

Medical Record Review Survey Substance Use Disorder (SUD) Treatment Services

Site ID:		Phone:		Fax:		Review Date:	
Facility Name:				Contact Name/Title:			
Full Address:							
Reviewer Name/Title:							
Staff on Site: ___ CADC I/II/III ___ LAADC ___ SUDCC ___ LCSW ___ LMFT ___ ASW ___ MFTI ___ RADT ___ RADTII ___ MD ___ NP ___ RN ___ LVN ___ Clerical Other							
Visit Purpose		Certifications			Clinic Type:		
<input type="checkbox"/> Initial Full Scope	<input type="checkbox"/> Monitoring	Most Current			<input type="checkbox"/> Outpatient (1)	Residential	
<input type="checkbox"/> Periodic Full Scope	<input type="checkbox"/> Follow Up	DMC Certification Number			<input type="checkbox"/> Perinatal Outpatient (1)	<input type="checkbox"/> 3.1 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.7 <input type="checkbox"/> 4.0	
<input type="checkbox"/> Focused Review	<input type="checkbox"/> Ed/TA	Issuance Date			<input type="checkbox"/> Intensive Outpatient (2.1)	Perinatal Residential	
<input type="checkbox"/> Other					<input type="checkbox"/> Intensive Perinatal Outpatient (2.1)	<input type="checkbox"/> 3.1 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.7 <input type="checkbox"/> 4.0	
						<input type="checkbox"/> Youth/Adolescent	<input type="checkbox"/> OTP/NTP
						<input type="checkbox"/> Withdrawl Management (3.2)	
Medical Review Scores					Scoring Procedure		Compliance Rate
	Pts. Poss. x # of Records	Yes Pts. Given	No's	N/A's	Section Score %	1) Add points given in each section. 2) Add total points given for all ten sections	
I. Format	2					Note: Any deficiency requires a CAP for the entire MRR, regardless of the total MRR score.	
II. Intake Services	16					Exempted Pass	
III. Care Planning (NTP)	4					Conditional Pass	
III. Care Planning (LOC)	3					Not Pass	
IV. Treatment Services	15					CAP Required	
V. Discharge Services	16					Other Follow-Up	
VI. Care Coordination	3						
VII. Residential	5						
VIII. Perinatal/Family	7						
IX. Telehealth	3						
X. Peer Support	2						
XI. Adolescent	6						
	82						
	Total Pts. Poss.	Total Yes Pts.	Total No Pts.	Total N/A Pts.		3) Adjust score for "N/A" criteria (if needed). Subtract "N/A" points from total points possible. 4) Divide total points given by "adjusted" total points. 5) Multiply by 100 to get the compliance (percent) rate. ___ / ___ = ___ X100= ___ % Pts. given Total/ Adj. Decimal Comp. Score Rate	
							Next Review Due:

Medical Record Review for Substance Use Disorder (SUD) Treatment Services

California Department of Health Care Services
Medi-Cal Managed Care Division

Scoring: Survey score is based on a review standard of 10 records per Licensed Practitioner of the Healing Arts (LPHA). Documented evidence found in the hard copy (paper) medical records and/or electronic medical records are used for survey criteria determinations. An Exempted Pass is 100%. Conditional Pass is 80-99%. Not Pass is below 80%. The minimum passing score is 80%. A corrective action plan (CAP) is required for a total MRR score below 100%. Also, any section score of less than 100% requires a CAP for the entire MRR, regardless of the total MRR score. Not applicable (“N/A”) applies to any criterion that does not apply to the medical record being reviewed, and must be explained in the comment section. Medical records shall be randomly selected using methodology decided upon by the reviewer. Ten (10) medical records are surveyed for each LPHA. Sites where documentation of patient care by all LPHA on site occurs in universally shared medical records shall be reviewed as a “shared” medical record system. Scores calculated on shared medical records apply to each LPHA sharing the records. Survey criteria to be reviewed only by a R.N. or physician or LPHA are labeled “☐ ☐ RN/MD/LPHA Review only”.

Directions: Score one point if criterion is met. Score zero points if criterion is not met. Do not score partial points for any criterion. If 10 shared records are reviewed, score calculation shall be the same as for 10 records reviewed for a single LPHA. Multiply by 100 to calculate percentage rate. Reviewers have the option to request additional records to review, but must calculate scores accordingly. Reviewers are expected to determine the most appropriate method(s) on each site to ascertain information needed to complete the survey.

Scoring Example:

<p>Step 1: Add the points given in each section.</p>	<p>Step 2: Add points given for all eleven (11) sections.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">(2) Format</td> <td style="width: 50%;">(3) Care Coordination</td> </tr> <tr> <td>(16) Intake Services</td> <td>(5) Residential</td> </tr> <tr> <td>(4) Care Planning (NTP)</td> <td>(7) Perinatal/Family</td> </tr> <tr> <td>(3) Care Planning (LOC)</td> <td>(3) Telehealth</td> </tr> <tr> <td>(15) Treatment Services</td> <td>(2) Peer Support</td> </tr> <tr> <td>(16) Discharge Services</td> <td>(6) Adolescent</td> </tr> </table> <p style="text-align: right; margin-right: 20px;">82 Points x # of Records</p>	(2) Format	(3) Care Coordination	(16) Intake Services	(5) Residential	(4) Care Planning (NTP)	(7) Perinatal/Family	(3) Care Planning (LOC)	(3) Telehealth	(15) Treatment Services	(2) Peer Support	(16) Discharge Services	(6) Adolescent
(2) Format	(3) Care Coordination												
(16) Intake Services	(5) Residential												
(4) Care Planning (NTP)	(7) Perinatal/Family												
(3) Care Planning (LOC)	(3) Telehealth												
(15) Treatment Services	(2) Peer Support												
(16) Discharge Services	(6) Adolescent												
<p>Step 3: Subtract "N/A" points from total points possible.</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">(Total points possible)</td> <td></td> </tr> <tr> <td style="text-align: right;">- (N/A points)</td> <td></td> </tr> <tr> <td style="border-top: 1px solid black; text-align: right;">("Adjusted" total points possible)</td> <td></td> </tr> </table>	(Total points possible)		- (N/A points)		("Adjusted" total points possible)		<p>Step 4: Divide total points given by the “adjusted” points possible, then multiply by 100 to calculate percentage rate.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; text-align: right;">Total Points Given</td> <td style="width: 10%; text-align: right; border-bottom: 1px solid black;">701</td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: right;">"Adjusted" total points possible</td> <td style="text-align: right; border-bottom: 1px solid black;">785</td> <td style="text-align: right;">=0.892 x 100 = 89%</td> </tr> </table>	Total Points Given	701		"Adjusted" total points possible	785	=0.892 x 100 = 89%
(Total points possible)													
- (N/A points)													
("Adjusted" total points possible)													
Total Points Given	701												
"Adjusted" total points possible	785	=0.892 x 100 = 89%											

Medical Records Reference

Medical Record	CIN	Age	Gender	County	Level of Care
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I. Format Criteria

Criteria Met = Yes Criteria not Met = No Not applicable = N/A	wt	MR #1	MR #2	MR #3	MR #4	MR #5	MR #6	MR #7	MR #8	MR #9	MR #10	Score
Age												
Gender												
A. An individual medical record is established for each member.	1											
B. Chart contents are securely fastened and consistently organized.	1											
	Yes											
	No											
	N/A											

Comments:

II. Intake Services

Criteria Met = Yes Criteria not Met = No Not applicable = N/A	wt	MR #1	MR #2	MR #3	MR #4	MR #5	MR #6	MR #7	MR #8	MR #9	MR #10	Score
Age												
Gender												
A. Medical record contains a signed Consent to Release Information document.	1											
B. Medical record contains signed HIPAA notification.	1											
C. Medical record contains signed Client Rights document.	1											
D. Medical record contains signed Consent to Treatment document.	1											
E. Medical record contains signed Program Rules document.	1											
F. Medical record contains signed Admission Agreement.	1											
G. Medical record contains evidence of Medi-Cal/Partnership eligibility verification.	1											
H. Medical record contains a documented physical exam within 30 days of admission.	1											
I. Medical Record indicates MAT services were offered or member was referred	1											
J. If a member is non-or Limited-English proficient (LEP) there is evidence of interpreting services.	1											
K. Appropriate documentation of admission and readmission criteria.	1											
L. Medical Necessity is determined appropriately.	1											
M. Missed appointments and outreach efforts are consistently documented in the client's chart.	1											
N. Medical record contains evidence the provider accepts proof of eligibility as payment.	1											
O. Medical record contains evidence of ASAM criteria used to determine medical necessity.	1											
P. Medical record contains evidence of appropriate documentation during intake.	1											
	Yes											
	No											
	N/A											

Comments:

III. Care Planning Guidelines – Treatment Plans – NTP ONLY

Criteria Met = Yes Criteria not Met = No Not applicable = N/A	wt	MR #1	MR #2	MR #3	MR #4	MR #5	MR #6	MR #7	MR #8	MR #9	MR #10	Score
Age												
Gender												
A. Medical record contains the most recent Treatment Plan.	1											
B. Medical record contains a legibly signed treatment plan during appropriate timeframe.	1											
C. Treatment plan is client specific and AOD 7110 compliant.	1											
D. Medical record contains evidence that the ongoing treatment plan meets Title 22 requirements.	1											
	Yes											
	No											
	N/A											

Comments:

III. Care Planning Guidelines – Problem Lists – All LOC (except NTP)

Criteria Met = Yes Criteria not Met = No Not applicable = N/A	wt	MR #1	MR #2	MR #3	MR #4	MR #5	MR #6	MR #7	MR #8	MR #9	MR #10	Score
Age												
Gender												
A. A problem list is established for each client	1											
B. Problem list includes all the required elements	1											
C. Problem list is updated in a reasonable time frame	1											
	Yes											
	No											
	N/A											

Comments:

IV. Treatment Services

Criteria Met = Yes Criteria not Met = No Not applicable = N/A	wt	MR #1	MR #2	MR #3	MR #4	MR #5	MR #6	MR #7	MR #8	MR #9	MR #10	Score
Age												
Gender												
A. Counseling session attendance is appropriately documented in the chart.	1											
B. Progress notes contain the minimum required documentation according to Title 22 and AOD 7100b.BHIN 23-068												
1) Topic of the session	1											
2) Description of beneficiary's progress toward treatment plan goals.	1											
3) Date of each treatment service.	1											
4) Start and end time of each treatment service.	1											
5) Typed or legibly printed name of LPHA or counselor, signature and date progress note was documented (printed and signed name adjacent to one another) within 3	1											
6) Identifies if the service was in-person, telephone or telehealth	1											
7) Location of the service and how confidentiality was maintained (if provided in the community) is clearly documented	1											
8) If care coordination services are provided, additional criteria of: a description of how the services relates to the beneficiary's treatment plan problems, goals, action steps, objectives, and/or referral.	1											
9) For Crisis services, documentation must be completed within 24-hours of incidence.	1											
C. There is evidence of at least two Evidence Based Practices (EBPs) being used.	1											
D. Medical record contains evidence of the required number of monthly counseling sessions.	1											
E. Progress notes contain an individual narrative summary describing client's progress on the treatment plan/problem list goals and action steps.	1											
F. The program provides individual and group counseling directed toward concepts of withdrawal, recovery, an alcohol and drug-free lifestyle, relapse prevention and familiarization with related community recovery resources.	1											
G. Medical record contains evidence of provider coordination of care to ensure smooth transitions between LOCs	1											
Yes												
No												
N/A												

Comments:

V. Discharge Services

Criteria Met = Yes Criteria not Met = No Not applicable = N/A	wt	MR #1	MR #2	MR #3	MR #4	MR #5	MR #6	MR #7	MR #8	MR #9	MR #10	Score
Age												
Gender												
A. Discharge plan or Discharge Summary is documented in the chart	1											
B. The discharge plan is signed by both the patient and the counselor	1											
C. If not included on the discharge plan, the discharge summary must include the following elements:												
1) Reason for discharge, including whether the discharge was voluntary or involuntary and whether the client successfully completed the program	1											
2) Description of treatment episodes	1											
3) Description of recovery services completed	1											
4) Current alcohol and/or other drug usage	1											
5) Vocational and educational achievement	1											
6) Client's discharge summary signed by counselor and client	1											
7) Transfers and referrals	1											
8) Client's comments	1											
9) Beneficiary's prognosis	1											
10) Duration of Beneficiary's treatment as determined by the dates of admission and discharge from the treatment episode.	1											
11) Medication needs were addressed in the discharge planning	1											
12) Housing needs and/or a safe discharge plan were addressed in the discharge planning	1											
D. If client was unavailable to complete a Discharge Plan, the Discharge Summary was completed within 30 days of the last face-to-face contact with the client.	1											
1) 3 documented attempts of outreach to client within 30 days of last visit.	1											
	Yes											
	No											
	N/A											

Comments:

VI. Care Coordination Automatic CAP if no or N/A

Criteria Met = Yes Criteria not Met = No Not applicable = N/A	wt	MR #1	MR #2	MR #3	MR #4	MR #5	MR #6	MR #7	MR #8	MR #9	MR #10	Score
Age												
Gender												
A. Care coordination was provided in conjunction with all levels of treatment deemed necessary	1											
B. Care coordination services was provided focusing on one or more of the components listed (Medical, Mental Health, Ancillary services, Housing, Children’s Services, Social Services)	1											
C. Clinical Peer to Peer Consultation must be documented with a progress note	1											
Yes												
No												
N/A												

Comments:

VII. Residential

Criteria Met = Yes Criteria not Met = No Not applicable = N/A	wt	MR #1	MR #2	MR #3	MR #4	MR #5	MR #6	MR #7	MR #8	MR #9	MR #10	Score
Age												
Gender												
A. Medical record contains evidence of prior authorization for services.	1											
B. Evidence of multidimensional LOC assessment within 72 hours of admission is present	1											
C. There is oversight of self-administered medications.	1											
D. Medical record contains documentation of a TB test performed, results, and services offered with a diagnosis of TB	1											
E. Adult beneficiaries in Residential treatment shall be re-assessed every 30 days, Youth every 15 days	1											
Yes												
No												
N/A												

Comments:

VIII. Perinatal/Family Criteria – Only if Applicable

Criteria Met = Yes Criteria not Met = No Not applicable = N/A	wt	MR #1	MR #2	MR #3	MR #4	MR #5	MR #6	MR #7	MR #8	MR #9	MR #10	Score
Age												
Gender												
A. Relevant services offered to perinatal patients or clients with families.	1											
B. Daycare facilities are available to Outpatient Perinatal Patients.	1											
C. Perinatal/Pediatric Patient Care	1											
D. Interim services have been offered	1											
E. IVDU Interim services have been offered	1											
F. Transportation have been offered/provided	1											
G. Medical record contains proof of pregnancy and/or delivery for perinatal patients.	1											
	Yes											
	No											
	N/A											

Comments:

IX. Telehealth Services Criteria

Criteria Met = Yes Criteria not Met = No Not applicable = N/A	wt	MR #1	MR #2	MR #3	MR #4	MR #5	MR #6	MR #7	MR #8	MR #9	MR #10	Score
Age												
Gender												
A. Member consent was received and documented prior to providing telehealth services.	1											
B. Telehealth services are documented and clearly notes the mode of use; telephone or video.	1											
C. If the assessment was completed via telehealth services, it was performed via synchronous video interaction unless documented that the member does not have video capability.	1											
Yes												
No												
N/A												

Comments:

X. Peer Support Services Criteria

Criteria Met = Yes Criteria not Met = No Not applicable = N/A	wt	MR #1	MR #2	MR #3	MR #4	MR #5	MR #6	MR #7	MR #8	MR #9	MR #10	Score
Age												
Gender												
A. Where services are rendered by Peer Support Specialists they are limited to Education Skill Building Groups, Engagement, or Therapeutic Activity	1											
B. Documentation indicates supervision was rendered and who the supervising staff was.	1											
	Yes											
	No											
	N/A											

Comments:

XI. Adolescent Services Criteria

Criteria Met = Yes Criteria not Met = No Not applicable = N/A	wt	MR #1	MR #2	MR #3	MR #4	MR #5	MR #6	MR #7	MR #8	MR #9	MR #10	Score
Age												
Gender												
A. Provider addresses co-occurring mental health disorders through direct services or documents outcome of referrals and connections to treatment. The provider documents services provided to individuals with cooccurring mental and/or physical health conditions (e.g., medication noncompliance or abuse, interactions of drug use and other medications).	1											
B. The adolescent’s developmental and cognitive levels; social, emotional, and communication abilities and strengths; and independent living skills are assessed and documented in the member’s chart.	1											
C. Provider documents use of EBPs that are age, gender, developmentally, and culturally appropriate.	1											
D. Treatment and recovery plans reflect the adolescent’s educational goals and objectives. Providers work with adolescents to help them discover their interests (e.g., hobbies, games, sports, creative ventures) and strengths through the treatment and recovery plan.	1											
E. For adolescents in residential treatment, a transition plan is developed prior to their return to the community that includes linkages to community-based agencies.	1											
F. Group counseling sessions are provided when deemed clinically appropriate and in accordance with the adolescent’s treatment and recovery plan	1											
Yes												
No												
N/A												

Comments:

If more than one reviewer, both must sign here:

Reviewer 1 Signature: _____
Reviewer 1 Name: _____
Reviewer 1 Title: _____

Reviewer 2 Signature: _____
Reviewer 2 Name: _____
Reviewer 2 Title: _____

Reviewer Comments/Notes: