

SUD ODS OS/IOS MN and BRIEF CQRT REVIEW

Client Name: _____	Program Name: _____	EOD / Effective Plan Date: _____
Client PSP: _____	Type of Services: IOS / OS (circle)	Date of CQRT: _____

CATEGORY	AGENCY MN REVIEW SUMMARY (Form completion time not claimable)				BHCS CQRT SCORE (Non claimable)				
	Yes	No	N/A	Action (Include Non-Auth Dates)	Yes (note non-auth dates)	No = Correct onsite	No = No Auth & Return	No Auth	Comments (Include Non-Authorized Dates)
Green background = Initial Only; Salmon background = Update Only									
Eligibility: describe: Alameda M/C, OOC M/C, Commercial, No Insurance (indicate if no eligibility to commercial or M/C--ie undocumented) and RU # requested for # days and plan. (e.g. None, RU 12345 for 60 days while applies for M/C)									
MEDICAL NECESSITY [For Initial Medical Necessity (IMS) & Continuing Service Justification (CSJ) review]									
6. IMN/CSJ Primary Dx is "Included"? (If No = No Auth/Ret; For Ret indicate non-auth dates)									
7. Compliant doc of Symptoms on MN form written by LPHA which supports primary Dx? (If No = No Auth/Ret; For Ret indicate non-auth dates)									
7a. Sx of Dx tailored to individual AND includes timeframes? (if No = No Auth/Ret)									
8. MN signed by LPHA, or co-sig if unlic LPHA? (Legible with cred) (If No = No Auth/Ret; For Ret indicate non-auth dates)									
9. LPHA met with ct or counselor f-f/telehealth for initial MN? (If No = No Auth/Ret; For Ret indicate non-auth dates)									
10. MN Timeframe met: IMN-30 d, CSJ-5-6mos (from EOD or last CSJ). (If No = No Auth/Ret; If late authorize and indicated disallowed dates)									
ALOC completed and signed (Couns or LPHA): initial-30d from EOD, and OS every 90/IOS every 60d thereafter? (If No = No Auth/Ret; If late authorize and indicated disallowed dates)									
11. ALOC consistent with Ct's presentation and LOC (or why not)									
ASSESSMENT/INTAKE (for initial episode review)									
24. Physical Exam Req's met? (If No = No Auth/Ret)									
29. AOD Certified Programs have completed DHCS 5103? (Health Ques.) (If No = No Auth/Ret)									
30. Intake Assess is complete w/in req'd 30d timeframes? (If No = No Auth/Ret; If late/ret auth and indicated disallowed dates)									
31. All req elements of Assess? (If No = No Auth/Ret)									
33. Drug/Alcohol history assessed? (If No = No Auth/Ret; For Ret indicate non-auth dates)									
41. For perinatal, add'l items done? (If No = No Auth/Ret)									

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42. If SUD counselor completed Assessment, LPHA (Licensed or Board Registered) reviewed and co-signed within 30 day from EOD? (Legible with credentials) (If No = No Auth/Ret; For Ret or late indicate non-auth dates)									
TREATMENT PLAN (For Initial and all Plan update reviews.)									
44a. All section completed in Plan? (If No = No Auth/Ret)									
44. Initial Plan completed within req'd 30 day timeframe: use sig date of Counselor or if none-LPHA? (If No = No Auth/Ret; For Ret or late indicate non-auth dates)									
58. Initial Plan: LPHA co-sig within 15 days of Counselor Sig?. (If No = No Auth/Ret; For Ret or Late indicate non-auth dates)									
45. Plan update completed within 90 days of prior plan staff sig use sig date of Counselor or if none-LPHA? (If No = No Auth/Ret; For Ret or Late indicate non-auth dates)									
58. Plan Update: LPHA co-sig w/in 15 days of Couns Sig? (If No = No Auth/Ret; For Ret or late indicate non-auth dates)									
47. Plan is consistent with dx and Med. Nec. (all problem areas addressed or deferred)? (If No = No Auth/Ret)									
51. Action Steps are specific, observable or measureable and with target dates? (If No = No Auth/Ret)									
52. Plan includes <i>Service Descrip</i> (type of service) & freq (If No = No Auth/Ret; For Ret note non-auth dates for which svcs)									
53. Plan w Dx Code and Name with specifiers on Plan same on MN form. (If No = No Auth/Ret; For Ret indicate non-auth dates)									
56. Client risks have a safety plan? (DTS/DTO, harm to self, at risk for DV, Abuse, etc.) (If No = No Auth/Ret)									
59. Plan lists Primary LPHA/Counselor"? (If No = No Auth/Ret; For Ret indicate non-auth dates)									
61. Plan signed/dated by client (or legal rep) or doc of client refusal or unavailability (with strategy for updating). For Initial Plan w/in 30d of EOD. For Plan Update (non compl) w/in 30d of Counselor Sig)? (If No = No Auth/Ret; For Late/Ret indicate non-auth dates)									
Documents needed for BHCS CQRT review: <i>For Initial</i> : Elig, Assess, IMN, ALOC, Plan, Auth Request. <i>For Plan Update</i> : Elig, CSJ (if due), Prior Plan, Current Plan, ALOC, Auth Request. <u>Note: If LPHA of record is reviewing chart for finalization of Assess, Plan and MN the review is claimable as Assess or Plan Develop. (If it is another agency reviewer, it is a CQRT activity and not claimable.)</u> <u>The resultant completion of this MN checklist and of Authorization (Request) form is not claimable (approx 5 minutes).</u>	MN Reviewer: _____ <div style="text-align: right; font-size: small;">Printed Name/Signature/Credentials/Date</div>								
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