Reviewer Name: _____
Review Date: _____

DMC-ODS Clinical Audit Tool

Client Name:_____
MRN: _____

Program/Agency: _____ LOC:_____

Service(s):

F = Fail **Q** = Quality

Admit date:_____ Discharge date: _____
Ax: _____ Tx plan: _____ Re-Ax/CSJ:_____
Tx Plans reviewed: _____
Dx: _____

FIN:			
			1. Consent to Treatment on file (compliance)
			2. ASAM Assessment completed, signed, and on file
			2a. All psychosocial domains addressed
			2b. LPHA/counselor face-to-face review
			2c. Case Formulation completed/signed
			2d. Diagnosis code/descriptor match
			2e. within 3/30 calendar days from admission
			3. Physical Examination on file
			3a. if no, documentation
			3b. treatment plan goal
			4. Treatment plan completed, signed, and on file
			4a. problem statement
			4b. goal statement
			4c. action steps
			4d. target dates
			4e. primary counselor
			4f. diagnosis
			4g. physical exam
			4h. medical condition goal
			4i. counselor signature within 10/30 days
			4j. client signature w/in 30 days (admit or counselor sign)
			4ji. if no, reason documented
			4k. LPHA signature (w/in 15 days of counselor sign)
			5. Continuing Services Justification completed, signed, and on file
			5a. LPHA portion of CSJ w/ signature
			5b. within 30/90 days of admit
			6. Progress note completed, signed, and on file
			6a. Date, start/end time
			6b. code and type of service
			6c. time claimed
			6d. appropriate interventions
			6e. within 7 calendar days
			7. Discharge plan completed, signed, and on file
			7a. w/in 30 calendar days prior to scheduled date of last FTF
			7b. LPHA/counselor signature and date
			7c. client signature and date
			7d. copy provided to client and documented

Reviewer Name: _____ **DMC-ODS Clinical Audit Tool** Client Name:_____

Review Date: _____ MRN: _____

			8. Discharge summary
			8a. within 30 calendar days of the date of last FTF

RECOUPMENT TOTAL: _____

FIN: _____

Comment(s):

Correction(s) needed:

FIN: _____

Comment(s):

Correction(s) needed:

FIN:_____

Comment(s):

Correction(s) needed: