



Substance Use Disorder (SUD) Programs

**DMC ODS Intensive Outpatient Treatment Program Monitoring Tool - Chart**

**Chart Review Section**

Content of Records							
Line #		M	NM	PM	N/A	Regulations	Comments
1	Demographic information: <ul style="list-style-type: none"> <li>• Client Full Name</li> <li>• Date of Birth</li> <li>• Gender</li> <li>• Race and/or ethnic background</li> <li>• Address</li> <li>• Telephone Number</li> <li>• Next of Kin or emergency contact</li> <li>• Date of Admission</li> </ul>					CCR Title 22	
2	Copies of the following documents provided to client upon admission: <ul style="list-style-type: none"> <li>• Notification of DMC funding accepted as payment in full</li> <li>• Client signed consent to treatment form (Informed Consent)</li> </ul>					CCR Title 9	
3	Notice to patients of federal confidentiality requirements.					CFR Title 42	

**Content of Records**

Line #		M	NM	PM	N/A	Regulations	Comments
	<p>Written Summary:</p> <ul style="list-style-type: none"> <li>• Limited circumstances under which part 2 program may acknowledge individual is present or disclosing information identifying client as having SUD</li> <li>• Statement that violation of 42 CFR Part 2 program is a crime and may be reported to appropriate authorities</li> <li>• Statement that information related to a crime on the premises of part 2 program or against personnel of part 2 program is not protected</li> <li>• Statement that reports of suspected child abuse and neglect made under state law are not protected</li> <li>• Citation to the federal law and regulations</li> </ul>						
4	<p>Consent requirements:</p> <ul style="list-style-type: none"> <li>• Name of the patient</li> <li>• Specific name of entity or individual(s) permitted to make the disclosure</li> <li>• How much and what kind of information is to be disclosed including explicit description of SUD information that may be disclosed</li> <li>• Name of individual(s) to whom a disclosure is to be made</li> <li>• If using general designation: must include on consent form that upon client's request, they must be provided a list of entities to which their information has been disclosed</li> <li>• Purpose of disclosure</li> <li>• Statement that consent is subject to revocation at any time</li> <li>• Date, event, or condition upon which consent</li> </ul>					CFR Title 42	

**Content of Records**

Line #		M	NM	PM	N/A	Regulations	Comments
	will expire •Signature of client •Date consent signed						
5	Within Authorization for Disclosure of Confidential Information					Policy 350-B	
6	Copies of the following provided to client or posted in prominent place accessible to all clients: <ul style="list-style-type: none"> <li>• Statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability to pay</li> <li>• Complaint process and grievance procedure;</li> <li>• Appeal process for involuntary discharge; and</li> <li>• Program rules and expectations</li> </ul>					Provider-County contract	
7	If applicable, UA results scanned into client chart					CCR Title 22	
8	DHCS 5103 Form – Health Questionnaire, signed by participant and reviewed by Program Staff					BHIN 22-024	
9	<b>Pregnant and Postpartum Women:</b> Medical documentation that substantiates pregnancy and last day of pregnancy					CCR Title 22	

**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	
5	Interim services offered in an outpatient level of care while awaiting authorization for residential LOC					BHINs 21-071 21-073 22-013	

Assessment of Client Needs Conducted by qualified AOD counselor							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Drug/Alcohol Use History					CCR Title 22	
2	Previous SUD Treatment History					CCR Title 22	
3	Medical History					CCR Title 22	
4	Family History					AOD Cert.	
5	Psychiatric/Psychological History					CCR Title 22	
6	Social/Recreational History					AOD Cert.	
7	Financial Status/History					AOD Cert.	

Assessment of Client Needs Conducted by qualified AOD counselor							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
8	Educational History					AOD Cert.	
9	Employment History					AOD Cert.	
10	Criminal History					AOD Cert.	
11	Legal Status					AOD Cert.	
12	Signed and dated by LPHA					BHIN 23-068	
13	Level of Care matches the Level of Need					BHIN 21-001	

Assessment for Youth (Ages 12 – 17)							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Youth meets diagnostic criteria for a health condition (including substance misuse or SUD) that may be sustained, supported, improved, or made more tolerable by medically necessary services.					BHIN 24-001	
2	Substance Abuse Issues					ABPG	
3	Mental Health Issues					ABPG	
4	Physical Health History					ABPG	
5	Legal History					ABPG	

6	Developmental History					ABPG	
7	School/Education/Employment					ABPG	
8	Family, Peer, and Romantic Relationships Description of family systems, family priorities and concerns, assessment of family members for family-centered services. Consideration of individual family members' referral needs. (Best practice recommendation)					ABPG	
9	Developmental and Cognitive Levels					ABPG	
10	Social/Emotional/Communication and Self-Help/Independent Living Skills					ABPG	
11	Exploration of trauma including identification of and reaction to trauma (Best practice recommendation)					ABPG	
12	Cultural identity, language preference/barriers, gender and sexual identity					ABPG	
13	Strengths, resiliencies, natural supports, and interests					ABPG	
14	Risk of suicide: Current/History					ABPG	
15	Risk to others: Current/History. Include how the program will address the issue or make a referral to the appropriate source. Notification of appropriate family members and/or guardians					ABPG	
16	Current or past emotional, physical, or sexual abuse					ABPG	
17	Presence of emotional, physical, or sexual abuse in current relationship					ABPG	

18	Perpetration of physical or sexual abuse on others					ABPG	
19	Motivation and readiness for treatment					ABPG	
20	Areas of functional impairment or skills deficit					ABPG	
21	Signed and dated by LPHA					BHIN 23-068	
22	Level of Care matches the Level of Need					BHIN 21-001	



Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	<b>Face-to-Face Review between LPHA and SUD Certified/Registered Counselor:</b> <ul style="list-style-type: none"> <li>Only required if SUD Assessment is completed by an SUD Certified/Registered Counselor</li> <li>Face-to-face review or via telehealth of SUD assessment and intake information to determine if client meets medical necessity criteria</li> </ul>					State-County Contract	
2	Medical Director or LPHA documentation of basis for SUD diagnosis within 30 days of admission to treatment or up to 60 days for persons experiencing homelessness or if under 21 years old					State-County Contract	
3	DSM Diagnosis Dx for Substance-Related and Addictive Disorders (exception of Tobacco-Related Disorders & Non-Substance-Related Disorders), OR Had at least one DSM Diagnosis Dx for Substance-Related and Addictive Disorders (exception of Tobacco-Related Disorders & Non-Substance-Related Disorders) prior to incarceration					BHIN 21-071	

Under 21 - Appropriate and medically necessary services needed to correct and ameliorate health conditions. Services need not be curative -or completely restorative to ameliorate a condition. Services that sustain, support, improve, or make more tolerable substance misuse or an SUD are considered to ameliorate the condition and thus covered as EPSDT							
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**PROBLEM LIST**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	<b>Diagnosis, Symptoms, Conditions, and/or Risk Factors</b> Diagnosis (ICD-10) <ul style="list-style-type: none"> <li>Identified by provider (within scope of practice)</li> </ul> Problems (i.e. z-codes) or illnesses <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	
2	Problems Added/Removed <ul style="list-style-type: none"> <li>When relevant change to client's condition and/or needs</li> </ul>					BHIN 23-068	

**Physical Examination Requirements**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Physician or Registered Nurse Practitioner, or Physician Assistant reviewed client's physical examination within 30-days of admission to program, if participant received an exam within					CCR Title 22	



**Physical Examination Requirements**

	the previous 12-month period						
2	If provider is unable to obtain documentation of client's most recent physical exam, the provider shall document and describe efforts made to obtain such documentation					CCR Title 22	
3	Physician, Registered nurse practitioner, or a physician assistant performed a physical exam within 30-days of admission					CCR Title 22	
4	Physical examination added on the problems list and then marked resolved with physical exam was completed					BHIN 23-068	

**CHART NOTES**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Translation Services/Interpreters made available as needed for participants whose primary language is not English					CMS Special Terms and Conditions and ABPG	
2	Confirmation of telehealth/telephone consent either in writing or verbally at least once prior to initiating care.					BHIN 23-068	
3	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.					ABPG	
4	Date of session					CCR Title 22	

**CHART NOTES**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
5	A narrative describing the service, including how the service addressed the client’s behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors)					BHIN 23-068	
6	Indicate if services provided In-Person, Telephone, Telehealth, In Community					BHIN 23-068 BHIN 23-018	
7	If services provided in the community, identify location					BHIN 23-068 BHIN 23-018	
8	The progress note for the group service encounter shall also include a brief description of the member’s response to the service					BHIN 23-068	
9	Next steps including, but not limited to, planned action steps by the provider or by the client, collaboration with the client, and collaboration with other provider(s)					BHIN 23-068	
10	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	
11	Counselor name typed or legibly printed, signature, and dated					CCR Title 22	
12	Outpatient: Adults: received up to 9 hours of counseling services per week  Adolescents: received less than 6 hours of counseling services per week					Special Terms and Conditions	

**CHART NOTES**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	<p>Intensive Outpatient:                      Adults: minimum of 9 hours/maximum of 19 hours of counseling services per week</p> <p>Adolescents: minimum of 6 hours/maximum of 19 hours of counseling services per week</p>						
13	<p>Use of two of following evidenced based practices per provider, per service modality:</p> <ul style="list-style-type: none"> <li>• Motivational Interviewing</li> <li>• CBT</li> <li>• Relapse Prevention</li> <li>• Trauma-Informed Treatment</li> <li>• Psycho-education</li> </ul>					BHIN 21-075	
14	<p>Transportation: Youth has been provided access to safe, affordable transportation (i.e.: offered direct transportation by the program, public transportation passes and/or access to other community transportation options)</p>					ABPG	
15	<p>Translation Services/Interpreters made available as needed for participants whose primary language is not English</p>					CMS Special Terms and Conditions ABPG Guide	
16	<p>LPHA or SUD counselor typed, or legibly printed name, sign, and date progress note within 3 business days of providing a service, with the</p>					BHIN 23-068	

**CHART NOTES**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	exception of notes for crisis services, which shall be completed within 1 calendar day						
17	Client Name					CCR Title 22	
18	Date of Service					CCR Title 22	
19	A narrative describing the service, including how the service addressed the client’s behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors)					BHIN 23-068	
20	Next steps including, but not limited to, planned action steps by the provider or by the client, collaboration with the client, and collaboration with other provider(s)					BHIN 23-068	
21	Identify if services provided in-person, telephone, telehealth, or in the community					BHIN 23-068 BHIN 23-018	
22	If services provided in the community, identify location					BHIN 23-068 BHIN 12-018	
23	LPHA or SUD counselor typed, or legibly printed name, sign, and date progress note 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	
24	Client Name					CCR Title 22	
25	Date of Service					CCR Title 22	

**CHART NOTES**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
26	Purpose of the service					CCR Title 22	
27	Description of how the service relates to the client's treatment plan problems, goals, action steps, objectives, and/or referrals					CCR Title 22	
28	Identify if services provided in-person, telephone, telehealth, or in the community					BHIN 23-068 BHIN 23-018	
29	If services provided in the community, identify location and how provider ensured confidentiality					BHIN 23-068 BHIN 23-018	

**Group Sign-In Sheets**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Name typed or legibly printed and signed by the counselors conducting group session					CCR Title 22	
2	Date of the counseling session					CCR Title 22	
3	Topic of the counseling session					CCR Title 22	
4	Start and end time of the counseling session					CCR Title 22	
5	List of participant's names typed or legibly printed and signature of each participant that attended the session					CCR Title 22	
6	Minimum of 2 participants and Maximum of 12					Special Terms and Conditions	

**Justification for Continuing Services**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
<b>Counselor Justification for Continuing Services</b>							
1	Justification for services completed by LPHA or SUD counselor no sooner than 5 months or later than 6 months after admission date or date of completion of most recent justification for continuing services					CCR Title 22	
2	Counselor reviewed participants progress, eligibility to continue treatment services, and make recommendations whether client should or should not continue to receive services at the same level of care					CCR Title 22	
<b>Medical Director or LPHA Justification for Continuing Services</b>							
3	Justification for services completed by Medical Director or LPHA no sooner than 5 months or later than 6 months after admission date or date of completion of most recent justification for continuing services					CCR Title 22	
4	Medical Director or LPHA determines if client meets medical necessity for continued services at the same level of care by reviewing the following: <ul style="list-style-type: none"> <li>•Client’s personal, medical, and substance use history</li> <li>•Documentation of client’s most recent physical examination</li> <li>•Client’s progress notes and treatment plan goals</li> <li>•Counselors recommendations for justification for continuing or not continuing treatment services</li> <li>•Client’s prognosis</li> </ul>					CCR Title 22 BHIN 23-068	

**Justification for Continuing Services**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	•Medical Director or LPHA must type or legibly print their name, sign and date the continuing services information when completed						
5	Client's discharged from treatment if Medical Director or LPHA determines client does not meet medical necessity to continue services at the same level of care					CCR Title 22	

**Closed Charts**

**(All Clients except for those that the provider has lost contact)**

**Discharge Plan**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Discharge plan completed within 30 calendar days prior to date of last face-to-face treatment					CCR Title 22	
2	During last face-to-face session the counselor and client legibly print or type name, sign, and date discharge plan					CCR Title 22	
3	Copy of discharge plan provided to client					CCR Title 22	
4	Description of each relapse triggers and plan to assist client to avoid relapse when confronted with each trigger					CCR Title 22	
5	Support plan (list of individuals and/or organizations that can provide support and assistance to a client to maintain sobriety)					CCR Title 22	
6	Episode Discharged in Avatar					DMC-ODS Documentat ion manual	

Closed Charts (Clients that have lost contact with provider)							
Discharge Summary							
Line #	Description	M	NM	PM	N/A	Regulation	Comments
1	Discharge summary prepared within 30 calendar days of providers last face-to-face treatment contact with client					CCR Title 22	
2	Duration of client's treatment as determined by date of admission and date discharged from treatment					CCR Title 22	
3	Reason for discharge					CCR Title 22	
4	Narrative summary of the treatment episode					CCR Title 22	
5	Client's Prognosis					CCR Title 22	
6	Episode Discharged in Avatar					DMC-ODS Documentati on manual	

Cal-OMS Required for all clients regardless of payer source, including Prop 47 clients							
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

## 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@co.monterey.ca.us](mailto:415QI@co.monterey.ca.us) and to the MCBH Substance Use Disorder Administrator at [AmeraultRE@co.monterey.ca.us](mailto:AmeraultRE@co.monterey.ca.us). 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.