

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

SUD AUDIT TOOL NARCOTIC TREATMENT PROGRAM (NTP) UPDATED: 3.11.22
Audit Date:
Program/RU #:
Reviewer:
Date Reviewed:

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

**Department of Public Health
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I- PRE-ADMISSION: Only required if the episode was opened within a year of the audit				
#	Type	Audit Item	Y/N/NA	Notes/Comments
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 a narrative summary justifying the diagnosis signed by a MD/LHPA? <i>(IA Exhib. A Att. I A2 (III)(PP)(11)(i)(a))</i>		

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II. NEEDS ASSESSMENT (Only required if admission is within a year of audit period)				
Admit Episode Opening				
#	Type	Audit Item	Y/N/NA	Notes/Comments
6	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>		
7	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>		
8	Needs AX	Supervising Counselor's signature within 14 calendar days from the effective date <i>[9 CCR §10305(g)]</i>		
9	Needs AX	MD’s signature within 14 calendar days from the effective date. <i>[9 CCR §10305(h)]</i>		
10	Needs AX	ASAM LOC Form completed within 30 calendar days of episode opening <i>[BH IN 21 -075, pg. 6]</i>		
III. CONTINUING SERVICES JUSTIFICATION (CSJ) - MEDICAL NECESSITY				
11	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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IV. TREATMENT PLAN OF CARE (TPOC) - MEDICAL NECESSITY				
Initial Treatment Plan (Only required if services in the audit period are covered by this plan)				
12	Initial TPOC	Is there a signed TPOC by the supervising counselor and medical director within 90 days prior to the service? <i>[9 CCR §10305(e)]</i>		
13	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>		
14	Initial & Annual TPOC	Description of type and frequency of counseling services (Note: 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)] & [CMS Special Terms & Conditions (X)(127) and (X)(145)(d)]</i>		
15	Initial & Annual TPOC	Is there an effective date, based on Primary Counselor signature? <i>[9 CCR §10305(e)(4)]</i>		
16	Initial & Annual TPOC	From Initial TPOC/Updated TPOC: Is there a supervising counselor's signature within 14 calendar days of Primary Counselor' signature? <i>[9 CCR §10305(g)]</i>		
17	Initial & Annual TPOC	From TPOC/ Medical Necessity: 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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IV cont. UPDATED TREATMENT PLANS				
#	Type	Audit Item	Y/N/NA	Notes/Comments
18	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>		
19	Annual TPOC	Does the updated treatment plan include the effective date, based on Primary Counselor's signature? <i>[9 CCR §10305(f)(3)]</i>		
V. DOSING				
20	Dosing	Does an order exist to support the client's doses? <i>[9 CCR §10355(g)]</i>		
21	Dosing	MD reviewed client's dosage level every 3 months (See Treatment Plan or Med Orders) <i>[9 CCR §10355(c)(4)]</i>		
VI. PROGRESS NOTE DOCUMENTATION				
#	Type	Audit Item	Y/N/NA	Notes/Comments
22	PN	Is there a Progress note completed within 14 calendar days of counseling session by counselor conducting session (note date) that includes 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)] & [CMS Special Terms & Conditions (X)(127) and (X)(145)(d)]</i> <i>[9 CCR §10345(d)]</i>		
23	PN	Is there a 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>		

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