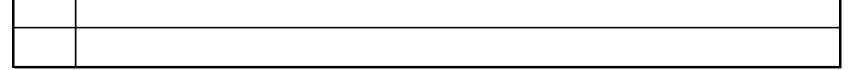
Department of Public Health Office of Compliance Privacy Affairs (OCPA)

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.	Туре	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? (IA Exhib. A Att. I A2 (III)(B)(2)(ii)(a))			
2		Is there a narrative summary justifying the diagnosis written by the LPHA? (IA Exhib. A Att. I A2 (III)(PP)(10)(i))			
	ASAM				
3	ASAM	Has the ASAM level of care been determined by an LPHA? (IA Exhib. A Att. I A2 (III)(B)(2)(iv))			
4		For Residential Programs: Has pre-authorization been obtained prior to the treatment?			
No.	Туре	Audit Item	Y/N/NA		
		TREATMENT OR RECOVERY PLAN (TPOC) (Interchangeable)			
5		For both Initial and Updated Treatment Plan Is there a valid signed TPOC that covers the service that has been signed by a cousnelor with LPHA co-signature or just a LPHA signature no older than 90 days prior to the service. (IA Exhib. A Att. I A2 (III)(PP)(12)(i)(b), BHIN 21-075 page 5)			
	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? (IA Exhib. A Att. I A2 (III)(B)(2)(v))			

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	PROGRESS NOTES				
No.	Туре	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)	Progress Notes 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?			
10	PN	Progress Notes 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			

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