



Substance Use Disorder (SUD) Programs  
DMC ODS Narcotic Treatment Program Monitoring Tool - Chart

**Chart Review Section**

Patient Records							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Demographic information					CCR Title 9	
2	Evidence of: *full name and aliases, *full birthday *mother's maiden name *sex *race *height *weight *color of hair *color of eyes *distinguishing markings (scars, tattoos, etc.)					CCR Title 9  Note: for detection of multiple registration	
3	Consent for services with client attestation to voluntary participation in the program					CCR Title 9	
4	Acknowledgment of understanding, agreement, and receipt of program rules *program hours *program expectations (body					CCR Title 9  County-Provider Contract	

**Patient Records**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	specimen collection for testing) *grounds for involuntary termination *attendance requirements *Absences *patient fees *payment schedule * requirement for take-home medication *fair hearing procedures, patient rights *non-discrimination policy *patient’s protection under confidentiality requirements *emergency provisions						
5	Evidence of patient signing document whether he/she is receiving replacement narcotic therapy from another program					CCR Title 9 Note: refusal entry into program if pt refuses to sign	
6	Evidence of request for voluntarily providing Social Security number					CCR Title 9	
7	Evidence of request to sign authorization for disclosure of confidential information to contact the other narcotic replacement therapy provider prior to admission					CCR Title 9	

**Patient Records**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
8	Evidence of contact with previous NTP program to notify patient has applied for admission for replacement narcotic therapy *evidence to cease services, if previous program had not done so					CCR Title 9	
9	Request previous program to provide this program with written documentation that is has discharged the patient (via letter or discharge summary) within 72 hours of receipt of request					CCR Title 9	
10	Releases of Information, if applicable *multiple registrants *temporary dosing in another NTP					CCR Title 9	
11	Advisement on the addicting nature of medications used in replacement narcotic therapy					CCR Title 9	
12	Advisement on the hazards and risks involved in replacement narcotic therapy					CCR Title 9	
13	Advisement on program's responsibility to the patient					CCR Title 9	
14	Advisement on patient's participation in the program is voluntary and the patient may terminate his/her participation in the program at any time without penalty					CCR Title 9	

**Patient Records**

<b>Line #</b>	<b>Description</b>	<b>M</b>	<b>NM</b>	<b>PM</b>	<b>N/A</b>	<b>Regulations</b>	<b>Comments</b>
15	Advisement on patient will be tested for evidence of use of opiates and other illicit drugs					CCR Title 9	
16	Advisement that dosage level may be adjusted without the patient's knowledge, including dose may contain no medication used in treatment					CCR Title 9	
17	Advisement of possible adverse effects of abrupt withdrawal from medication used in replacement treatment					CCR Title 9	
18	Advisement that the patient has a right to a humane procedure of withdrawal from medications used in replacement narcotic therapy and a procedure for gradual withdrawal is available.					CCR Title 9	
19	Evidence of information and understanding Take-Home policy and expectations					CCR Title 9	
20	Evidence of advisement of misuse of medication will result in specified penalties within the program and may also result in criminal prosecution					CCR Title 9	

<b>Line #</b>	<b>Description</b>	<b>M</b>	<b>NM</b>	<b>PM</b>	<b>N/A</b>	<b>Regulations</b>	<b>Comments</b>
21	Signed release of information by the patient to obtain information from current NTP provider					CCR Title 9	

M= Met    NM= Not Met    PM= Partially Met    N/A= Not Applicable/Not Reviewed

Updated: 8/22/24kg

**Patient Records**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
22	Evidence of having contacted the other program to determine that it has NOT provided patient with replacement narcotic therapy for the same time period and that it will not do so					CCR Title 9	
23	Evidence of medication order by referral medical director or program physician allowing permission of temporary service (does not exceed a 30-day period)					CCR Title 9	
24	Evidence that the Medical Director or program physician of the receiving program is accepting responsibility to treat the visiting patient					CCR Title 9	

Line#	Description	M	NM	PM	N/A	Regulations	Comments
	Evidence of advisement of the following:						
25	The effects of medication used in replacement narcotic therapy on pregnant women and unborn children					CCR Title 9	
26	That the medications are transmitted to the unborn child and may cause physical dependence					CCR Title 9	
27	That abrupt withdrawal from these medications may adversely					CCR Title 9	

**Patient Records**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	affect the unborn child						
28	Of the use of other medication and illicit drugs in addition to these medications may harm the patient and/or their unborn child					CCR Title 9	
29	The need for consultation with physician prior to nursing					CCR Title 9	
30	Education that the child may show irritability or other ill effects from the patient's use of these medications for a brief period following birth					CCR Title 9	

Line #	Description	M	NM	PM	N/A	Regulations	Comments
31	(Detox Tx only) Evidence patient is NOT in the last trimester of pregnancy					CCR Title 9	
32	Patients who are currently physically dependent on and have a documented history of addiction to opiates, may be admitted to program without the 2-yr history or 2-prior treatment failures					CCR Title 9	

**Patient Selection/Admission**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Assessment of Need *Summary of patient's psychological/ sociological					CCR Title 9	

**Patient Selection/Admission**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	background *Educational, vocational, economical, and legal issues *Health care information as recorded in the physical examination						
2	Medical history					CCR Title 9	
3	History of illicit drug use					CCR Title 9	
4	Physical exam, including laboratory results for required tests and analyses by Medical Director (MD) or physician *Organ systems review *Vital signs *Examination of head, ears, eyes, throat, etc. *Assessment of neurological system *Overall impression, including identification of medical conditions or health problems which warrant treatment					CCR Title 9	
5	Qualifying Diagnosis					BHIN 22-013	
6	Certification of fitness for replacement narcotic therapy by physician					CCR Title 9	
7	Evidence MD determined physical dependence and addiction to opiates by: *Observed signs of physical dependence OR					CCR Title 9	

**Patient Selection/Admission**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	*Results of initial test or analysis for illicit drug use						
8	(Detox Tx only) Patients under the age of 18 years shall have the written consent of their parent(s) or guardian prior to the administration of the first medication dose.					CCR Title 9	
9	(Detox Tx only) Ensure patient is not in last trimester of pregnancy (if applicable)					CCR Title 9	
10	Evidence confirming history of at least 1 year of addiction to opiates by Medical Director (MD) (exceptions may be made by MD based on patient's health endangering situations)					CCR Title 9	
11	For patients under the age of 18 years, a documented history of two unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period. The methods to confirm this history and the types of documentation to be maintained in the patient's record shall be stated in the protocol. Patients under the age of 18 years shall also have the written consent of their parent(s) or guardian prior to the admission into maintenance treatment.					CCR Title 9	



**Patient Selection/Admission**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
12	PPD/TB test results					CCR Title 9	
13	Laboratory test for narcotic drug use					CCR Title 9	
14	Evidence MD is placing patients in treatment					CCR Title 9	
15	Evidence of initiating, altering, and determining replacement narcotic therapy medication and dosage amounts by medical director					CCR Title 9	
16	Reasons for changes in dosage levels and medication					CCR Title 9	
17	Medication orders signed by physician					CCR Title 9	
18	Evidence of periodic review or evaluation by Medical Director (at least annually)					CCR Title 9	
19	Justification for continuing of treatment (maintenance tx beyond 1 year)					CCR Title 9	
20	(Temporary dosing) Medication change orders—not to exceed temporary status of 30 days					CCR Title 9	
21	(Temporary dosing) Acceptance of responsibility by host program					CCR Title 9	

SUD Screening							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Screening completed					BHINs 21-071, 21-073, & 22-013	
2	Diagnosis entered (may use Z55-65 or Z03.89)					BHINs 21-071, 21-073, & 22-013	
3	Opened to an OP/IOP/WM/NTP episode indicated in screening					BHINs 21-071, 21-073, & 22-013	
4	Only Assessment and Case Management billed in Screening Episode					BHINs 21-071, 21-073, & 22-013	

PROBLEM LIST							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	<p><b>Diagnosis, Symptoms, Conditions, and/or Risk Factors</b></p> <p>Diagnosis (ICD-10)</p> <ul style="list-style-type: none"> <li>Identified by provider (within scope of practice)</li> </ul> <p>Problems (i.e. z-codes) or illnesses</p> <ul style="list-style-type: none"> <li>Identified by provider (within scope of practice)</li> <li>Identified by client and/or significant support person</li> </ul>					BHIN 23-068	

**PROBLEM LIST**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
2	<b>Problems Added/Removed</b> <ul style="list-style-type: none"> <li>When relevant change to client's condition and/or needs</li> </ul>					BHIN 23-068	

**Treatment Plan**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Primary counselor's name and date of assignment					CCR Title 9	
2	Treatment plan is signed by authorized medical staff (medical director)					CCR Title 9	
3	Reviewed and countersigned within 14 days from effective date by supervising counselor AND Medical Director					CCR Title 9	
4	Amendments to the plan were medically deemed appropriate					CCR Title 9	
5	Provisions to assist patient with understanding illicit drug additions and how to deal with them					CCR Title 9	
6	Provisions for furnishing services required and description of the role they play in achieving goals					CCR Title 9	

**Treatment Plan**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
7	Treatment services required and description of role they play in achieving goals					CCR Title 9	
8	Type and frequency of scheduled counseling services					CCR Title 9	
9	Goals based on information from “needs assessment”					CCR Title 9	
10	Short term goals (90-days or less) with target dates					CCR Title 9	
11	Long term goals (beyond 90-days) with target dates					CCR Title 9	
12	Specific behavioral tasks the patient must accomplish to attain goal					CCR Title 9	
13	Description of type and frequency of counseling services to be provided					CCR Title 9	
14	Summary of progress or lack of progress toward each goal *Development of new goals *Behavioral tasks for newly identified needs *Document any changes to frequency of counseling services *Target dates *Effective date for update					CCR Title 9	

**Treatment Plan**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
15	<p>Minimum of 50 minutes of counseling services per month (medical director may adjust or waive the minimum number of minutes per calendar month via medical orders)</p> <p>Note: Does not qualify as counseling sessions:                      -Interactions conducted with program staff in conjunction with dosage administration                      -Self-help meetings, including the 12-step programs of Narcotics Anonymous, Methadone Anonymous, Cocaine Anonymous, and Alcoholics Anonymous                      -Educational sessions, including patient orientation                      -Administrative intervention regarding payment of fees</p>					CCR Title 9	
16	<p>Treatment plan is updated by primary counselor and includes within 14 days of confirmed pregnancy:                      *Prenatal instructions                      *Face-to-face consultation at least 1 time monthly with medical director or physician extender                      *Collection of patient body specimens at least 1 time</p>					CCR Title 9	

### Treatment Plan

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	weekly						
	<b>Within 14 days</b> from date of birth or termination of pregnancy, updated records with the following:						
17	Evidence of updating treatment plan to reflect change in patient's status and needs					CCR Title 9	
18	Evidence on treatment plan, nature of pediatric care and child immunization (until child is at least 3 years old)					CCR Title 9	

### Chart Notes

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Progress note completed within 3 business days of providing a service, with the exception of notes for crisis services, which shall be completed within 1 calendar day.					BHIN 23-068	
3	Chart notes signed by physician, nurse, or counselor *include writer's full name					BHIN 23-068	
4	Date of session					CCR Title 9	
5	Confirmation of telehealth/telephone consent either in writing or verbally at least once prior to initiating care.					BHIN 23-068	

### Chart Notes

Line #	Description	M	NM	PM	N/A	Regulations	Comments
6	Youth: Utilization of technology (i.e. email, texting, web-based applications, social media, etc.) to coordinate care and to deliver elements of treatment and recovery.					Adolescent Best Practice Guidelines	
Type of counseling (see below)							
7	<b>Individual Sessions:</b> face-to-face discussions with patient, one one-on-one basis, on issues identified in treatment plan <b>OR</b>					CCR Title 9	
8	<b>Group Sessions:</b> minimum 2 patients required and maximum 12 patients; clear goal and/or purpose that is a common issue identified in treatment plans of all participating patients <b>OR</b>					CCR Title 9	
9	<b>Medical Psychotherapy Sessions:</b> face-to-face discussion conducted by Medical Director on a one-on-one basis with patient on issues identified in treatment plan					CCR Title 9	
10	Duration of counseling session in 10-minute intervals (excluding time spent for documentation)					CCR Title 9	
11	Summary of session *progress or lack of progress toward goals *new issues or problems affecting treatment *nature of prenatal support (when applicable)					CCR Title 9	

### Chart Notes

Line #	Description	M	NM	PM	N/A	Regulations	Comments
12	Evidence of referrals to address issues identified in needs assessment					State-County Contract	
13	Program's response to test or analysis for illicit drug use which discloses the absence of both methadone and its primary metabolite (when prescribed by the medical director and the program physician)					CCR Title 9	
14	Documentation of incidence of arrest and conviction or any other signs of retrogression *dates of incarceration *reason for incarceration *circumstances involved					CCR Title 9	
15	Evidence of attempted cooperation by program physician to work with jail medical officer to ensure treatment for opiate withdrawal symptoms					CCR Title 9	
16	Documentation of incidence of hospitalization *dates of hospitalization *reason for hospitalization *circumstances involved					CCR Title 9	
17	Evidence of attempted cooperation by program physician to work with hospital staff and attending physician to continue patient's replacement narcotic therapy treatment for					CCR Title 9	



### Chart Notes

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	opiate withdrawal symptoms						
18	(Detox Treatment) Documentation of program's response to 3-consecutively missed appointments *may be terminated *may remain in program if physician deemed medically indicated					CCR Title 9	
19	Documentation of program's response to patient missing 2-weeks or more of appointments without notifying the program *will be terminated *if patient returns to care, patient will be admitted as a new patient with documentation as indicated					CCR Title 9	
20	Documentation on Take-Home medication privileges via doctor's order					CCR Title 9	
21	Documentation on patient meeting criteria for Take-Home privileges					CCR Title 9	
22	Documentation on restricting, restoring, or suspension of patients' Take-Home privileges					CCR Title 9	
23	Discharge/dismissal summary Discharge Summary and follow up notations, for those who completed treatment					CCR Title 9	
24	Evidence of periodic/annual review or evaluation by Medical					CCR Title 9	

Chart Notes							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
	Director						
27	Pregnancy documented in patient's record (within 14 days)					CCR Title 9	
28	Medical Director reviewed, signed, and dated confirmation of pregnancy					CCR Title 9	
29	Evidence of accepting medical responsibility for patient's prenatal care OR evidence of verification patient is under the care of a licensed physician					CCR Title 9	
30	Evidence of medical order and rationale, from Medical Director, for determining Levo-Alpha-Acetylmethadol (LAAM) therapy—when applicable					CCR Title 9	
31	Re-evaluated by program physician no later than 60-days following termination of pregnancy *Determine appropriateness of continued maintenance treatment					CCR Title 9	
	<b>Evidence of prenatal instruction by Medical Director or licensed health personnel:</b>						
32	Risks to patient and unborn child from continued use of illicit and legal drugs, including premature birth					CCR Title 9	

### Chart Notes

Line #	Description	M	NM	PM	N/A	Regulations	Comments
33	Benefits of narcotic replacement therapy and risk of abrupt withdrawal from opiates, including premature birth					CCR Title 9	
34	Importance of attending all prenatal care visits. * Basic prenatal care (for those not referred out) that includes instruction on nutrition and prenatal vitamins, and child pediatric care, immunization, handling, health, and safety					CCR Title 9	
35	Evidence of documented refusal by client to receive prenatal care					CCR Title 9	
36	Need for evaluation for the opiate addiction-related care of both the patient and newborn following birth					CCR Title 9	
37	Education on signs and symptoms of opiate withdrawals in the newborn child					CCR Title 9	
38	Education on and warning not to share take-home medication with the newborn child who appears to be in withdrawal					CCR Title 9	
39	Current understanding related to risks and benefits of breast-feeding while on medications used in replacement narcotic therapy					CCR Title 9	
40	Education on postpartum depression					CCR Title 9	
41	Information on family planning and contraception					CCR Title 9	

### Chart Notes

Line #	Description	M	NM	PM	N/A	Regulations	Comments
42	Evidence that Medical Director documented a hospital's or attending physician's summary of the deliver and treatment outcomes for the patient and offspring OR evidence of having requested such information from the hospital (within 14 days after birth or termination of pregnancy)					CCR Title 9	

### Termination

A patient may voluntary terminate participation in a program even though termination may be against the advice of the medical director or program physician; Medical Director or Program Director may determine that the patient's continued participation creates a physically threatening situation for staff or patients, the patient may be terminated immediately; A patient may be involuntarily terminated by program director for cause

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Evidence client was notified of the termination					CCR Title 9	
2	Evidence of completing a discharge summary for each client who was terminated; Summary shall include: *Date of discharge *Reason for discharge					CCR Title 9	
3	Summary of client's progress or lack of progress in treatment					CCR Title 9	
4	Evidence of voluntary or involuntary termination is individualized and takes place over a period no less than 15 days					CCR Title 9	

### Termination

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Line #	Description	M	NM	PM	N/A	Regulations	Comments
<b>Services may be terminated in less than 15 days if the following apply</b>							
5	Except as noted for immediate termination by Medical Director					CCR Title 9	
6	The patient request in writing a shorter termination period <b>OR</b>					CCR Title 9	
7	OR the patient is currently within a 21-day detoxification treatment episode					CCR Title 9	

### Cal-OMS

Line #	Description	M	NM	PM	N/A	Regulation	Comments
1	Admission CalOMS submitted?					CFR Title 45	
2	Annual CalOMS submitted?					CFR Title 45	
3	Discharge CalOMS submitted?					CFR Title 45	

### Summary of Strengths

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## Plan of Correction

Please refer to each section in the report for items that have been marked as NM (Not Met) or PM (Partially Met) and ensure it is addressed in the plan of correction (POC). The POC must be submitted by **TBD** to Monterey County Behavioral Health (MCBH) Quality Improvement at [415QI@countyofmonterey.org](mailto:415QI@countyofmonterey.org) and to the MCBH Substance Use Disorder Administrator at [AmeraultRE@countyofmonterey.org](mailto:AmeraultRE@countyofmonterey.org). The POC will be reviewed. At minimum, the POC must have the following elements:

- Description of how you will correct each deficiency
- Who will be responsible for quality assurance?
- How often the program will monitor participant records in order to ensure compliance?
- Proposed Implementation Date
- If applicable, submit proof of any corrections made

Your program may be contacted if further information is required.