



**HEALTH & HUMAN SERVICES
SUBSTANCE USE SERVICES
RS/CM/OS/IOS/WM/PH/RES**

RS - RECOVERY SERVICES
CM - CASE MANAGEMENT
OS - OUTPATIENT SERVICES
IOS - INTENSIVE OUTPATIENT SERVICES
WM - WITHDRAWAL MANAGEMENT
PH- PARTIAL HOSPITALIZATION
RES - RESIDENTIAL

UTILIZATION REVIEW PROTOCOL

Program Name:	Client Name:	Reviewer:	Review Date:
LOC:	UR Activity:	Review Period: —	
		Billable:	
Admission Date:	Discharge Date: N/A	Medication: (NTP/WM ONLY)	

Deficiencies/Feedback:

Confidential and Privileged for Quality Improvement and Utilization Review Purposes per Evidence Code §1157.6,
HIPAA, 42 CFR Part 2 and Physician-Patient Privilege.
Not to be placed in chart.

Required Beneficiary Admission Documents (IA Exhib. A Att. I A1 III (PP)(7))	
<p>Medi-Cal Eligibility Documentation</p> <p>Release of Information (compliant with 42 CFR, Part 2)</p> <p>Treatment Consent / Admission Agreement</p> <p>Program Rules/Regulations</p> <p>Follow-up Consent</p> <p>Client Rights (including Fair Hearing Rights)</p> <p>Notice of Privacy Practices (HIPAA)</p> <p>Evidence of Receipt of Materials (Implied by signature or receipt)</p> <p>Financial Form</p> <p>Client Health Questionnaire</p> <p>All documents signed and dated</p> <p>NTP ONLY – Multiple Registration Form</p>	
Assessment (IA Exhib. A Att. I A1 III)	
Including: Substance Use History (including prior treatment), Medical History, Family History, Psychiatric & Psychological history, Social / Recreational History, Financial Status, Educational History, Employment History, & Criminal History	
Services (STC - Table TWO: ASAM Criteria Continuum of Care Services and the DMC-ODS System)	
<ul style="list-style-type: none"> • OS – Less than 9 hrs/wk (Less than 6 hrs/wk adolescent) • IOS – 9 or more hrs/wk (6 or more hrs/wk adolescent) • Part. Hosp. – 20 or more hours / week • NTP – Between 50 – 200 min / month • WM (RES) – up to 72 hours of hourly monitoring • WM (AMB) – L1 WM PRN & L2 WM daily OS services • RES – Min. 1 service / day & 20 hours of services / week • RS/CM – 1 or more service / month <p>Continuing Services Justification (IA Exhib. A Att. I A1 (III)(PP)(15)) If the client has been in treatment for more than six months, has an LPHA reevaluated the medical necessity of the client and documented that the services are still clinically appropriate? (Includes: Personal, Medical, Physical, Treatment Progress, Goals, Recommendations, & Prognosis)</p>	

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MEDICAL NECESSITY

1. Diagnosis

A. Does the client have a valid DSM-5 Substance-Related and Addictive Disorder, other than a tobacco-related or non-substance related disorder?
(IA Exhib. A Att. I A1 (IV)(A)(55))

i. Has an LPHA supported the basis for this diagnosis separately from the treatment plan?

(IA Exhib. A Att. I A1 (III)(B)(2)(ii))

ii. Are the client-specific facts supporting this basis found in either the assessment or the diagnosis?

iii. **As an alternative to A**, is the client under 21, and services are appropriate and necessary to correct and ameliorate health conditions?(IA Exhib. A Att. I A1 (III)(B)(2)(ii)(a))

B. Is there documentation of LPHA face-to-face meeting with the counselor who conducted the assessment, or did the LPHA conduct the assessment?

(IA Exhib. A Att. I A1 (III)(B)(2)(b))

2. ASAM Assessment

A. Do the client-specific facts cited in each dimension support the severity rating chosen for that dimension?

B. Is the indicated level of care supported by the severity ratings in each of the dimensions?

C. Is the actual level of care either the same as the indicated level of care, or is the change sufficiently justified?

D. Has the ASAM placement been determined by an LPHA?

Transitional ASAM

A. Is there an accompanying treatment plan reflecting the change in LOC?

B. Has an LPHA documented, separately from the ASAM and TP, the change in Level of Care?

C. If necessary, has a TAR been submitted reflecting the change in LOC?

(IA Exhib. A Att. I A1 (III)(B)(2)(ii))

<p>3. Treatment Plan Primary Clinician:</p> <p>A. Timing of the treatment plan</p> <p>i. Initial treatment plan completed and signed by:</p> <p>a. The counselor or LPHA within ____ of admission.</p> <p style="padding-left: 40px;">i. WM - RES 24 hrs & AMB 5 days iii. OS/IOS/PH - 30 days</p> <p style="padding-left: 40px;">ii. RES - 10 days iv. NTP - 28 days</p> <p>b. The client within 30 days of admission. If the client refuses to sign the treatment plan, has the provider documented why and what the provider's plan is to engage the client in treatment?</p> <p>c. The LPHA within 15 days of the counselor's signature in order to attest that the services are medically necessary and appropriate for the client. <small>(All signatures must be completed within the regulatory time-line for completion of the treatment plan)</small></p> <p>d. Has the physical examination requirement been met?</p> <p>ii. Otherwise, were the treatment plans signed by:</p> <p>a. The counselor or LPHA and updated every 90 days.</p> <p style="padding-left: 40px;">i. NTP - Within the 90 day window cycle from the date of admission.</p> <p>b. The client within 30 days of the counselor or LPHA's signature. If the client refuses to sign the treatment plan, has the provider documented why and what the provider's plan is to engage the client in treatment?</p> <p>c. The LPHA within 15 days of the counselor's signature in order to attest that the services are medically necessary and appropriate for the client.</p> <p>B. Contents of the treatment plan: (IA Exhib. A Att. I A1 (III)(PP)(12)(i)(a)(i))</p> <p>i. Does the treatment plan have a statement of problems identified through the ASAM, other assessment tools, or intake documentation?</p> <p>ii. Are there goals to be reached which address each problem?</p> <p>iii. Are there action steps that will be taken by the provider and/or beneficiary to accomplish identified goals?</p> <p>iv. Are there target dates for the accomplishment of action steps and goals?</p> <p>v. Is there a description of the services, including type, frequency, and duration?</p> <p>vi. Is there an assignment of a primary therapist or counselor?</p> <p>vii. Is the client's diagnosis as documented by the LPHA recorded?</p> <p>viii. Do the services planned meet the requirements of the client's level of care?</p>	<p>Date Signed:</p> <p>Date Signed:</p> <p>Date Signed:</p> <p>Date Signed:</p> <p>Date Signed:</p> <p>Date Signed:</p>
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Discharge (Date of Last Contact: _____) (IA Exhib. A Att. I A1 III (PP)(16))	
<p>Completed Discharge ASAM <u>Discharge Plan (Voluntary per IA)</u></p> <ul style="list-style-type: none"> • Complete discharge plan within the 30 days prior to last F-to-F contact. • Discharge Plan includes relapse triggers, plan to address, and supportive orgs/ individuals/activities. • Discharge Plan signed by counselor and client. <p><u>Discharge Summary (Involuntary per IA)</u></p> <ul style="list-style-type: none"> • Summary Fair Hearing Notice w/in 10 days of discharge. <small>(Required when involuntary)</small> • Discharge Summary including duration treatment, reason for discharge, narrative of treatment episode, and prognosis. • Discharge Summary completed w/in 30 days of discharge. 	
Justification for Services - RES ONLY (IA Exhib. A Att. I A1 III(PP)(15)(i))	
<p><u>Initial - RES ONLY</u></p> <ul style="list-style-type: none"> • Approved TAR on file (Date: _____) • No more than 45 days TX (30 days for adolescent) approved • Admission w/in seven (7) days (or 30 days if approved by SUD Admin) of approved TAR • Initial TAR submitted 24 hours prior to admit <p><u>Continuation- RES ONLY</u></p> <ul style="list-style-type: none"> • Approved continuation TAR (Date: _____) • No more than 45 days TX (30 days for adolescent) approved • Continuation TAR received 7 days prior to expiration of previous TAR • Updated ASAM and LOC <p><u>Extension - RES ONLY</u></p> <ul style="list-style-type: none"> • Approved 1-time TAR extension on file • Updated ASAM and LOC • No more than 30 days authorized • TAR request received 7 days prior to expiration • Consent for NOABD on file • No more than 2, non-continuous 90 day regimens /in 1 year + one 30 day extension <p>ADDITIONAL TREATMENT IS ALLOWABLE WHEN NOT BILLED TO DMC</p>	
Case Management Client File Documents	Recovery Services Client File Documents
Admission Agreement & Consent to Services Participants Rights Notice of Privacy Practices Behavioral Health - Financial Responsibility Form Authorization to Exchange Protected Health Information Emergency Contact CalOMS/WITS Intake Client Health Questionnaire Behavioral Health Resources Self-Sufficiency Matrix Case Management Plan	Admission Agreement & Consent to Services Participants Rights Notice of Privacy Practices Behavioral Health - Financial Responsibility Form Authorization to Exchange Protected Health Information Emergency Contact CalOMS/WITS Intake Client Health Questionnaire Behavioral Health Resources ASAM Assessment Recovery Plan LPHA Established Medical Necessity

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NOTES:

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