



Department of Behavioral Health
Alcohol and Drug Services

Quality Assurance Review (NTP Specific)

Today's Date:	<input type="checkbox"/> Initial	<input type="checkbox"/> Initial + Discharge Review	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Non-DBH Funded
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Client Name:	Client ID #:	Provider ID #:
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Section 1 Admission Documentation

Admission Date:	<input type="checkbox"/> Initial Needs Assessment Completed	<input type="checkbox"/> ASI	<input type="checkbox"/> ASAM Completed
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Treatment Plan (Title 9, Section 10305 (d)-(h))

Within **28** calendar days after initiation of maintenance treatment the primary counselor shall develop the patient's initial maintenance treatment plan which shall include:

<input type="checkbox"/> Goals from needs assessment	<input type="checkbox"/> Target dates	<input type="checkbox"/> Tasks (Action steps)
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<input type="checkbox"/> Type and frequency of counseling services (Minimum 50 mins per month unless waived by MD)

Date Primary counselor signed TXP:	Date client signed TXP:
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<input type="checkbox"/> Supervising Counselor reviewed and signed TXP and needs assessment within 14 days of effective date

<input type="checkbox"/> Medical Director reviewed and signed TXP and needs assessment within 14 days of effective date
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Next Treatment Plan due:

Treatment Plan Updates (Title 9, Section 10305 (f) (1)-(3))

<input type="checkbox"/> Subsequent TXP's are updated as necessary or at least once every 3 months from date of admission
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Date Primary counselor signed TXP:	Date client signed TXP:
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<input type="checkbox"/> Supervising Counselor reviewed and signed TXP and needs assessment within 14 days of effective date

<input type="checkbox"/> Medical Director reviewed and signed TXP and needs assessment within 14 days of effective date
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Next Treatment Plan due:

Section 2 Progress Documentation (Title 9, Section 10345 (d) (1-3))

<input type="checkbox"/> Counselor documented counseling session in patient's record within 14 days of session, includes:
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<input type="checkbox"/> Date of the counseling session	<input type="checkbox"/> Type of counseling format (1:1, group, med/psych)
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<input type="checkbox"/> Duration of session in 10 minute intervals	<input type="checkbox"/> Summary of session per 10345 (d) (4) (A-E)
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Section 3 Program Funding Forms

<input type="checkbox"/> Episode Opening/CalOMS	<input type="checkbox"/> CalOMS Annual Update	<input type="checkbox"/> Checking Medi-Cal eligibility monthly
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Per 10410, the MD shall discontinue maintenance treatment within **2** continuous years after treatment is begun unless the following is completed:

Evaluate patient's progress, or lack of progress, in achieving TXP goals per 10305 (f) (1), AND

Determines and documents that discontinuance from TX would lead to return to opiate addiction

Documents in the patient's record, at least annually, the justification to continue TX

Section 4 Physical Status Documentation (Title 9, Section 10270)

Before admitting an applicant to detoxification or maintenance treatment, the medical director shall either conduct a medical evaluation or document his or her review and concurrence of a medical evaluation conducted by the physician extender. At a minimum this evaluation shall consist of:

Patient's medical history including drug use

Lab test for determination of narcotic drug use

TB Tested

Chest X-ray

Syphilis Test (non-reactive)

A physical examination per 10270 (a) (3) (A-E)

UA- Minimum 1X per month (if pregnant see below)

Initial dose observed for new patients

MD records, dates, and signs all dosage changes

Client is pregnant (Please complete supplemental form ADS011_NTP_PRG (6/16))

Section 5 Consent Forms

Consent to TX

Program Rules

Confidentiality

Personal/Civil Rights

Fair Hearing

Consent to Follow up

Consent to release PHI properly completed

Multiple Registration Form

TB/AIDS/HIV Education

Financial agreement

Section 6 Discharge Documentation

Was the discharge involuntary? YES NO

If YES, date Fair Hearing NOA was mailed:

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:

Print name of person completing form

Signature of person completing form

Date