

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

SUD AUDIT TOOL Outpatient Services (OS) Intensive Outpatient Treatment (IOT) Residential (RES) Recovery Services (RS) Updated: 6.24.22
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:

#	Comments

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FATAL			
DIAGNOSIS			
No.	Type	Audit Item	Y/N/NA
1	DX	Does the client have a valid DSM-5 Substance-Related and Addictive Disorder, other than a tobacco-related or non-substance related disorder? <i>(IA Exhib. A Att. I A2 (III)(B)(2)(ii)(a))</i>	
2	DX	Is there a narrative summary justifying the diagnosis written by the LPHA? <i>(IA Exhib. A Att. I A2 (III)(PP)(10)(i))</i>	
ASAM			
3	ASAM	Has the ASAM level of care been determined by an LPHA? <i>(IA Exhib. A Att. I A2 (III)(B)(2)(iv))</i>	
4	ASAM (RES)	<u>For Residential Programs:</u> Has pre-authorization been obtained prior to the treatment?	
No.	Type	Audit Item	Y/N/NA
TREATMENT OR RECOVERY PLAN (TPOC) (Interchangeable)			
5	Initial and Updated TPOC	<u>For both Initial and Updated Treatment Plan</u> Is there a valid signed TPOC that covers the service that has been signed by a counselor with LPHA co-signature or just a LPHA signature no older than 90 days prior to the service. <i>(IA Exhib. A Att. I A2 (III)(PP)(12)(i)(b), BHIN 21-075 page 5)</i>	
CONTINUING SERVICES JUSTIFICATION			
6	CSJ	If the client has been in treatment for more than six months , is there a Continuing Services Justification completed by a LPHA every six months? <i>(IA Exhib. A Att. I A2 (III)(B)(2)(v))</i>	

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PROGRESS NOTES			
No.	Type	Audit Item	Y/N/NA
7	PN	Is there a name, signature, and date from the LPHA or counselor conducting the session? <i>(IA Exhib. A Att. I A2 (III)(PP)(15)(i)(a)(i))</i>	
8	PN	Are any group progress notes supported by group sign-in sheet that contains: A. A name, signature, and date from the LPHA or counselor conducting the session. ____ B. The date of the counseling session. ____ C. The topic of the counseling session. ____ D. The start and end time of the counseling session. ____ E. The typed or legibly printed name of each participant with their signatures. ____ <i>(IA Exhib. A Att. I A2 (III)(PP)(13))</i>	
9	PN (IOS and RES)	<u>Progress Notes</u> Instead of a progress note for each session, IOS and RES programs may have one progress note per calendar week that contains: A. For IOS and RES programs, is there a billable service that includes a LPHA or counselor signature? ____ B. Is there A billable service for each day that was charged to Medi-Cal. ____ <i>(IA Exhib. A Att. I A2 (III)(PP)(14)(i)(b))</i>	
10	PN	<u>Progress Notes</u> must be completed, signed, and dated within seven calendar days of the service and must contain: A. The beneficiary's name. ____ B. The purpose of the service. ____ C. A description of how the service relates to the client's treatment plan problems, goals, action steps, objectives, or referrals. ____ D. The date, start and end times of each service. ____ E. Whether the services were provided in-person, by telephone, or by telehealth. ____ F. If services were provided in the community, the location and how the provider ensured confidentiality. ____ <i>(IA Exhib. A Att. I A2 (III)(PP)(14)(i)(c))</i>	