

**Department of Public Health  
Office of Compliance Privacy Affairs (OCPA)**

<b>SUD AUDIT TOOL NARCOTIC TREATMENT PROGRAM (NTP)</b>
<b>Audit Date:</b>
<b>Program/RU #:</b>
<b>Reviewer:</b>
<b>Date Reviewed:</b>

<b>Client Name:</b>
<b>BIS#:</b>
<b>Episode Opening Date:</b>
<b>Date of Service (DOS):</b>
<b>Service Type/Code:</b>
<b>TPOC Effective Date:</b>
<b>Date TPOC Ends:</b>

#	Comments

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FATAL			
I- PRE-ADMISSION: Only required if the episode was opened within a year of the audit			
#	Type	Audit Item	Y/N/NA
1	Pre-Admission	Is there a completed initial assessment? Substance Use History ____ Medical History ____ Lab tests (including narcotic drug use, tuberculosis, and syphilis.) ____ <i>[9 CCR §10270(a)(1-2)]</i>	
2	Pre-Admission	Is there a completed physical exam including: a) An evaluation of the applicant's organ systems (pulmonary, liver, cardiac abnormalities, and skin) ____ b) Vital signs (temperature, pulse, blood pressure, and respiratory rate) ____ c) Visual exam (head, ears, eyes, nose, throat (thyroid), chest (including heart, lungs, and breasts), abdomen, extremities, skin, and general appearance) ____ d) Neurological system ____ e) An overall impression which identifies any medical or health problem for which treatment is warranted ____ <i>[9 CCR §10270(a)(3)(A-E)]</i>	
3	Pre-Admission	Is there an MD statement of evidence of physical dependence reviewed and documented before admission (e.g., symptoms, lab results)? <i>[9 CCR, §10270(b)(1)]</i>	
4	Pre-Admission	Is there an MD statement of final determination of physical dependence/addiction to opiates? <i>[9 CCR, §10270(b)(2)]</i>	
5	Pre-Admission	Is there an individualized medical necessity summary describing the basis for diagnosis? <i>(IA Exhib. A Att. I A2 (III)(PP)(11)(i)(a))</i>	
II. CONTINUING SERVICES JUSTIFICATION (CSJ) - MEDICAL NECESSITY			
6	CSJ	Does the ASAM Level of Care (LOC) form justify the need for continuation in NTP? <i>[Intergovernmental Agreement: Exhibit A, Attachment I A2 (III)(B)(2)(ii)]</i>	
7	CSJ	a. MD evaluates client's progress or lack of progress on achieving treatment plan goals <i>[9 CCR §10410(a)(1)]</i> b. MD determines discontinuance of treatment would lead to relapse <i>[9 CCR §10410(a)(2)]</i> c. MD evaluates client's medical necessity qualification annually <i>[Intergovernmental Agreement: Exhibit A, Attachment I A2 (III)(B)(2)(iii)]</i> d. MD documents facts justifying decision to continue client's treatment <i>[9 CCR §10410(c)]</i>	

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<b>III. NEEDS ASSESSMENT (Only required if admission is within a year of audit period)</b>			
<b>Admit Episode Opening</b>			
#	Type	Audit Item	Y/N/NA
8	Needs AX	Is the needs assessment conducted by Primary Counselor prior to or on the day of completion of Initial Treatment Plan (within 28 calendar days of admission) <i>[9 CCR §10305(d)]</i>	
9	Needs AX	Does the needs assessment include the following: a) A summary of the patient's psychological and sociological background? ____ b) Educational and vocational experience? ____ c) Needs for health care as recorded in the physical examination? ____ d) Needs for employment ____ e) Needs for education ____ f) Needs for psychosocial, vocational rehab, economic, and legal services? ____ <i>[9 CCR §10305(d)]</i>	
10	Needs AX	Supervising Counselor's signature within 14 calendar days from the effective date <i>[9 CCR §10305(g)]</i>	
11	Needs AX	MD's signature within 14 calendar days from the effective date. <i>[9 CCR §10305(h)]</i>	
12	Needs AX	ASAM LOC Form completed within 30 calendar days of episode opening <i>[Intergovernmental Agreement: Exhibit A, Attachment I A2 (V)(2)(g)(iv)]</i>	
<b>IV. TREATMENT PLAN OF CARE (TPOC) - MEDICAL NECESSITY</b>			
<b>Initial Treatment Plan (Only required if services in the audit period are covered by this plan)</b>			
13	Initial TPOC	Initial Treatment Plan signed by the Primary Counselor within 28 calendar days from admission <i>[9 CCR §10305(e)]</i>	
14	Initial TPOC	Initial Treatment Plan must include the following: a) Goals that address initial assessment with target dates ____ b) Short term goals that may take 90 days or less to attain ____ c) Long term goals that may take 90 days or more to attain ____ d) Specific behavioral task need to accomplish goals ____ <i>[9 CCR §10305(1 - 2)]</i>	
15	TPOC	Description of type and frequency of counseling services  <b>(Note:</b> Frequency ranges are acceptable [i.e., 2 to 3 group counseling sessions per week]). [Waiver Requirement Recommendation: Please document evidence based practices in the type and frequency area (motivational interviewing, cognitive-behavioral therapy, relapse prevention, trauma-informed treatment, psychoeducation)] <i>[9 CCR §10305(e)(3)] &amp; [CMS Special Terms &amp; Conditions (X)(127) and (X)(145)(d)]</i>	
16	TPOC	Is there an effective date, based on Primary Counselor signature? <i>[9 CCR §10305(e)(4)]</i>	
17	Initial & Annual TPOC	<b>From Initial TPOC/Updated TPOC:</b> Is there a supervising counselor's signature within 14 calendar days of Primary Counselor' signature? <i>[9 CCR §10305(g)]</i>	
18	TPOC	<b>From TPOC/ Medical Necessity:</b> Is there the MD's signature within 14 calendar days of Primary Counselor's signature? <i>[9 CCR §10305(h)]</i>	

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<b>IV cont. UPDATED TREATMENT PLANS</b>			
<b>#</b>	<b>Type</b>	<b>Audit Item</b>	<b>Y/N/NA</b>
19	Annual TPOC	Updated Treatment Plan signed by Primary Counselor at least once every 3 months from date of admission <i>[9 CCR § 10305(e)]</i>	
<b>IV cont. UPDATED TREATMENT PLANS must include:</b>			
20	Annual TPOC	Does the updated treatment plan include the effective date, based on Primary Counselor's signature? <i>[9 CCR §10305(f)(3)]</i>	
<b>V. DOSING</b>			
21	Dosing	Does an order exist to support the client's doses? <i>[9 CCR §10355(g)]</i>	
22	Dosing	MD reviewed client's dosage level every 3 months (See Treatment Plan or Med Orders) <i>[9 CCR §10355(c)(4)]</i>	
<b>POTENTIALLY FATAL</b>			
<b>VI. PROGRESS NOTE DOCUMENTATION</b>			
		<b>Audit Item</b>	<b>Y/N/NA</b>
PF-1	PN	Progress note completed within 14 calendar days of counseling session by counselor conducting session (note date) and must include the following: a) Date of service provided ____ b) Type of counseling format (individual/group) ____ [Waiver Requirement Recommendation: Please document evidence based practices in the applicable progress notes (motivational interviewing, cognitive-behavioral therapy, relapse prevention, trauma-informed treatment, psycho- education)] <i>[9 CCR §10345(d)(1-3)] &amp; [CMS Special Terms &amp; Conditions (X)(127) and (X)(145)(d)]</i> <i>[9 CCR §10345(d)]</i>	
PF-2	PN	Summary of session including at least ONE of the following: a) Client's progress towards treatment plan goals ____ b) Drug screening results ____ c) New issues/problems that affect treatment ____ d) Prenatal support provided by program/healthcare provider ____ e) Goals/purpose of session, subjects discussed, client's participation ____ <i>[9 CCR §10345(d)(4)(A-E)]</i>	