



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 justifies 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>	



III. NEEDS ASSESSMENT (Only required if admission is within a year of audit period)			
Admit Episode Opening			
#	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>	
IV. TREATMENT PLAN OF CARE (TPOC) - MEDICAL NECESSITY			
Initial Treatment Plan (Only required if services in the audit period are covered by this plan)			
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 (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>	
16	TPOC	Is there an effective date, based on Primary Counselor signature? <i>[9 CCR §10305(e)(4)]</i>	
17	Initial & Annual TPOC	From Initial TPOC/Updated TPOC: Is there a supervising counselor's signature within 14 calendar days of Primary Counselor's signature? <i>[9 CCR §10305(g)]</i>	
18	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>	



IV cont. UPDATED TREATMENT PLANS			
#	Type	Audit Item	Y/N/NA
19	Annual TPOC	Updated Treatment Plan signed by Primary Counselor at least once every 3 months from date of admission [9 CCR § 10305(e)]	
IV cont. UPDATED TREATMENT PLANS must include:			
20	Annual TPOC	Does the updated treatment plan include the effective date, based on Primary Counselor's signature? [9 CCR §10305(f)(3)]	
V. DOSING			
21	Dosing	Does an order exist to support the client's doses? [9 CCR §10355(g)]	
22	Dosing	MD reviewed client's dosage level every 3 months (See Treatment Plan or Med Orders) [9 CCR §10355(c)(4)]	
POTENTIALLY FATAL			
VI. PROGRESS NOTE DOCUMENTATION			
		Audit Item	Y/N/NA
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)] [9 CCR §10345(d)(1-3)] & [CMS Special Terms & Conditions (X)(127) and (X)(145)(d)] [9 CCR §10345(d)]	
		If NO for PF-1, is this a valid claim? (By answering no, this is an invalid claim. An invalid claim is one that would result recoupment and count towards the error rate, similar to a fatal error.)	
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 ____ [9 CCR §10345(d)(4)(A-E)]	