

- MEMORANDUM -

DATE: February 28, 2024

TO: Alameda County Behavioral Health (ACBH) Substance Use Disorder (SUD) Treatment Programs

FROM: Torfeh Rejali, LMFT, Division Director, Quality Assurance *Torfeh Rejali*
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SUBJECT: **Substance Use Disorder Treatment Planning Requirements**

NOTE: This memo supersedes all prior ACBH guidance related to treatment planning requirements, including ACBH memo 2023-66.

The purpose of this memo is to update ACBH SUD treatment providers of treatment planning requirements per the CalAIM documentation redesign changes described in [BHIN 23-068](#).

Drug Medi-Cal Organized Delivery System (DMC-ODS) Treatment Planning Activities

With CalAIM documentation redesign, Department of Health Care Services (DHCS) removed the requirement for formal, standalone treatment plans¹ for DMC-ODS funded services. However, although a standalone treatment plan is no longer required, individualized treatment planning activities remain a vital component of quality clinical care, and should continue to be documented. To meet treatment planning requirements, providers may optionally use standalone treatment plans or incorporate treatment planning activities into progress notes. Evidence of required treatment planning activities must be provided upon request.

At outpatient programs, assessment and treatment planning procedure codes are available to report these activities. At residential programs treatment planning activities are included in the day rate.

Additional DMC-ODS Treatment Plan Requirements

Per DHCS², guidance in the [Adolescent Substance Use Disorder Best Practices Guide](#), [Perinatal Practice Guidelines](#), and [DHCS Alcohol and Other Drug \(AOD\) Certification Standards](#) generally remain in effect, however DHCS has stated they will not enforce the specific care plan requirements in these documents.

SUD Residential Treatment Programs

Treatment planning requirements as described in [BHIN 21-001](#) remain in effect. Per page 9 of [Exhibit A](#):

- A full treatment and/or recovery plan shall be developed within 10 calendar days from the date of the resident's admission.
- Only clinical and professional staff shall develop or review a treatment plan or collaborate with resident to develop a recovery plan.

¹ Except at Opioid/Narcotic Treatment Programs, see additional information in this memo.

² [BHIN 23-068](#)





- The resident’s progress shall be reviewed and documented within 30 calendar days after signing the treatment plan and no later than every 30 calendar days thereafter.
- A resident receiving detoxification services in a facility is exempt from this requirement during the detoxification phase of treatment.

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG) Funded Services

Services funded, either partially or in whole, by SUBG are required to demonstrate evidence of treatment planning per [45 CFR 96.136](#). These regulations, however, do not require documentation of a standalone, formalized treatment plan. Thus, as long as the requirements of 45 CFR 96.136 are met, SUBG funded services may opt to document treatment planning activities in other ways, such as in a progress note.

Peer Support Services “Plan of Care”

Peer support services must be based on an approved plan of care.³ The plan of care must be documented within the progress notes in the beneficiary’s clinical record and approved by any treating provider who can render reimbursable Medi-Cal services. Additional information on this topic can be found in the [State Medicaid Director Letter #07-011](#).

Opioid/Narcotic Treatment Programs (OTP/NTPs)

OTP/NTPs are still required to create standalone treatment plans per 9 CCR Division 4, Chapter 4 Narcotic Treatment Programs, [9 CCR § 10305 Patient Treatment Plans](#).

DMC-ODS CQRT Checklist

Given the importance of treatment planning in delivering quality services, and the requirements for continued documentation of treatment plans, the CQRT Checklist was updated in November 2023 to prompt reviewers to look for evidence of treatment planning activities in the record. The *DMC-ODS CQRT OP and Residential* checklist can be found in section 8 of the [QA Manual](#) on the ACBH provider website.

Action Required

Please share this information with your teams and ensure appropriate documentation of treatment planning activities throughout the treatment episode.

Support

We invite you to join us for monthly SUD “Brown Bag” meetings to discuss this and other QA-related topics. Information about the SUD Brown Bag and a meeting link can be found on the [QA Training page](#). Additionally, SUD Brown Bag Meeting Notes are posted in the same section of the [QA Training page](#).

For questions, please contact QATA@acgov.org.

³ [DHCS BHIN 23-068](#)

