



**Department of Behavioral Health
Alcohol and Drug Services**

Quality Assurance Review

Today's Date	<input type="checkbox"/> Initial	<input type="checkbox"/> Initial + Discharge Review		
Client Name	Provider ID#	Client ID#		
<input type="checkbox"/> Withdrawal Management	<input type="checkbox"/> Residential Treatment	<input type="checkbox"/> Intensive Outpatient	<input type="checkbox"/> Outpatient	
<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Block Grant	<input type="checkbox"/> CalWORKs	<input type="checkbox"/> Perinatal	<input type="checkbox"/> CFS
<input type="checkbox"/> Youth	<input type="checkbox"/> AB109	<input type="checkbox"/> Drug Court	<input type="checkbox"/> Juvenile Drug Court	

Section 1 Admission Documentation

<input type="checkbox"/> Admission Criteria Completed		<input type="checkbox"/> ASI Completed		
Admission Date	Date ITP completed	Date client signed ITP		
<input type="checkbox"/> The MD determined the services in the initial treatment plan are medically necessary, and typed or legibly printed their name, and signed and dated the treatment plan within fifteen (15) calendar days of signature by the therapist or counselor.				
<input type="checkbox"/> Counselor/Therapist, Client, and MD's names are typed or legibly printed, signed and dated				
<input type="checkbox"/> All serious problems identified on ASI are addressed on the ITP				
<input type="checkbox"/> Problems to be addressed		<input type="checkbox"/> Individual counseling provided and the frequency thereof		
<input type="checkbox"/> Goals to be reached		<input type="checkbox"/> Random UA's planned		
<input type="checkbox"/> Action steps to be taken		<input type="checkbox"/> Primary counselor assigned		
<input type="checkbox"/> Target dates		<input type="checkbox"/> MD's DSM IV / ICD-10 code on ITP		
<input type="checkbox"/> Group counseling provided and the frequency thereof		<input type="checkbox"/> Goal to obtain Physical Exam is on ITP		

Section 2 Progress Documentation

<input type="checkbox"/> Counselor completed, typed or legibly printed name, signed and dated progress note within (7) days of service	
<input type="checkbox"/> Topic of session present in note	<input type="checkbox"/> Description of progress toward problems, goals, action steps, referrals
<input type="checkbox"/> Date of session present in note	<input type="checkbox"/> Start and end time of session in note
<input type="checkbox"/> UA's meet contractual minimum requirements	<input type="checkbox"/> Individual counseling meets contractual minimum requirements
ITP and client's progress are reviewed as follows:	
<input type="checkbox"/> Residential (30 days or less) - Within (10) days of initial ITP and no later than every (10) days thereafter	
<input type="checkbox"/> Residential (31 days or more) - Within (14) days of initial ITP and no later than every (14) days thereafter	
<input type="checkbox"/> Outpatient - Within (30) days of initial ITP and no later than every (30) days thereafter	

Section 3 Program Funding Forms

Episode Opening/CalOMS CalOMS Annual Update (if applicable) Referral form (if applicable)
 Admission Request Form (if applicable) Checking Medi-Cal eligibility monthly

Section 4 Physical Status Documentation

MD reviewed client's personal, medical, substance abuse history within (30) calendar days of admission to TX
 MD made DX DHCS 5103 HQX Date Date DHCS 5103 HQX reviewed by staff
Choose (1) Option- Physical exam reviewed Physical exam performed Goal of Physical exam on ITP
 TB Education TB Screened TB Referred TB Tested AIDS/HIV Education

Section 5 Consent Forms

Consent to TX Confidentiality Personal/Civil Rights Consent to Follow-up Fair Hearing
 Program Rules Consent to release PHI properly completed Fee payment agreement

Section 6 Discharge Documentation

Was the discharge involuntary? YES NO If YES, date Fair Hearing NOA was mailed
If NO, was the Discharge Plan completed correctly? YES NO Date it was completed
Was the Discharge Summary completed correctly? YES NO Date it was completed
 CalOMS Closing completed? Discharge Status Standard Administrative Discharge Code

Client file in full compliance Corrective action required Discharge approved

Corrective Actions required:

Next Individual Treatment Plan due date Next QAR date for this chart

Next Justification to Continue Services (Stay Review) is due no sooner than (5) months and no later than (6) months from client's admission to treatment date or the date of completion of the most recent justification to continue treatment services. Due between and