SAN BERNARDINO **COUNTY**

Department of Behavioral Health
Alcohol and Drug Services

Quality Assurance Review (Youth Specific)

Today's Date:	☐ Initial	☐ Initial + Discharge Review

Client Name:	Client ID #:	Provider ID #:

☐ Withdrawal Management	☐ Residential Treatment	☐ Intensive Outpatient	☐ Outpatient
☐ Youth	☐ Juvenile Drug Court	☐ Minor Consent/EPSDT	

Section 1 Admission Documentation

☐ Admission Criteria Completed	☐ Teen ASI Completed

Admission Date:	Date ITP completed:	Date client signed ITP:

☐ 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.

☐ Counselor/Therapist, Client, and MD's names are typed or legibly printed, signed and dated

☐ All serious problems identified on ASI are addressed on the ITP

☐ Problems to be addressed	☐ Individual counseling provided & frequency thereof
☐ Goals to be reached	☐ Random UA's planned
☐ Action steps to be taken	☐ Primary counselor assigned
☐ Target dates	☐ MD's DSM IV / ICD-10 code on ITP
☐ Group counseling provided and frequency thereof	☐ Goal to obtain Physical Exam is on ITP

Section 2 Progress Documentation

☐ Counselor completed, typed or legibly printed name, signed and dated progress note within **7** days of service

☐ Topic of session present in note	☐ Description of progress toward problems, goals, action steps, referrals
☐ Date of session present in note	☐ Start and end time of session in note
☐ UA's meet contract requirements	☐ Individual counseling meets contractual minimum requirements

Individualized Treatment Plan (ITP) and client's progress are reviewed as follows:

☐ Residential (**30** days or less) - Within **10** days of initial ITP and no later than every **10** days thereafter

☐ Residential (**31** days or more) - Within **14** days of initial ITP and no later than every **14** days thereafter

☐ 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	
☐ EPSDT- Appropriate approval form	☐ Minor consent (MC eligibility renewed 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

☐ Parent/Guardian Consent Signed (Not applicable if admitted as Minor Consent)

☐ 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

Section 7 Additional Requirements

☐ Age appropriate curriculum for youth ages 12-17	☐ Family counseling services are available
☐ Relapse prevention services are available	☐ Educational/Vocational Education is available

☐ 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 five (5) months and no later than six (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 _____ .