

Review Date:

Reviewer:

Client Name:

UR Activity:

Initial

Discharge

Program:

Progress Note

Level of Care:

Review Period:

Admit Date:

Discharge Date:

All Admission Documents present

Medi-Cal Eligibility Documentation
Release of Information
Treatment Consent/Admission Agreement
Program Rules/Regulations

Follow-Up Consent
Client Rights (Including Fair Hearing Rights)
Notice of Privacy Practices (HIPAA)
TeleHealth Consent

Financial Form
Client Health Questionnaire;
NTP ONLY - Multiple Registration Form
Evidence of Receipt of Information

**Check any missing documents*

Chart Feedback:

ASAM

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

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

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

If ASAM was completed by a registered or certified counselor, did an LPHA review the assessment with the counselor and make the initial diagnosis?

If applicable, has the ASAM been updated as clinically appropriate when conditions change?

Quality of ASAM

1 2 3 4 5
Worst Best

Has the physical requirement been met?

Diagnosis

Does the client have a valid DSM-5 Substance-Related and addiction disorder other than a tobacco-related or non-substance related disorder?

Has an LPHA supported the basis for this diagnosis?

Problem List

Is there a Problem List?

(NTP exempt)

Are all diagnoses present and consistent with presenting problem, history and clinical data?

Residential TAR

Initial TAR Approved

Continuing TAR approved

Extension TAR approved

Progress Notes

For Residential Services, is there a daily progress note present?

For Group Notes, if two or more providers are billing for a single service, does group note detail each provider's specific involvement/amount of times?

Do Progress Notes include brief description of how service addressed member's behavioral health needs and a brief summary of next steps?

If receiving Targeted Case Management Services, is there a Care Plan documented within the review period?

Were progress notes completed within 3 business days?

(For NTP within 7 days)

Do progress notes indicate they are late if they are finalized beyond 3 business days?

Is program compliant?

- | | |
|---|--|
| <ul style="list-style-type: none">• OS - Less than 9 hrs/wk• IOS - 9 or more hrs/wk• Partial Hospitalization - 20 or more hrs/wk• NTP – Between 50 – 200 min / month | <ul style="list-style-type: none">• WM (RES) – up to 72 hours of hourly monitoring• WM (AMB) - L1 WM PRN & L2WM daily OS services• Res - Min 1 service / day & 20 hrs of services/wk• RS/CM - 1 or more service/month |
|---|--|

Discharge

Discharge Type Voluntary
 Involuntary

Is there a completed discharge summary?

Was discharge summary completed within 30 days of discharge?

If involuntary discharge was a Fair Hearings Notice given to client within 10 days of discharge?

Review

Is there evidence of Fraud, Waste or Abuse?

Is Chart Billable?

Case Management Client File Documents

- Admission Agreement & Consent to Services
- Participants Rights
- Notice of Privacy Practices
- Authorization to Exchange PHI Emergency
- Contact
- CalOMS Intake
- Client Health Questionnaire
- Behavioral Health Resources

Recovery Services Client File Documents

- Admission Agreement & Consent to Services
- Participants Rights
- Notice of Privacy Practices
- Authorization to Exchange PHI
- Emergency Contact
- CalOMS Intake
- Client Health Questionnaire
- Behavioral Health Resources
- Problem List
- LPHA Established Medical Necessity