documented in the progress notes?				#DIV/0!		R	BHIN 22-019 CCR 22 § 51458.1
108	Did individual and/or group progress notes with multiple providers clearly identify the numbers of providers and the specific involvement and interventions of each provider?				#DIV/0!		R	BHIN 22-019 DMC ODS Billing Manual p. 93 DMC Billing Manual p. 38 AOD p. 6
109	Are all documented services within the scope of practice of the provider?				#DIV/0!		R	BHIN 22-019
110	Did group progress notes and sign-in sheets identify the total number of person served participating in the service activity?				#DIV/0!		R	BHIN 22-019 DMC Billing Manual p. 38
111	For group progress notes, was the claim properly apportioned to all persons served present?				#DIV/0!		R	BHIN 22-019 DMC Billing Manual p. 38
112	Were all services billable according to Title 9; with no services claimed that were solely academic, vocational, recreation, socialization, transportation, clerical or payee				#DIV/0!		R	BHIN 23-001
8.0 REFERRAL/CARE COORDINATION SERVICES								

There is evidence of the following included in the person served's chart:					Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety		
Y	N	NA	%				
Items in Bold are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions							
113				#DIV/0!		Q	Adolescent Best Practices Guide pp. 8-9, 31-32, 33-36 BHIN 23-001
114				#DIV/0!		Q	BHIN 23-001
115				#DIV/0!		Q	
116				#DIV/0!		Q	Adolescent Best Practices Guide pp. 8-9 BHIN 23-001
9.0 CONTINUING SERVICES JUSTIFICATION (OUTPATIENT)							
INITIAL CONTINUING SERVICES JUSTIFICATION FORM							
117				#DIV/0!		Q	IA (III)(PP)(15)(i)(a)(i) PM p. 63
118				#DIV/0!		Q	IA (III)(PP)(15)(i)(a)(ii) PM p. 63
119				#DIV/0!		Q	
a) The person's served progress notes and treatment plan goals				#DIV/0!		Q	
b) Recommendations from the LPHA or Counselor				#DIV/0!		Q	
c) The person's served prognosis				#DIV/0!		Q	Required Form
120				#DIV/0!		Q	
121				#DIV/0!		Q	IA (III)(PP)(16)(i) PM p. 49
10.0 DISCHARGE PLAN/SUMMARY & CALOMS							
DISCHARGE PLAN							
122				#DIV/0!		Q	IA (III)(PP)(16)(ii)(b) PM p. 64
a) The discharge plan was prepared within 30 calendar days prior to the scheduled date of the last face-to-face treatment with the person served				#DIV/0!		Q	IA (III)(PP)(16)(ii)(a) PM p. 64
b) The person's served relapse triggers are identified				#DIV/0!		Q	
c) A relapse prevention plan has been developed for each identified trigger				#DIV/0!		Q	
d) A support plan				#DIV/0!		Q	
123				#DIV/0!		Q	IA (III)(PP)(16)(iii)(c) PM p. 64
124				#DIV/0!		Q	
125				#DIV/0!		Q	
DISCHARGE SUMMARY							
126				#DIV/0!		Q	IA (III)(PP)(16)(iii)(b) PM p. 65
127				#DIV/0!		Q	
a) The discharge summary was prepared within 30 calendar days of the date of the last face-to-face treatment contact with the person served.				#DIV/0!		Q	
b) The duration of the person's served treatment				#DIV/0!		Q	
c) The reason for discharge				#DIV/0!		Q	
d) The narrative summary of the treatment episode				#DIV/0!		Q	
e) The person's served prognosis				#DIV/0!		Q	IA (III)(PP)(16)(iii) PM p. 64
128				#DIV/0!		Q	

There is evidence of the following included in the person served's chart:

*Items in **Bold** are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*

		Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety		
129	Was there evidence of CalOMS-Tx annual (if applicable) and discharge information submitted for program/episode?				#DIV/0!		Q	BHIN 22-019, Attachment 1
11.0 ADDITIONAL AREAS								
130	The Notice of Adverse Benefit Determination (NOABD) has been completed, if the person served disagrees with the determination				#DIV/0!		Q	IN 18-010E
PERINATAL								
131	Perinatal services were offered including: mother/child services, parenting classes, child development services, access to and from medically necessary treatment, AOD effects on fetus/infant and mother, TB and HIV education/counseling and referrals as needed				#DIV/0!		Q	PPG p. 8
132	Interventions (gender specific) were offered including: relationship issues, sexual/physical abuse, parenting, including therapeutic interventions for persons' served children				#DIV/0!		Q	PPG p. 6
133	Case management services were offered including: provisions/arrangements for access to primary medical care, primary pediatric care, address the children's developmental needs, issues of sexual and physical abuse, neglect and coordination of ancillary services				#DIV/0!		Q	45 CFR § 96.124(e) PPG p. 12
134	Primary medical and pediatric care were offered including: evidence of provider arranging/providing medical care (including prenatal and pediatric immunizations) for women and children				#DIV/0!		Q	PPG p. 12
135	Tuberculosis services were offered including: screening and referral for testing/treatment				#DIV/0!		Q	PPG p. 6
136	Interim services were offered including: counseling and education of risk/prevention of HIV/TB, needle sharing, transmission of HIV/TB, referral for services including prenatal care, and counseling focusing on the effects of alcohol and drug use on the fetus				#DIV/0!		Q	PPG pp. 9-10
137	Child care services were offered including: licensed provider (must be in accordance with Title 22, Division 12, Chapter 1) OR on site cooperative care (mandatory or parenting, relationships, sexual/physical abuse interventions)				#DIV/0!		Q	PPG p. 18
138	Transportation services including: provide/arrange transportation services to ensure access to treatment services including primary medical/pediatric care, gender specific treatment, therapeutic services for children and to obtain employment				#DIV/0!		Q	45 CFR § 96.124 PM p. 15 PPG p. 13

REVIEWERS			
Name/Title	Date	Name/Title	Date

RESIDENTIAL CHART REVIEW

Audit Date:				Provider:
Audit Timeframe:				ASAM LOC:

	Compliance				Findings	Class	Reference
	Y	N	NA	%			
<p>There is evidence of the following included in the person served's chart: *Items in Bold are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*</p>					<p align="center">Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety</p>		

1.0 INTAKE

1	Admission Agreement signed within 7 days of admission and needs to include the following: - Services to be provided - Payment Provisions (Amount Assessed, Payment Schedule, Refund Policy) - Circumstances or conditions which may result in resident eviction from the facility - Consequences when a resident relapses and consumes alcohol and/or nonhealth sustaining drugs - Conditions under which the agreement may be terminated - List of community resources (if AOD)				#DIV/0!	Q	AOD 15000(A-E) 9 CCR §10566
2	Fresno County Screening Form has been completed					Q	PM p. 43
3	Consent to Treatment form has been signed				#DIV/0!	Q	IA (III)(PP)(7)(iii) PM p. 45
4	Member Handbook acknowledgement has been signed				#DIV/0!	Q	Required Form PM p. 48
5	Release of Information: Specific entity/individual, type of info to be disclosed, purpose of disclosure, revocation statement, expiration date, signed and dated by person served				#DIV/0!	H	42 CFR Subpart C §2.31
6	Documentation of personal information: - Information specifying the person's served identifier (i.e. name, number) - The person's served date of birth, sex, race and/or ethnic background, address/living arrangements and telephone number, and next of kin or emergency contact				#DIV/0!	Q	IA (III)(PP)(9)(i)(c)
7	Signed receipt of Privacy Practices Acknowledgement				#DIV/0!	H	45 CFR § 164.520
8	Proof of DMC Eligibility Status				#DIV/0!	Q	IA (III)(BB)(2)(ii) PM p. 43
9	Health Questionnaire completed and signed within 24 hours of person served admission				#DIV/0!	Q	AOD 7020 PM p. 52
10	A tuberculosis test has been completed within 6 months prior to admission or within 30 days of admission				#DIV/0!	Q	9 CCR § 10567 (b)
11	Orientation within 72 hours of admission				#DIV/0!	Q	AOD 7010 (d)
12	Follow Up Post Discharge Consent was signed and dated by the person served				#DIV/0!	Q	AOD 16000(d)
13	Telehealth Consent form has been completed (written or verbal), prior to the initial delivery of services				#DIV/0!	Q	BHIN 21-047
14	Evidence that copies of the following documents were provided to the person served upon admission: - Person's served rights - Share of cost (if applicable) - Notification of DMC funding accepted as payment in full				#DIV/0!	Q	IA (III)(PP)(7)(vi) PM p. 70
15	Evidence that copies of the following documents were provided to the person served or posted in a prominent place accessible to all persons served: - A statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference and ability to pay - Complaint process and grievance procedures - Appeal process for involuntary discharge - Program rules and expectations				#DIV/0!	Q	IA (III)(PP)(7)(vii) PM p. 46
16	Physical Examination Requirements: - Medical Director's assessment of physical condition (within 10 days of admit) OR - Review of previous physical that was completed within the past 12 months (review completed within 30 days of admit) OR - Goal on treatment plan until goal is met				#DIV/0!	Q	IA (III)(PP)(11) PM p. 53
17	Person's served preferred language (Provision of interpreter services or referral to appropriate program, if applicable)				#DIV/0!	Q	PM p. 42
18	Was there evidence of program/episode admission submitted within California Outcomes Measurement System (CalOMS) for Treatment (CalOMS-Tx)?					Q	BHIN 22-019 Attachment 1
19	A reasonable accommodation was requested and documented				#DIV/0!	Q	IA (II)(E)(1)(v)(b)

PERINATAL TREATMENT

There is evidence of the following included in the person served's chart:
 *Items in **Bold** are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*

	Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	
20 Medical documentation substantiating the person's served pregnancy & last day of pregnancy				#DIV/0!		Q PPG pp. 4, 7
21 Priority admission given in following order: - Pregnant injection substance users - Pregnant substance users - Parenting injection substance users - Parenting substance users				#DIV/0!		Q PPG p. 5
2.0 ASSESSMENT						
22 The Fresno County Assessment form was utilized				#DIV/0!		Q
23 Do the person served-specific facts cited in each dimension support the severity rating chosen for that dimension?				#DIV/0!		Q
a) Dimension 1				#DIV/0!		Q
b) Dimension 2				#DIV/0!		Q
c) Dimension 3				#DIV/0!		Q
d) Dimension 4				#DIV/0!		Q
e) Dimension 5				#DIV/0!		Q
f) Dimension 6				#DIV/0!		Q
24 Was the indicated level of care supported by the severity ratings in each of the dimensions?				#DIV/0!		Q
25 Was the actual level of care either the same as the indicated Level of Care (LOC), or is the change sufficiently justified?				#DIV/0!		Q
26 The Fresno County SUD assessment is completed by an LPHA or registered/certified counselor that includes a typed or legibly printed name, signature of the service provider and date of signature?				#DIV/0!		Q
a) For persons served 21 years and over, within three (3) calendar days of admission				#DIV/0!		Q
27 The assessment was reviewed by the MD/LPHA, if the assessment was completed by a counselor - as evidenced by a dated signature on the assessment				#DIV/0!		Q
UPDATED ASSESSMENT						
28 The Fresno County Updated Assessment form was utilized				#DIV/0!		Q
29 Do the person served-specific facts cited in each dimension support the severity rating chosen for that dimension?				#DIV/0!		Q
a) Dimension 1				#DIV/0!		Q
b) Dimension 2				#DIV/0!		Q
c) Dimension 3				#DIV/0!		Q
d) Dimension 4				#DIV/0!		Q
e) Dimension 5				#DIV/0!		Q
f) Dimension 6				#DIV/0!		Q
30 Was the indicated level of care supported by the severity ratings in each of the dimensions?				#DIV/0!		Q
31 Was the actual level of care either the same as the indicated Level of Care (LOC), or is the change sufficiently justified?				#DIV/0!		Q
32 The Fresno County Updated Assessment was completed by an LPHA or registered/certified counselor that includes a typed or legibly printed name, signature of the service provider and date of signature				#DIV/0!		Q
a) For persons served 21 years and over, when clinically appropriate or when an authorization for services is needed				#DIV/0!		Q
33 The assessment was reviewed by the MD/LPHA, if the assessment was completed by a counselor - as evidenced by a dated signature on the assessment				#DIV/0!		Q
3.0 MEDICAL NECESSITY/DIAGNOSIS & AUTHORIZATION						
34 If the assessment was completed by a counselor, there is evidence that a face-to-face review was conducted between the counselor and MD/LPHA				#DIV/0!		Q IA (III)(B)(2)(iv) PM p. 53
35 The County Mandated IDD form was completed (as evidenced by the MD/LPHA printed name and dated signature) within the following timeframes: - Within 3 days of admission for residential services Is there documentation of basis for Substance Use Disorder (SUD) diagnosis established within 3 days by a Medical Director, Licensed Physician, or LPHA?				#DIV/0!		R BHIN 23-001 PM p. 53

Required Form
BHIN 23-001
PM pp. 48-49

Required Form
BHIN 23-001
PM pp. 48-49

There is evidence of the following included in the person served's chart:
 *Items in **Bold** are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*

Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety
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36						PM p. 53
37				#DIV/0!	Q	PM p. 30 & 51

4.0 TREATMENT PLAN

INITIAL TREATMENT PLAN

38					Q	
39				#DIV/0!	Q	IA (III)(PP)(12) PM pp. 58-60
40				#DIV/0!	Q	
41				#DIV/0!	Q	
42				#DIV/0!	Q	IA (III)(PP)(12)(i)(a)(i)(7) PM p. 58
43				#DIV/0!	Q	IA (III)(12)(i)(a)(i)(9) PM p. 58
44				#DIV/0!	Q	PPG p. 8

1ST UPDATED TREATMENT PLAN

45				#DIV/0!	Q	IA (III)(PP)(12) PM pp. 58-60
46				#DIV/0!	Q	
47				#DIV/0!	Q	
48				#DIV/0!	Q	
49				#DIV/0!	Q	IA (III)(PP)(12)(i)(a)(i)(7) PM p. 58
50				#DIV/0!	Q	IA (III)(12)(i)(a)(i)(9) PM p. 58
51				#DIV/0!	Q	PPG p. 8

2ND UPDATED TREATMENT PLAN

52				#DIV/0!	Q	IA (III)(PP)(12) PM pp. 58-60
53				#DIV/0!	Q	
54				#DIV/0!	Q	
55				#DIV/0!	Q	
56				#DIV/0!	Q	IA (III)(PP)(12)(i)(a)(i)(7) PM p. 58
57				#DIV/0!	Q	IA (III)(12)(i)(a)(i)(9) PM p. 58
58				#DIV/0!	Q	PPG p. 8

5.0 PROBLEM LIST

59				#DIV/0!	Q	BHIN 22-019
60				#DIV/0!	Q	
a)				#DIV/0!	Q	
b)				#DIV/0!	Q	
c)				#DIV/0!	Q	
61				#DIV/0!	Q	

6.0 PROGRESS NOTES/SIGN IN SHEETS

62				#DIV/0!	Q	PM p. 21-22
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There is evidence of the following included in the person served's chart:
 *Items in **Bold** are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*

	Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	
63				#DIV/0!		Q DMC-ODS FAQs as June 2019
64				#DIV/0!		Q
65				#DIV/0!		Q
a) Service date				#DIV/0!		Q
b) Contact type				#DIV/0!		Q
c) Purpose of service/session topic				#DIV/0!		Q
d) Service type				#DIV/0!		Q
e) Service start and end time				#DIV/0!		Q
f) Total service time				#DIV/0!		Q
g) Travel time				#DIV/0!		Q
h) Documentation time				#DIV/0!		Q
i) Total time (i.e. includes service, documentation and travel)				#DIV/0!		Q
j) Preferred language				#DIV/0!		Q
k) Interpreter utilized				#DIV/0!		Q
l) A narrative describing the service, including how the service addressed the person served's needs and progress in treatment (i.e. treatment plan problems, goals, action steps, objectives and/or referrals)				#DIV/0!		Q
m) Next steps including but not limited to planned action steps by the provider or the person served				#DIV/0!		Q
n) If services were provided in the community, was the location identified and how was confidentiality ensured				#DIV/0!		Q
o) A typed or legibly printed name, signature of the service provider and date of the signature				#DIV/0!		Q
66				#DIV/0!		Q
a) Service date				#DIV/0!		Q
b) Preferred language				#DIV/0!		Q
c) Interpreter utilized				#DIV/0!		Q
d) Documentation time				#DIV/0!		Q
e) A list of residential treatment sessions attended by the person served (i.e. start and end times, type of contact, type of session/service, topic of session or purpose of service, travel time)				#DIV/0!		Q
f) Narrative summary includes feedback from all providers who provided a service along with the person served's overall treatment progress				#DIV/0!		Q
g) The printed name and signature of the counselor/LPHA shall be reflective of the clinical staff who provided a clinical service and wrote the progress note				#DIV/0!		Q
67				#DIV/0!		Q
68				#DIV/0!		Q BHIN 23-001
69				#DIV/0!		Q IA (III)(PP)(14)(i)(a)(ii)(2) PM p. 61
70				#DIV/0!		R IA (III)(PP)(14)(i)(a)(i) BHIN 22-019 PM p. 61
71				#DIV/0!		Q PM p. 52
72				#DIV/0!		Q PM p. 61
73				#DIV/0!		Q IA (III)(PP)(14)(i)(a)(ii)(5) PM p. 61
74				#DIV/0!		Q
75				#DIV/0!		Q BHIN 22-019
PEER SUPPORT SERVICES						
76				#DIV/0!		Q BHIN 22-019

There is evidence of the following included in the person served's chart: *Items in Bold are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*		Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	
77	Do services provide evidence of helping to prevent relapse, empowering the person served through strength-based coaching, supporting linkages to community resources, and educating the person served and family about the person served's condition and the process of recovery?				#DIV/0!		Q BHIN 23-001 DMC Billing Manual p. 11
SIGN-IN SHEETS							
78	The name of the LPHA/Counselor providing the service is legibly printed, signed and dated on the same date of the service				#DIV/0!		Q
79	The date of the service is identified						Q
80	The topic or purpose of the service is clearly identified				#DIV/0!		Q
81	The start and end times of the service are documented						Q
82	The names of the participating persons served are legibly printed and signed				#DIV/0!		Q
83	The group has at least 2 persons served and no more than 12 persons served						Q IA (III)(O)(1), (III)(P)(1) PM p. 20
7.0 BILLING LINES							
84	Was there any evidence of fraud, waste or abuse?				#DIV/0!		R BHIN 23-001
85	Were any services provided while the person served was in a Medi-Cal lock-out place of service (i.e. psych hospitalization, Institution for Mental Disease (IMD), juvenile hall, jail)?				#DIV/0!		R CCR 22 § 50273 CCR 22 § 51458.1 IA (II)(G)(2)(iii)(c)(iv)
86	Was there documentation of a valid allowable service for every claim billed within the review period?				#DIV/0!		R BHIN 22-019 CCR 22 § 51458.1
87	Did the date of service listed on the progress notes match the date of service listed on all claims?				#DIV/0!		R BHIN 22-019 CCR 22 § 51458.1
88	For all progress notes, did the service claimed match the service documented in the progress note?				#DIV/0!		R BHIN 22-019 CCR 22 § 51458.1
89	Did the units of time for services match the amount of time documented in the progress notes?				#DIV/0!		R BHIN 22-019 CCR 22 § 51458.1
90	Did individual and/or group progress notes with multiple providers clearly identify the numbers of providers and the specific involvement and interventions of each provider?				#DIV/0!		R BHIN 22-019 DMC ODS Billing Manual p. 93 DMC Billing Manual p. 38 AOD p. 6
91	Are all documented services within the scope of practice of the provider?				#DIV/0!		R BHIN 22-019
92	Did group progress notes identify the total number of person served participating in the service activity?				#DIV/0!		R BHIN 22-019 DMC Billing Manual p. 38
93	For group progress notes, was the claim properly apportioned to all persons served present?				#DIV/0!		R BHIN 22-019 DMC Billing Manual p. 38
94	Were all services billable according to Title 9; with no services claimed that were solely academic, vocational, recreation, socialization, transportation, clerical or payee related?				#DIV/0!		R BHIN 23-001
8.0 REFERRAL/CARE COORDINATION SERVICES							
95	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?				#DIV/0!		Q
96	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?				#DIV/0!		Q
97	Is there evidence of care coordination, 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?				#DIV/0!		Q
98	Does the chart as a whole include evidence of care coordination across providers, agencies and county systems?				#DIV/0!		Q
9.0 CONTINUING SERVICES JUSTIFICATION (perinatal residential only)							
INITIAL CONTINUING SERVICES JUSTIFICATION FORM							
99	Initial CSJ was completed no sooner than 5 months and no later than 6 months after the person's served admission date. - Perinatal persons served may receive a length of stay for the duration of their pregnancy, plus sixty (60) days postpartum, as medically necessary.				#DIV/0!		Q IA (III)(PP)(15)(i)(a)(i) PM p. 63
100	The LPHA name was printed and signed				#DIV/0!		Q
101	There was documentation of medical necessity for continued services and includes the following: a) The person's served progress notes and treatment plan goals				#DIV/0!		Q IA (III)(PP)(15)(i)(a)(ii) PM p. 63

There is evidence of the following included in the person served's chart:
 *Items in **Bold** are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*

	Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	
b) Recommendations from the LPHA or Counselor				#DIV/0!		Q
c) The person's served prognosis				#DIV/0!		Q
102 The Fresno County CSJ form was used				#DIV/0!		Q
103 There was documentation of the most recent physical				#DIV/0!		Q

10.0 DISCHARGE PLAN/SUMMARY & CALOMS

DISCHARGE PLAN

104 The discharge plan has been completed and includes the following:				#DIV/0!		Q
a) The discharge plan was prepared within 30 calendar days prior to the scheduled date of the last face-to-face treatment with the person served				#DIV/0!		Q
b) The person's served relapse triggers are identified				#DIV/0!		Q
c) A relapse prevention plan has been developed for each identified trigger				#DIV/0!		Q
d) A support plan				#DIV/0!		Q
105 The LPHA/Counselor's name has been printed, signed and dated				#DIV/0!		Q
106 The person's served name has been printed, signed and dated				#DIV/0!		Q
107 A copy of the discharge plan has been provided to the person served				#DIV/0!		Q

DISCHARGE SUMMARY

108 The date of discharge was documented				#DIV/0!		Q
109 The discharge summary has been completed and includes the following:				#DIV/0!		Q
a) The discharge summary was prepared within 30 calendar days of the date of the last face-to-face treatment contact with the person served.				#DIV/0!		Q
b) The duration of the person's served treatment				#DIV/0!		Q
c) The reason for discharge				#DIV/0!		Q
d) The narrative summary of the treatment episode				#DIV/0!		Q
e) The person's served prognosis				#DIV/0!		Q
110 The LPHA/Counselor's name has been printed, signed and dated				#DIV/0!		Q
111 Was there evidence of CalOMS-Tx annual (if applicable) and discharge information submitted for program/episode?				#DIV/0!		Q

11.0 ADDITIONAL AREAS

112 The Notice of Adverse Benefit Determination (NOABD) has been completed. NOABD was provided to person served when the authorized service was denied and the person served disagreed with the determination				#DIV/0!		Q
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PERINATAL

113 Perinatal services were offered 7 day a week including: mother/child services, parenting classes, child development services, access to and from medically necessary treatment, AOD effects on fetus/infant and mother, TB and HIV education/counseling and referrals as needed				#DIV/0!		Q
114 Interventions (gender specific) were offered including: relationship issues, sexual/physical abuse, parenting, including therapeutic interventions for persons' served children				#DIV/0!		Q
115 Care coordination services were offered including: provisions/arrangements for access to primary medical care, primary pediatric care, address the children's developmental needs, issues of sexual and physical abuse, neglect and coordination of ancillary services				#DIV/0!		Q
116 Primary medical and pediatric care were offered including: evidence of provider arranging/providing medical care (including prenatal and pediatric immunizations) for women and children				#DIV/0!		Q
117 Tuberculosis services were offered including: screening and referral for testing/treatment				#DIV/0!		Q
118 Interim services were offered including: counseling and education of risk/prevention of HIV/TB, needle sharing, transmission of HIV/TB, referral for services including prenatal care, and counseling focusing on the effects of alcohol and drug use on the fetus				#DIV/0!		Q
119 Child care services were offered including: licensed provider (must be in accordance with Title 22, Division 12, Chapter 1) OR on site cooperative care (mandatory or parenting, relationships, sexual/physical abuse interventions)				#DIV/0!		Q

There is evidence of the following included in the person served's chart:
 *Items in **Bold** are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*

		Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	
120	Transportation services including: provide/arrange transportation services to ensure access to treatment services including primary medical/pediatric care, gender specific treatment, therapeutic services for children and to obtain employment				#DIV/0!		Q 45 CFR § 96.124 PM p. 15 PPG p. 13

REVIEWERS			
Name/Title	Date	Name/Title	Date

WITHDRAWAL MANAGEMENT CHART REVIEW

Audit Date:			
Audit Timeframe:			

Provider:	
ASAM LOC:	

There is evidence of the following included in the person served's chart:

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Compliance				Findings	Class	Reference
Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety		

1.0 INTAKE

1	Admission Agreement signed within 7 days of admission and needs to include the following: - Services to be provided - Payment Provisions (Amount Assessed, Payment Schedule, Refund Policy) - Circumstances or conditions which may result in resident eviction from the facility - Consequences when a resident relapses and consumes alcohol and/or nonhealth sustaining drugs - Conditions under which the agreement may be terminated - List of community resources (if AOD)				#####		Q	AOD 15000(A-E) 9 CCR §10566
2	Fresno County Screening Form has been completed				#####		Q	PM p. 43
3	Consent to Treatment form has been signed				#####		Q	IA (III)(PP)(7)(iii) PM p. 45
4	Member Handbook acknowledgement has been signed				#####		Q	Required Form PM p. 48
5	Release of Information: Specific entity/individual, type of info to be disclosed, purpose of disclosure, revocation statement, expiration date, signed and dated by person served				#####		H	42 CFR Subpart C §2.31
6	Documentation of personal information: - Information specifying the person's served identifier (i.e. name, number) - The person's served date of birth, sex, race and/or ethnic background, address/living arrangements and telephone number, and next of kin or emergency contact				#####		Q	IA (III)(PP)(9)(i)(c)
7	Signed receipt of Privacy Practices Acknowledgement				#####		H	45 CFR § 164.520
8	Proof of DMC Eligibility Status				#####		Q	IA (III)(BB)(2)(ii) PM p. 43
9	Health Questionnaire completed and signed within 24 hours of person served admission				#####		Q	AOD 7020 PM p. 52
10	Follow Up Post Discharge Consent was signed and dated by the person served				#####		Q	AOD 16000(d)
11	Telehealth Consent form has been completed (written or verbal), prior to the initial delivery of services				#####		Q	BHIN 21-047
12	Evidence that copies of the following documents were provided to the person served upon admission: - Person's served rights - Share of cost (if applicable) - Notification of DMC funding accepted as payment in full				#####		Q	IA (III)(PP)(7)(vi) PM p. 70
13	Evidence that copies of the following documents were provided to the person served or posted in a prominent place accessible to all persons served: - A statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference and ability to pay - Complaint process and grievance procedures - Appeal process for involuntary discharge - Program rules and expectations				#####		Q	IA (III)(PP)(7)(vii) PM p. 46
14	Physical Examination Requirements: - Medical Director's assessment of physical condition (within 30 days of admit) OR - Review of previous physical that was completed within the past 12 months (review completed within 30 days of admit) OR - Goal on treatment plan until goal is met				#####		Q	IA (III)(PP)(11) PM p. 53
15	Person's served preferred language (Provision of interpreter services or referral to appropriate program, if applicable)				#####		Q	PM p. 42
16	Was there evidence of program/episode admission submitted within California Outcomes Measurement System (CalOMS) for Treatment (CalOMS-Tx)?				#####		Q	BHIN 22-019 Attachment 1

There is evidence of the following included in the person served's chart:

*Items in **Bold** are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*

	Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	
17 A reasonable accommodation was requested and documented				#####		Q IA (II)(E)(1)(v)(b)
PERINATAL TREATMENT						
18 Medical documentation substantiating the person's served pregnancy & last day of pregnancy				#DIV/0!		Q PPG pp. 4, 7
19 Priority admission given in following order: - Pregnant injection substance users - Pregnant substance users - Parenting injection substance users - Parenting substance users				#DIV/0!		Q PPG p. 5
2.0 ASSESSMENT						
20 The Fresno County SUD Withdrawal Management Assessment was completed				#DIV/0!		Q
22 Reviewed by MD/LPHA, if the Fresno County SUD Withdrawal Management Assessment is completed by a counselor - as evidenced by a dated signature on the assessment				#DIV/0!		Q PM p. 50
23 The Fresno County Assessment form was utilized (if applicable)				#DIV/0!		Q
24 Do the person served-specific facts cited in each dimension support the severity rating chosen for that dimension?				#DIV/0!		Q
a) Dimension 1				#DIV/0!		Q
b) Dimension 2				#DIV/0!		Q
c) Dimension 3				#DIV/0!		Q
d) Dimension 4				#DIV/0!		Q
e) Dimension 5				#DIV/0!		Q
f) Dimension 6				#DIV/0!		Q
25 Was the indicated level of care supported by the severity ratings in each of the dimensions?				#DIV/0!		Q Required Form BHIN 23-001 PM pp. 48-49
26 Was the actual level of care either the same as the indicated Level of Care (LOC), or was the change sufficiently justified?				#DIV/0!		Q
27 The Fresno County SUD assessment was completed by an LPHA or registered/certified counselor that includes a typed or legibly printed name, signature of the service provider and date of signature?				#DIV/0!		Q
a) For persons served 21 years and over, within 30 days of first visit				#DIV/0!		Q
b) For persons served 21 years and over and experiencing homelessness, within 60 days of first visit (justification needs to be documented if homeless)				#DIV/0!		Q
28 The assessment was reviewed by the MD/LPHA, if the assessment was completed by a counselor - as evidenced by a dated signature on the assessment				#DIV/0!		Q
29 The Fresno County SUD Withdrawal Management Assessment was completed, if person served continued to meet medical necessity for withdrawal management				#DIV/0!		Q PM p. 50
3.0 MEDICAL NECESSITY/DIAGNOSIS & AUTHORIZATION						
30 If the assessment was completed by a counselor, there is evidence that a face-to-face review was conducted between the counselor and MD/LPHA				#DIV/0!		Q IA (III)(B)(2)(iv) PM p. 53
31 The County Mandated IDD form was completed (as evidenced by the MD/LPHA printed name and dated signature) within the following timeframes: - Within 3 days of admission for withdrawal management Is there documentation of basis for Substance Use Disorder (SUD) diagnosis established within 3 days by a Medical Director, Licensed Physician, or LPHA?				#DIV/0!		R BHIN 23-001 PM p. 53
32 Additional IDD form (if necessary)				#DIV/0!		Q PM p. 53
5.0 PROBLEM LIST						
33 A problem list shall be created and maintained in the person served's file				#DIV/0!		Q
34 The problem list shall include, but is not limited to, the following:				#DIV/0!		Q
35 a) Diagnoses identified by a provider acting within their scope of practice				#DIV/0!		R
b) Problems identified by a provider acting within their scope of practice				#DIV/0!		Q
c) The name and title of the provider that identified, added, or removed the problem				#DIV/0!		Q BHIN 22-019

There is evidence of the following included in the person served's chart:

*Items in **Bold** are requirements identified by DHCS as reasons for recoupment if not compliant and/or in certain conditions*

	Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety		
d) The date the problem was identified, added, or removed				#DIV/0!		Q	
36 Has the problem list been updated on an ongoing basis to reflect the current presentation (including any identified diagnoses, social determinants of health and/or Z codes) of the person served and within a reasonable time and in accordance with generally accepted standards of practice?				#DIV/0!		Q	
6.0 STATUS EVALUATION/DAILY MONITORING							
37 The person served received a face-to-face check every 30 minutes and monitor vital signs at least once every 6 hours during the first 72 hours of admission. Monitoring and Status Evaluation Logs (in file) and document the following: - Detox signs - Symptoms - Level of intensity Documentation of observations and physical checks shall be recorded and signed by program staff trained to monitor withdrawal symptoms				#DIV/0!		Q	AOD 11030
38 After 24 hours, close observations and physical checks may be discontinued or reduced based upon a determination by a staff member trained in providing detoxification services. Documentation of the information that supports a decrease in close observation and physical checks shall be recorded in the person served's file.				#DIV/0!		Q	
7.0 DAILY PROGRESS NOTES							
39 Daily progress notes have been written by counselor and includes the following:				#DIV/0!		Q	
a) Review of observation logs				#DIV/0!		Q	
b) Face-to-face with session with person served				#DIV/0!		Q	
c) Current withdrawal symptoms				#DIV/0!		Q	
d) Treatment provided to the person served (groups, medications etc.)				#DIV/0!		Q	PM p. 62
e) Other person served interactions				#DIV/0!		Q	
The start and end times of the service are documented				#DIV/0!		Q	
The delivery of service is identified (i.e. in-person, telephone or telehealth)				#DIV/0!		Q	
40 The diagnosis claimed is the diagnosis identified on the IDD form and treatment plan and the diagnosis is an included Medi-Cal diagnosis				#DIV/0!		Q	MHSUDS 16-030
41 There is a progress note for every service claimed by the provider and the service is claimed correctly				#DIV/0!		Q	
42 Were the majority of the progress notes finalized within 3 business days (with the exception of progress notes for crisis services) as evidenced by the LPHA/Counselor's printed name and dated signature				#DIV/0!		Q	BHIN 22-019
43 Evidence-based practice used and appropriately documented in text of progress note (i.e. Psycho-education, Trauma Informed Treatment, Cognitive Behavioral Therapy, Relapse Prevention)				#DIV/0!		Q	BHIN 23-001
44 Do all progress notes include the person's served progress in treatment (i.e. treatment plan problems, goals, action steps, objectives and/or referrals) and the next steps to be taken by the provider?				#DIV/0!		Q	IA (III)(PP)(14)(i)(b)(ii)(1) PM p. 61
45 Were all progress notes signed by the by the person providing the service?				#DIV/0!		R	IA (III)(PP)(14)(i)(a)(i) BHIN 22-019 PM p. 61
46 Were there any gaps in service delivery supported by non-billable notes or explained elsewhere in the clinical record?				#DIV/0!		Q	PM p. 52
47 If appropriate, were relevant referrals provided and documented in a progress note?				#DIV/0!		Q	PM p. 61
48 If service(s) were provided in the community, the location(s) were identified and how confidentiality was ensured				#DIV/0!		Q	IA (III)(PP)(14)(i)(b)(ii)(4) PM p. 61
49 Have all risk and safety concerns in the person served's record been addressed?				#DIV/0!		Q	
50 Based on the documentation as a whole, was there evidence that treatment was high quality, person centered, culturally response and aligned with person served needs?				#DIV/0!		Q	BHIN 22-019
8.0 GROUP SERVICES (IF APPLICABLE)							
51 Sign in sheets include the following:				#DIV/0!		Q	IA (III)(PP)(13) PM p. 60-61
a) The name of the LPHA/Counselor providing the service is legibly printed, signed and dated on the same date of the service				#DIV/0!		Q	
b) The date of the service is identified				#DIV/0!		Q	

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	Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety	
c) The topic or purpose of the service is clearly identified				#DIV/0!		Q
c) The start and end times of the service are documented				#DIV/0!		Q
e) The names of the participating persons served are legibly printed and signed				#DIV/0!		Q
52 The group has at least 2 persons served and no more than 12 persons served				#DIV/0!		Q
9.0 BILLING LINES						
53 Was there any evidence of fraud, waste or abuse?				#DIV/0!		R
54 Were any services provided while the person served was in a Medi-Cal lock-out place of service (i.e. psych hospitalization, Institution for Mental Disease (IMD), juvenile hall, jail)?				#DIV/0!		R
55 Was there documentation of a valid allowable service for every claim billed within the review period?				#DIV/0!		R
56 Did the date of service listed on the progress notes match the date of service listed on all claims?				#DIV/0!		R
57 For all progress notes, did the service claimed match the service documented in the progress note?				#DIV/0!		R
58 Did the units of time for services match the amount of time documented in the progress notes?				#DIV/0!		R
59 Did individual and/or group progress notes with multiple providers clearly identify the numbers of providers and the specific involvement and interventions of each provider?				#DIV/0!		R
60 Are all documented services within the scope of practice of the provider?				#DIV/0!		R
61 Did group progress notes identify the total number of person served participating in the service activity?				#DIV/0!		R
62 For group progress notes, was the claim properly apportioned to all persons served present?				#DIV/0!		R
63 Were all services billable according to Title 9; with no services claimed that were solely academic, vocational, recreation, socialization, transportation, clerical or payee				#DIV/0!		R
10.0 REFERRAL/CARE COORDINATION SERVICES						
64 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?				#DIV/0!		Q
65 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?				#DIV/0!		Q
66 Is there evidence of care coordination, 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?				#DIV/0!		Q
67 Does the chart as a whole include evidence of care coordination across providers, agencies and county systems?				#DIV/0!		Q
11.0 TRANSITION PLAN						
DISCHARGE PLAN						
68 The discharge plan has been completed (prior to discharge, but no later than within 6 days of admit) and includes the following:				#DIV/0!		Q
a) Discharge date				#DIV/0!		Q
b) The person's served relapse triggers are identified				#DIV/0!		Q
c) A relapse prevention plan has been developed for each identified trigger				#DIV/0!		Q
d) A support plan				#DIV/0!		Q
e) Person served's comments				#DIV/0!		Q
69 The LPHA/Counselor's name has been printed, signed and dated				#DIV/0!		Q
70 The person's served name has been printed, signed and dated				#DIV/0!		Q
71 A copy of the discharge plan has been provided to the person served				#DIV/0!		Q
DISCHARGE SUMMARY						
72 The date of discharge is documented				#DIV/0!		Q
73 The discharge summary has been completed and includes the following:				#DIV/0!		Q

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		Y	N	NA	%	Class: H = HIPAA, Q= Quality, R = Recoupment, S= Safety		
a)	The discharge summary was prepared within 30 calendar days of the date of the last face-to-face treatment contact with the person served.				#DIV/0!		Q	IA (III)(PP)(16)(iii)(b) PM p. 65
b)	The duration of the person's served treatment				#DIV/0!		Q	
c)	The reason for discharge				#DIV/0!		Q	
d)	The narrative summary of the treatment episode				#DIV/0!		Q	
e)	The person's served prognosis				#DIV/0!		Q	
74	The LPHA/Counselor's name has been printed, signed and dated				#DIV/0!		Q	IA (III)(PP)(16)(iii) PM p. 64
75	Was there evidence of CalOMS-Tx annual (if applicable) and discharge information submitted for program/episode?				#DIV/0!		Q	BHIN 22-019 Attachment 1
12.0 ADDITIONAL AREAS								
76	The Notice of Adverse Benefit Determination (NOABD) has been completed, if the person served disagreed with the determination.				#DIV/0!		Q	MHSUDS 18-010E
PERINATAL								
77	Perinatal services were offered 7 day a week including: mother/child services, parenting classes, child development services, access to and from medically necessary treatment, AOD effects on fetus/infant and mother, TB and HIV education/counseling and referrals as needed				#DIV/0!		Q	PPG p. 8
78	Interventions (gender specific) were offered including: relationship issues, sexual/physical abuse, parenting, including therapeutic interventions for persons' served children				#DIV/0!		Q	PPG p. 6
79	Case management services were offered including: provisions/arrangements for access to primary medical care, primary pediatric care, address the children's developmental needs, issues of sexual and physical abuse, neglect and coordination of ancillary services				#DIV/0!		Q	45 CFR § 96.124(e) PPG p. 12
80	Primary medical and pediatric care were offered including: evidence of provider arranging/providing medical care (including prenatal and pediatric immunizations) for women and children				#DIV/0!		Q	PPG p. 12
81	Tuberculosis services were offered including: screening and referral for testing/treatment				#DIV/0!		Q	PPG p. 6
82	Interim services were offered including: counseling and education of risk/prevention of HIV/TB, needle sharing, transmission of HIV/TB, referral for services including prenatal care, and counseling focusing on the effects of alcohol and drug use on the fetus				#DIV/0!		Q	PPG pp. 9-10
83	Child care services were offered including: licensed provider (must be in accordance with Title 22, Division 12, Chapter 1) OR on site cooperative care (mandatory or parenting, relationships, sexual/physical abuse interventions)				#DIV/0!		Q	PPG p. 18
84	Transportation services including: provide/arrange transportation services to ensure access to treatment services including primary medical/pediatric care, gender specific treatment, therapeutic services for children and to obtain employment				#DIV/0!		Q	45 CFR § 96.124 PM p. 15 PPG p. 13

REVIEWERS			
Name/Title	Date	Name/Title	Date