



Substance Use Disorder (SUD) Programs
DMC-ODS Monitoring Tool (3.2 Non Ambulatory Withdrawal Management) - Chart Review

Program Name:	Client #:
Program Address:	Status: Open or Closed
Date of Review:	Date ASAM established:
County Reviewer:	LOC:
Counselor's Name:	Date of Program Admission:

Chart Review Section

Resident Records							
Content of Records							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Demographic information: <ul style="list-style-type: none"> • Client Full Name • Date of Birth • Gender • Race and/or ethnic background • Address • Telephone Number • Next of Kin or emergency contact • Date of Admission 					CCR Title 22	

Resident Records

Content of Records							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
2	Copies of the following documents provided to client upon admission: <ul style="list-style-type: none"> • Notification of DMC funding accepted as payment in full • Client signed consent to treatment form (Informed Consent) 					CCR Title 9	
3	Notice to patients of federal confidentiality requirements. Written Summary: <ul style="list-style-type: none"> • Limited circumstances under which part 2 program may acknowledge individual is present or disclosing information identifying client as having SUD • Statement that violation of 42 CFR Part 2 program is a crime and may be reported to appropriate authorities • Statement that information related to a crime on the premises of part 2 program or against personnel of part 2 program is not protected • Statement that reports of suspected child abuse and neglect made under state law are not protected • Citation to the federal law and regulations 					42 CFR	
4	Consent requirements: <ul style="list-style-type: none"> • Name of the patient 					42 CFR	

Resident Records

Content of Records							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
	<ul style="list-style-type: none"> •Specific name of entity or individual(s) permitted to make the disclosure •How much and what kind of information is to be disclosed including explicit description of SUD information that may be disclosed •Name of individual(s) to whom a disclosure is to be made •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 •Purpose of disclosure •Statement that consent is subject to revocation at any time •Date, event, or condition upon which consent will expire •Signature of client 						
5	Within Authorization for Disclosure of Confidential Information					Policy 350B	
6	Copies of the following provided to client or posted in prominent place accessible to all clients: <ul style="list-style-type: none"> • Statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability to pay • Complaint process and grievance procedure; 					Provider-County contract	

Resident Records

Content of Records							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
	<ul style="list-style-type: none"> Appeal process for involuntary discharge; 						
7	Pregnant and Postpartum Women: Medical documentation that substantiates pregnancy and last day of pregnancy					CCR Title 22	
8	Copy of program rules and expectations provided to client or posted in a prominent place accessible to all clients					Provider-County contract	
9	DHCS 5103 Form signed by participant and reviewed by Program Staff within 24 hours of admission					BHIN 22-024	
10	PPD/TB test results within 6 months prior to or 30 days after admission AND annually thereafter					CCR Title 9	
11	Record of any illness or injury requiring treatment by physician or dentist (where facility provided assistance or referral for resident to address issue)					CCR Title 9	
12	Record of any permitted current medication including name prescribing physician and instruction of use, when applicable					CCR Title 9	
13	Is information on availability of referrals document regarding HIV/Tuberculosis testing and services					CCR Title 45	
14	If applicable, UA results scanned into client chart					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	

PROBLEM LIST

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

PROBLEM LIST

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	<ul style="list-style-type: none"> Identified by provider (within scope of practice) Identified by client and/or significant support person 						
2	Problems Added/Removed <ul style="list-style-type: none"> When relevant change to client's condition and/or needs 					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 the previous 12-month period.					CCR Title 22	
2	If provider is unable to obtain documentation of participants 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 problem list and then marked resolved when 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 ABPG	
2	Observation and physical checks documented every 30 minutes and monitor of vital signs once every 6 hours for the first 72 hours following admission (exceptions allowed after 24 hours); must be documented in the chart					BHIN 21-001	
3	At least one of the following services provided for each residential day billed: <ul style="list-style-type: none"> • Intake • Observation • Medication services • Case Management • Clinician Consultation • Discharge Services 					AOD Certification	
4	Date of each service					CCR Title 22	
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	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	
7	Counselor name typed or legibly printed, signature, and dated within 3 business days of providing a service, with the exception of notes for crisis services, which shall be completed within 1 calendar day.					MCBH Policy 129	

CHART NOTES

Line #	Description	M	NM	PM	N/A	Regulations	Comments
8	Identify if services provided in-person, by telephone, or by telehealth					BHIN 23-068 BHIN 23-018	
9	If services provided in the community, identify location					BHIN 23-068 BHIN 23-018	
10	Service provided in confidential setting so that individuals not participating in session cannot hear comments by client(s), therapist, or counselor					CCR Title 22	
11	Use of two of following evidenced based practices per provider, per service modality: <ul style="list-style-type: none"> • Motivational Interviewing • CBT • Relapse Prevention • Trauma-Informed Treatment • Psycho-education 					BHIN 21-075	
Case Management Progress Notes							
12	Translation Services/Interpreters made available as needed for participants whose primary language is not English					CMS Special Terms and Conditions ABPG	
13	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.					MCBH Policy 129	
14	Client Name					CCR Title 22	
15	Date of Service					CCR Title 22	
16	A narrative describing the service, including how the service addressed the client's					BHIN 23-068	

CHART NOTES

Line #	Description	M	NM	PM	N/A	Regulations	Comments
	behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors)						
17	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	
18	Identify if services provided in-person, telephone, telehealth, or in the community					BHIN 23-068 BHIN 23-018	
19	If services provided in the community, identify location					BHIN 23-068 BHIN 23-018	
Clinician Consultation Services: DHCS IN 21-075							
20	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.					MCBH Policy 129	
21	Client Name					CCR Title 22	
22	Date of Service					CCR Title 22	
23	Purpose of the service					CCR Title 22	
24	Description of how the service relates to the client's treatment plan problems, goals, action steps, objectives, and/or referrals					CCR Title 22	
25	Identify if services provided in-person, telephone, telehealth, or in the community					BHIN 23-068 BHIN 23-018	
26	If services provided in the community, identify location					BHIN 23-068 BHIN 23-018	

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 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	

Closed Charts (Clients that have lost contact with provider)							
Discharge Summary							
Line #	Description	M	NM	PM	N/A	Regulation	Comments
1	Discharge summary completed 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	
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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	

Perinatal Services							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
	Assessment and Placement						
1	Did the provider obtain medical documentation that substantiates the birthing person's pregnancy?					CCR Title 22	
2	Did the provider offer perinatal services addressing treatment issues specific to the pregnant and parenting birthing persons which included the following: i. Education to reduce harmful effects of alcohol and drugs on the birthing person and fetus or the birthing person and infant (DMC); and ii. Coordination of ancillary services, such as dental, education, social services, and community services (DMC).					CCR Title 22	
	Primary Care						

Perinatal Services							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
3	Does the provider arrange referral for primary medical care ? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
4	Does the provider arrange referral for prenatal care? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
5	Does the provider arrange referral for pediatric care ? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
6	Does provider arrange or provide immunizations for children in care of birthing persons in treatment? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
	Intervention						
7	Does the provider provide or arrange for gender-specific treatment and other therapeutic interventions for pregnant and parenting birthing persons (i.e., issues of relationships, sexual and physical abuse, and parenting)? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
8	Does the provider provide or arrange for therapeutic interventions for the children of the birthing person receiving SUD treatment services to address the child's needs? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
9	Does provider arrange or provide case management and/or transportation to ensure that pregnant and parenting birthing persons and their children have access to the following services: -primary medical care -primary pediatric care -gender-specific treatment -therapeutic interventions for children					CCR Title 22 CFR Title 45 BHIN 17-062	
10	Does the provider provide childcare services while the birthing persons are receiving gender-specific treatment services? (3.1, 3.2, 3.5 LOC)					CFR Title 45	

Perinatal Services							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
	Referrals						
11	When the provider has insufficient capacity to provide treatment services to a pregnant and/or parenting birthing person, did the provider provide a referral? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
12	Did the providers establish, maintain, and update individual patient records for pregnant and parenting birthing persons, which included referrals?					CCR Title 22	
	Childcare						
13	Did the providers offer on-site, licensed childcare in accordance with childcare licensing requirements? (<i>Best practice</i>)					CCR Title 22	
14	If treatment provider is unable to provide licensed on-site childcare services, did they partner with local, licensed childcare facilities?					CCR Title 22	
15	Did provider offer on-site, license-exempt childcare through a cooperative arrangement between parents for the care of their children?					CCR Title 22	
16	In the event of a cooperative arrangement, were all of the following requirements met: A. Parents shall combine their efforts, so each parent rotates as the responsible care giver with respect to all the children in the cooperative arrangement; B. Any person caring for the children shall be a parent, legal guardian, stepparent, grandparent, aunt, uncle, or adult sibling of at least one of the children in the cooperative arrangement; C. Parents shall combine their efforts, so each parent rotates as the responsible					CCR Title 22	

Perinatal Services							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
	<p>care giver with respect to all the children in the cooperative arrangement;</p> <p>D. Any person caring for the children shall be a parent, legal guardian, stepparent, grandparent, aunt, uncle, or adult sibling of at least one of the children in the cooperative arrangement;</p> <p>E. No monetary compensation, including receipt of in-kind income, may be provided in exchange for the provision of care; and</p> <p>F. No more than 12 children can receive care in the same place at the same time.</p>						
	Parenting Skills						
17	Did the program incorporate parenting skills (i.e., education in child development, skill-building training, counseling, modeling, and problem-solving in specific instances of parent-child interactions) into a birthing person's treatment plan or <i>problem list</i> ?					CCR Title 22	

Interim Services

Services provided to pregnant birthing persons and intravenous drug users (IVDU), when no admission is possible due to capacity issues; waitlisted clients must be issued a unique client identifier number; priority admission order: pregnant IVDU, pregnant substance abusers, IVDU, and all others

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Does provider establish a wait list for IVDU and those receiving interim services that includes a unique patient identifier in DATAR? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
2	Does the provider take individuals off waitlist when person is admitted into treatment OR cannot be located for admission OR refuses treatment? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
3	Does provider admit client within 14 days of initial request for admission? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
4	Does provider offer client interim services within 14 days if provider does not have capacity for treatment? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
5	Does provider admit client within 120 days of initial request for admission and provide SUD treatment? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
Additional services for pregnant birthing persons on waitlist:							
6	(IVDU) If the provider has insufficient capacity to provide treatment services to pregnant and parenting birthing persons who are using drugs intravenously, and a referral to treatment has been made, did the provider: i. Admit the birthing person no later than 14 days of the request; or ii. Admit the birthing person no later than 120 days of the request and provide interim services no later than 48 hours after the request. (3.1, 3.2, 3.5 LOC)					CFR Title 45	
7	Does provider make interim services available including referral for prenatal care within 48 hours of request for services? (3.1, 3.2, 3.5 LOC)					CFR Title 45	

Interim Services

Services provided to pregnant birthing persons and intravenous drug users (IVDU), when no admission is possible due to capacity issues; waitlisted clients must be issued a unique client identifier number; priority admission order: pregnant IVDU, pregnant substance abusers, IVDU, and all others

Line #	Description	M	NM	PM	N/A	Regulations	Comments
8	Does the provider ensure admission into an appropriate program within a reasonable amount of time? (3.1, 3.2, 3.5 LOC)					CFR Title 45	
Interim Services for ALL consists of:							
9	Education and counseling on Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) (3.1, 3.2, 3.5 LOC)					CFR Title 45	
10	Education and counseling on risks of needle sharing (3.1, 3.2, 3.5 LOC)					CFR Title 45	
11	Education and counseling on risks of HIV and TB transmission to sexual partners and infants (3.1, 3.2, 3.5 LOC)					CFR Title 45	
12	Education and counseling on steps to be taken to ensure HIV and TB transmission does not occur (3.1, 3.2, 3.5 LOC)					CFR Title 45	
13	Referral to HIV and TB treatment services (when necessary) (3.1, 3.2, 3.5 LOC)					CFR Title 45	
Additional Interim Services for Pregnant Birthing Person							
14	(IVDU) Did provider offer interim services for birthing person meeting criteria under Interim Services, Line # 6, ii. that including each of the following: i. All of the above listed interim services (Lines #8-12); ii. Counseling on the effects of alcohol and drug use on the fetus; and iii. Referral for prenatal care. (3.1, 3.2, 3.5 LOC)					CFR Title 45	
15	Offer counseling on effects of alcohol and drug use on the fetus (3.1, 3.2, 3.5 LOC)					CFR Title 45	
16	Referral for prenatal care (3.1, 3.2, 3.5 LOC)					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 and to the MCBH Substance Use Disorder Administrator at 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.