



Alameda County Behavioral Health
Mental Health & Substance Use Services

Substance Use Disorder (SUD) Clinical Documentation and Authorization Training

February 6, 2019
LOCs OS/IOS/RES/RSS/WM

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Agenda

Today's Topics of Discussion

Overview of Training / Recommended Workflows

Informing Materials and Clinical Intake and Assessment(s)

ASAM Level of Care (ALOC) and Medical Necessity

Client Plans

Case Management and Progress Notes

Discharge Plan, Discharge Summary and Wrap-Up

Break Schedule

Approximate Time	Break Schedule
10:00 to 10:10 am	Break #1
11:00 to 11:10 am	Break #2
12:00 to 12:30 pm	Lunch
1:30 to 1:40 pm	Break #3
2:40 to 2:50 pm	Break #4

Introductions

What is one question you have about SUD documentation you would like answered today?

ACBH SUD SOC Audit



FYI

-
- Q1 2018 System of Care Audit Preliminary Results
 - Overall quality compliance was 69%
 - Out of 535 claims reviewed, 383 were not compliant (28% claims compliance rate)
 - **The top 5 reasons for disallowance were:**
 - **For residential programs, 20 hours of minimum services not documented**
 - **Information on client's attendance not documented properly (ODF)**
 - **Medical Necessity not established (full chart disallowance)**
 - **Client Plans were not completed within allotted timeframes**
 - **Services at residential programs not documented accurately (weekly note)**
 - A daily note is now required for residential programs to help reduce full week disallowances for non-compliant claiming

Upcoming Audit Info & SUD Claims

- Non-compliance on some quality measures will result in claims disallowance.
- Next audit period January – March 2019; Expect charts to be requested in April



FYI

What Levels of Care is this training for?

Note that Opioid (Narcotic) Treatment Programs (NTPs) will be covered in a different training

- All Alameda County subcontracted SUD providers:
 - Outpatient Services (OS)
 - Intensive Outpatient Services (IOS)
 - Residential Services (RES)
 - Perinatal and Non-Perinatal
 - Withdrawal Management (WM RES)
 - Recovery Support Services (RSS)

Alameda County SUD System Overview

Outpatient Services (OS)

(ASAM Level 1.0) – Outpatient contracts



FYI

- Adults = Up to 9 hours of medically necessary services
- Adolescents = Less than 6 hours of medically necessary services
- Not limited to DMC certified sites (e.g. special population contracts – older adults, youth prevention)

Services can be provided in-person, by telephone, by telehealth (except group), and in any appropriate setting in the community.

Intensive Outpatient Services (IOS)

(ASAM Level 2.1) – IOS contracts



FYI

- Adults = min. of 9 hours, max. of 19 hours per week of medically necessary services
- Adolescents = min. of 6 hours, max. of 19 hours per week of medically necessary services

More than 19 hours per week may be provided when medically necessary. LPHA must document clinical reasoning in the chart and the client plan must be updated to reflect the need for expanded IOS hours. In these cases, if ALOC indicates a higher level of care, then the ALOC and/or progress noted must describe the clinical reason why the beneficiary is receiving services at a lower level of care.

Services can be provided in-person, by telephone, by telehealth (except group), and in any appropriate setting in the community.



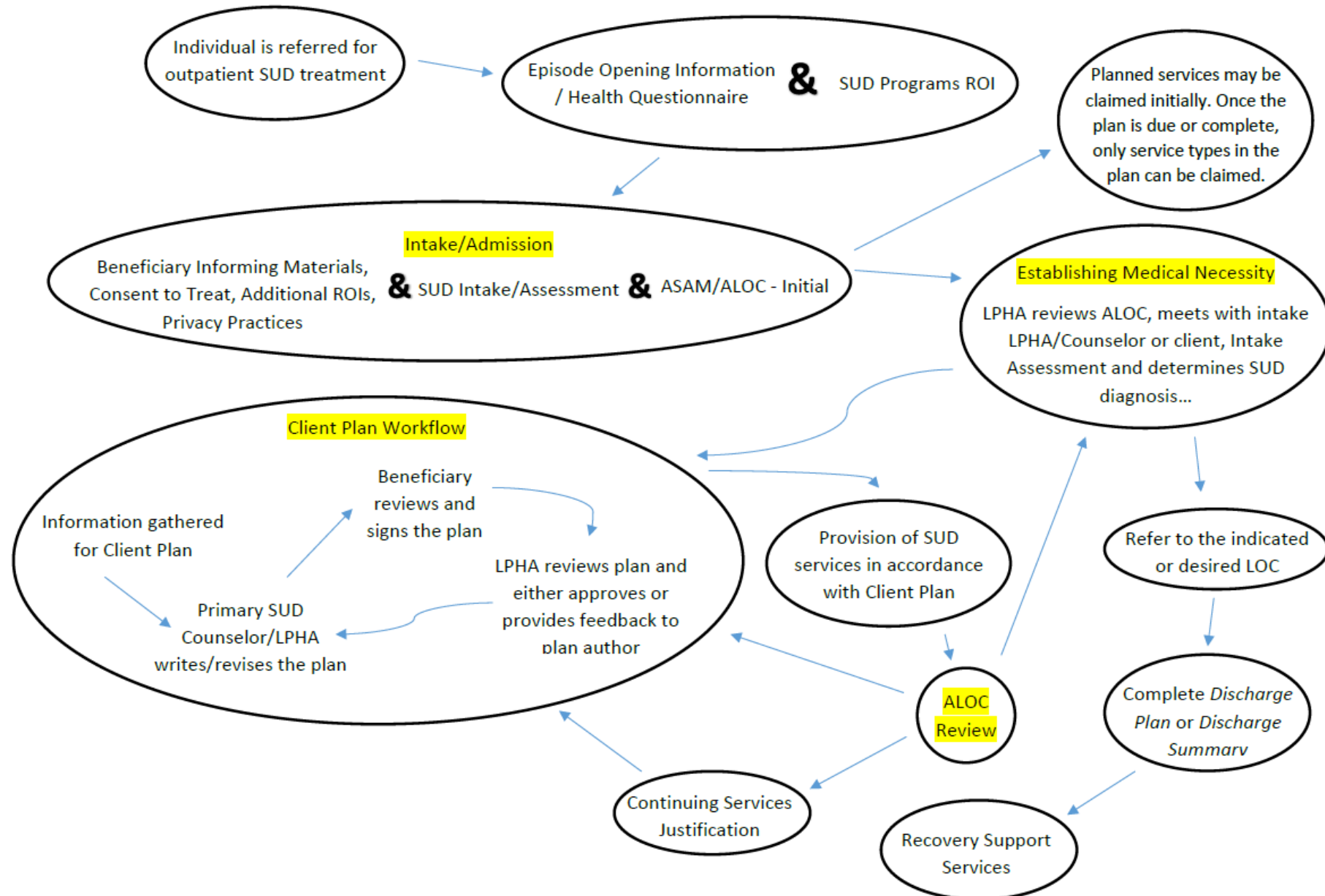
FYI

Components of OS/IOS Services

Allowable Services

- Intake/Assessment
- Treatment Planning
- Individual and Group Counseling
- Patient Education (Ind. or Group)
- Family Therapy (LPHAs only)
- Medication Services
 - (Medical Providers MD, DO, NP, PA ONLY)
 - More information available later in the presentation
- Case Management
- Physician Consultation
- Collateral Services
- Crisis intervention services
- Discharge planning and coordination

Recommended OS/IOS/RSS Workflow





FYI

Withdrawal Management (Residential)

(ASAM Level 3.2) – WM RES – **Currently Cherry Hill**

- Detoxification services provided in either an ambulatory or non-ambulatory setting consistent with the ASAM level of care criteria to DMC-ODS beneficiaries.
- Individuals enter Withdrawal Management Services (Cherry Hill Detox) through the Sobering Center and may stay very briefly or as long as a few days.
- During the first 24-48 hours at Cherry Hill Detox, a comprehensive assessment is completed addressing the six ASAM dimensions, and a withdrawal management plan is developed with the client. The plan addresses both withdrawal management considerations, and case management interventions for pre-discharge planning. Clients tend to stay in withdrawal management for an average of 4 days.
- Upon discharge, individuals may be referred to additional SUD services based on the ALOC.

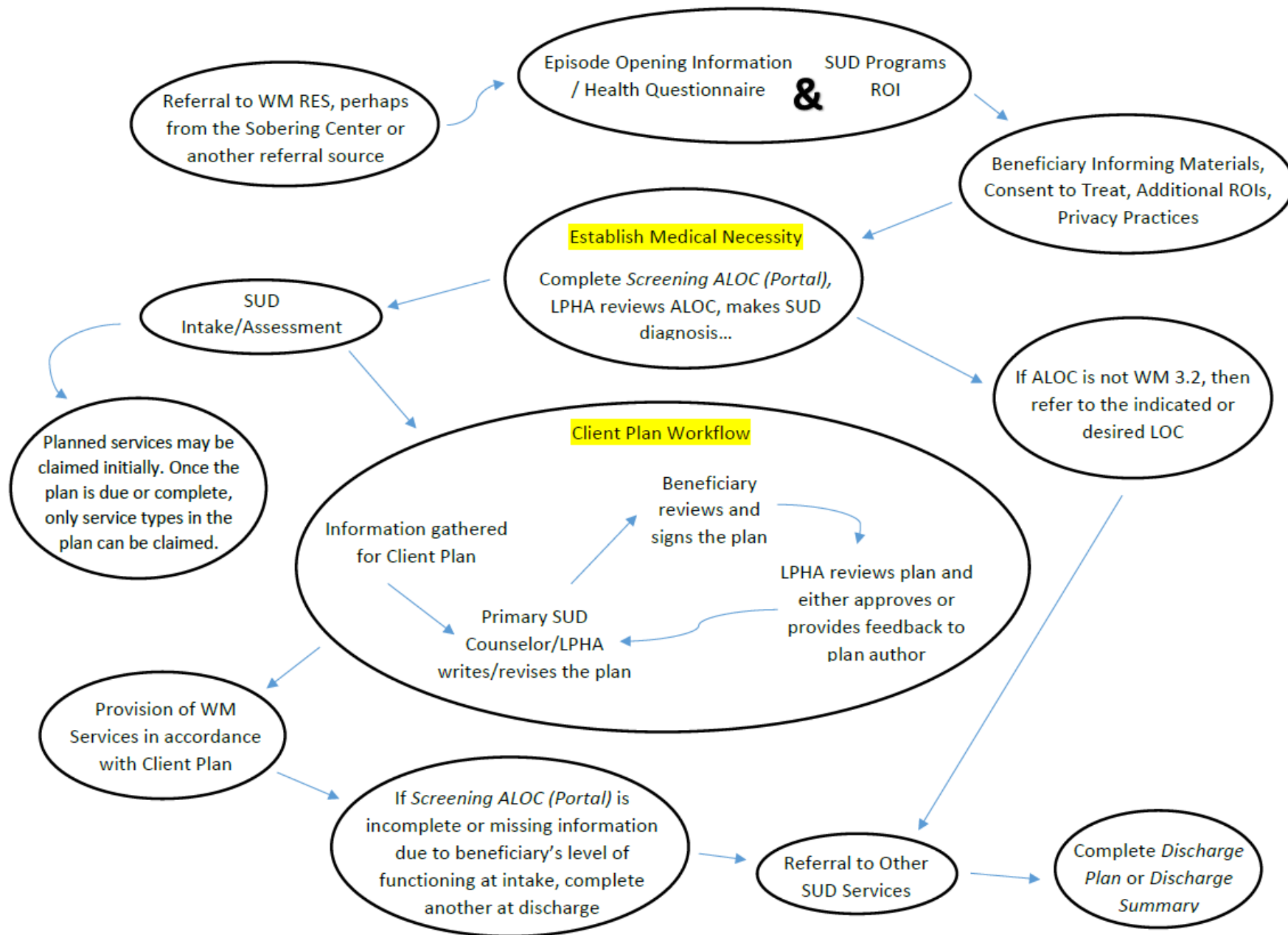
Components of Withdrawal Management

Currently Cherry Hill

FYI

- **Intake/Treatment Planning:** The process of admitting a beneficiary into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
- **Observation/Monitoring:** The process of monitoring the beneficiary's course of withdrawal. To be conducted as frequently as deemed appropriate for the beneficiary and the level of care the beneficiary is receiving. This may include but is not limited to observation of the beneficiary's health status.
- **Medication Services:** The prescription or administration related to substance use disorder treatment services, or the assessment of the side effects or results of that medication, conducted by staff lawfully authorized to provide such services within their scope of practice or license.
- **Case Management/Care Coordination:** See CM slides.
- **Physician Consultation:** Physician consultation between agency MD and ACBH approved addiction medicine physicians, addiction psychiatrists, or clinical pharmacists. Must be claimed separately in order to be reimbursed.
- **Discharge/Transition Services:** The process to prepare the beneficiary for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services.

Recommended WM RES Workflow





FYI

Case Management Services

LOCs: OS/IOS/RES/RSS/WM

-
- To assist a beneficiary in being able to access medical, educational, social, prevocational, vocational, rehabilitative, and community services.
 - Focus on coordination of SUD care and integration centered around primary care especially with beneficiaries with chronic SUD issues
 - Interaction with the criminal justice system allowed, if needed
 - Case management services may be provided face-to-face, by telephone, or by telehealth with the beneficiary and may be provided anywhere in the community.
 - Case management services may be provided by a LPHA or Registered/Certified SUD Counselor
 - Case management services must be provided when transitioning beneficiaries between levels of care.



FYI

Case Management Services, Cont.

Care Coordination

- Bringing together various providers and information systems to coordinate health services, client needs, and information to help better achieve the goals of treatment and care.

Service Coordination

- A service to assist clients in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, and/or other community services. Its is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost effective outcomes. In order to link client with services and resources (e.g., financial, medical, or community services), case managers must have a working knowledge of the appropriate service needed for the client to optimize care through effective, relevant networks of support.



FYI

Physician Consultation Services

LOCs: IOS/OS/RES/WM/RSS

-
- Physician Consultation Services consist of **DMC Physicians'** consultation with **ACBH approved external** addiction medicine physicians, addiction psychiatrists, or clinical pharmacists.
 - Designed to assist provider physicians by allowing them to seek expert advice when developing client plans for specific DMC-ODS beneficiaries.
 - May address medication selection, dosing, side effect management, drug interactions, or level of care considerations.
 - **DMC physicians may only use ACBH specified consultants - TBD**

Medication Services and Medication Assisted Treatment (MAT)

FYI

- Only OTP/NTPs provide medication services for Opioid Use Disorders
- Methadone treatment is only allowed at OTP/NTPs
- OTP/NTPs are required to provide access to Buprenorphine, Naloxone, and Disulfiram
- Additional MAT may be provided at OTP/NTPs if the client meets OTP/NTP admission requirements
- OS/IOS/RES prescribers may claim for medication services if within their scope of practice and training. The prescribed medication needs to be picked up by the client at a local pharmacy
 - Prescribed medication may not be methadone, buprenorphine, naloxone, and disulfiram for opioid treatment
 - RES also requires IMS Certification to provide medication services
- Beneficiaries may also be referred to their primary care physician for medication services
- MAT is not available through Recovery Support Services programs, they may receive MAT elsewhere



FYI

Components of Recovery Support Services

Individual and group counseling, assessment, treatment planning, and:

- Recovery Monitoring: Recovery coaching, monitoring via telephone and internet.
- Substance Abuse Assistance: Peer-to-peer services and relapse prevention.
- Education and Job Skills: Linkages to life skills, employment services, job training, and education services.
- Family Support: Linkages to childcare, parent education, child development support services, family/marriage education.
- Support Groups: Linkages to self-help and support, spiritual and faith-based support.
- Ancillary Services: Linkages to housing assistance, transportation, case management, individual services coordination.



FYI

Recovery Support Services (RSS)

- Only may be provided at OS or IOS providers
- **Beneficiary must be in remission and have a SUD remission diagnosis**
- Are available after the beneficiary has completed a course of treatment and is in remission.
- *Recovery Support Services* emphasize the patient's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to patients.
- Current RSS documentation follows stated standards for OS
- **QA ACBH is currently updating RSS standards**



FYI

Recovery Support Services Requirements

- Providers must attempt one (1) contact every 30 days unless LPHA clinically justifies reduced contact (in-person, telephone, or telehealth). Document this contact or attempt in the medical record.
- Medical Necessity shall be reassessed between 5-6 months from RSS episode opening date (EOD) or most recent Medical Necessity. The beneficiary must meet criteria for medical necessity to qualify for continuing services.
- Services may be delivered by **an approved certified Peer Specialist (for substance abuse assistance services only)** or SUD Counselor / LPHA
- Peers may not be concurrently receiving and providing SAA RSS

Residential Treatment Services

ASAM Levels 3.1 to 3.5



FYI

Residential Services

- Open to all populations per contract
- Based on assessed ASAM Level of Care (ALOC)
- There are limitations on length of stay
- Prior authorization required
 - Referral from portal
 - UM must authorize within 5 days from admission
- 24-hour structure
- 7 days a week

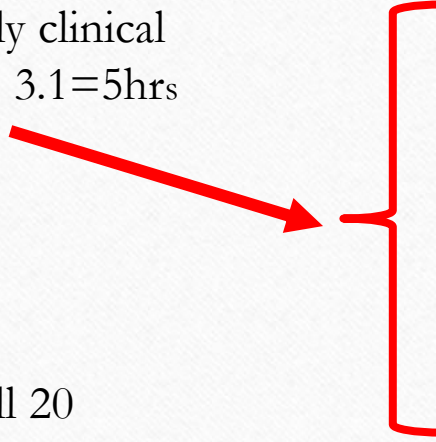
Residential Services, cont.

- Minimum of 20 hours of total structured therapeutic activities per week (AOD Standards)
 - For ASAM 3.1 at least five (5) of the 20 hours must be face-to-face clinical services
 - Each resident must have at least one (1) hour of structured therapeutic services per day
 - For ASAM 3.5 at least twelve (12) of the 20 hours must be face-to-face clinical services
 - Each resident must have at least one (1) hour of clinical service per day.


Residential Treatment Services

- Per DHCS reimbursable residential services are:

Counts towards weekly clinical hours requirement of: 3.1=5hrs and 3.5=12hrs

- 
- Intake/ Assessment
 - Individual
 - Group Counseling (2-12 participants)
 - Family Therapy (LPHAs only)
 - Collateral Services
 - Crisis Intervention Services (relapse crisis)
 - Treatment Planning
 - Discharge Services

Counts towards overall 20 hours of structured therapeutic activities, but not the required clinical hours

- 
- Transportation Services: Provision of or arrangement for transportation to and from medically necessary treatment
 - Patient Education (not considered a clinical intervention)

Alameda County Residential ASAM LOCs

ASAM LOC	Service Name	Description of Care
3.1	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 hours of clinical service per week and preparation for outpatient treatment.
3.3	Clinically Managed Population-Specific High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use the full active milieu or therapeutic community and preparation for outpatient treatment. (Note: This level is not designated for adolescents). (Currently in development)
3.5	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and preparation for outpatient treatment. Able to tolerate and use the full milieu or therapeutic community.
3.7 (referral)	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems. 16 hour/day counselor availability. (N/A to this training)
4 (referral)	Medically Managed Intensive Inpatient Services	24-hour nursing care with daily physician care for severe, unstable problems. Counseling available to engage patient in treatment. (N/A to this training)



FYI

Referrals to Residential

Beneficiaries must be referred to a residential facility through one of the SUD portals

- CenterPoint aka Call Center → (844) 682-7215
- CenterPoint AB109 Criminal Justice Case Management Program
- Cherry Hill
- Drug Court

The ASAM Level of Care (ALOC) screening is completed at one of the portals and referral information securely sent to the referred provider

Portals may also refer to other levels of care

ACBH UM Pre-Authorization Process

For questions about SUD RES
authorization process contact ACBH UM.



Alameda County Behavioral Health

Mental health & substance use services

DMC-ODS RESIDENTIAL TREATMENT DOCUMENTATION SUBMISSION TO THE UTILIZATION MANAGEMENT PROGRAM (UM) VIA FAX: (888) 860-8068

INITIAL AUTHORIZATION (cumulative 30 day maximum authorization):

1. **Phase 1** (Days 1-5) 5 day maximum authorization:
 - Submit at least 24 hours prior to scheduled admission or within 24 hours of admission.
 - Submit below documents:
 - **Prior Authorization Request** form
 - Portal completed **ASAM ALOC**
2. **Phase 2** (Days 6-30) 25 day maximum authorization:
 - Submit on or prior to the 5th last authorized day.
 - Submit below documents:
 - **Prior Authorization Request** form
 - **Initial Medical Necessity-SUD Criteria (IMN)**
 - Provider completed **ASAM ALOC**

CONTINUATION AUTHORIZATION (30 day maximum authorization):

- Submit at least 5 calendar days prior to the current authorization expiration date.

3. **1st Continuation** (Days 31-60):
 - Submit below documents:
 - **Prior Authorization Request** form
 - **Intake Assessment** (complete within 10 calendar days of the admission date)
 - **Initial Treatment Plan** (complete within 10 calendar days of the admission date)
 - **ASAM ALOC Re-Assessment** (complete every 30 calendar days)
4. **Subsequent Continuation:**
 - Submit below documents:
 - **Prior Authorization Request** form
 - **ASAM ALOC Re-Assessment** (complete every 30 calendar days)
 - **Treatment Plan Update** (complete every 90 calendar days from initial or prior treatment plan or if there is a change in treatment modality or a significant event)
 - **Continuing Services Justification (CSJ)** form, if applicable (complete between 5-6 months)
 - **Discharge Plan** (complete 30 calendar days prior to planned discharge)

Optional Documentation to Submit/UM May Ask For:

- Progress Notes

PLEASE NOTE: UM does not request the Physical Exam. However, evidence of completion is subject to audit and potential disallowance. Physical Exam requirements: complete within 30 calendar days of the admission date. Option 1: Obtain copy and review physical exam completed within last 12 months; Option 2: Physician or physician extender performs a physical exam; Option 3: Include goal to obtain a physical exam on the treatment plan)

PLEASE CONTACT THE ACBHC QUALITY ASSURANCE (QA) OFFICE (510) 567-8105 RE: SPECIFIC DOCUMENTATION QUESTIONS.

12/17/18

Preauthorization of Residential Services

- **At least 24 hours** prior to scheduled admission or within 24 hours of admission the RES provider submits to *UM Prior Authorization Request* form and *ALOC* (portal screening ALOC ok). This authorizes the first 5 days.
- Within 5 days from EOD complete the diagnosis (including written basis), *Initial Medical Necessity* form, and *Initial ALOC*. It is highly recommend that the ALOC and *SUD Intake/Assessment* are completed prior to making a diagnosis. This information is then used to develop the client plan.
- This information is securely sent to UM for authorization along with other referral information
- Residential programs have 10 days from date of admission to complete the Intake Assessment, client plan, and other required admission documentation.

Length of Residential Services: Non-Perinatal Adults



FYI

- Adults are beneficiaries aged 21 and older
- Length of stay
 - 1 to 90 days, 90 day maximum (continuous transitions between 3.1 and 3.5 are one stay)
 - UM may authorize a one-time 30 day extension per 365-day period
 - Beneficiary may use a maximum of two (2) non-continuous 90-day regimens, in a one-year period
 - For example, a beneficiary who no longer meets criteria for perinatal residential but needs additional residential services may be closed to services on one day and reopened the next day for their second stay of non-perinatal residential



FYI

Length of Residential Services

Perinatal

Perinatal beneficiaries are those who are pregnant and up to 2 months postpartum

- Perinatal eligibility begins on first day pregnancy is medically substantiated and ends on the last day of the calendar month in which the 60th day from the end of the pregnancy occurs
- For example, if a mother gives birth on 2/18 then they are eligible for perinatal services until 4/30

Beneficiary record must contain medical documentation that substantiates beneficiary's pregnancy and last day of pregnancy

- A birth certificate is not considered medical documentation per DHCS



FYI

Length of Residential Services

Parenting Residential Programs

- **Available for parenting non-pregnant mothers** with children (0-17)
 - Children may reside at the residential program with their mother up to age 17, but this is not advised. ACBH highly recommends that children up to age 5 live at the residential facility with their mother, but school-aged children live off site due to the significant coordination requirements needed for those youth.
- All DMC eligible residential services, including extensions, must be used before this additional SABG funded residential service
- Additionally, for the parenting residential services a 90 day maximum length of stay with an available extension of up to 90 additional days (6 months total) is allowed.
- Children are only allowed to live at women's only residential facilities
- UM preauthorization is required for Parenting Residential
- No more than 12 children may receive care in one facility at the same time
- When a SUD treatment provider is unable to provide licensed on-site child care service, the SUD treatment program should partner with local, licensed child care facilities or offer on-site, license-exempt child care through a cooperative arrangement between parents for the care of their children

Women's Services Overview

Residential Treatment Service Lengths



FYI

- Perinatal RES → Eligible until the last day of the month in which the 60th day from date of birth occurred.
- Adult RES → 90 days, plus 90 days, plus one 30 day extension annually
 - Perinatal RES is considered one of the two 90 day treatment episodes regardless of length of stay at the perinatal program
- Parenting RES → 90 days, plus 90 days annually for mothers with children
 - Eligibility is in addition to DMC residential limits
 - Must continue to meet ACBH SUD documentation standards, even though non-DMC funded

Additional Required Perinatal Services

APPLIES TO ALL LOCs

FYI

- Mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792)
- Service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment)
- Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant
- Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).

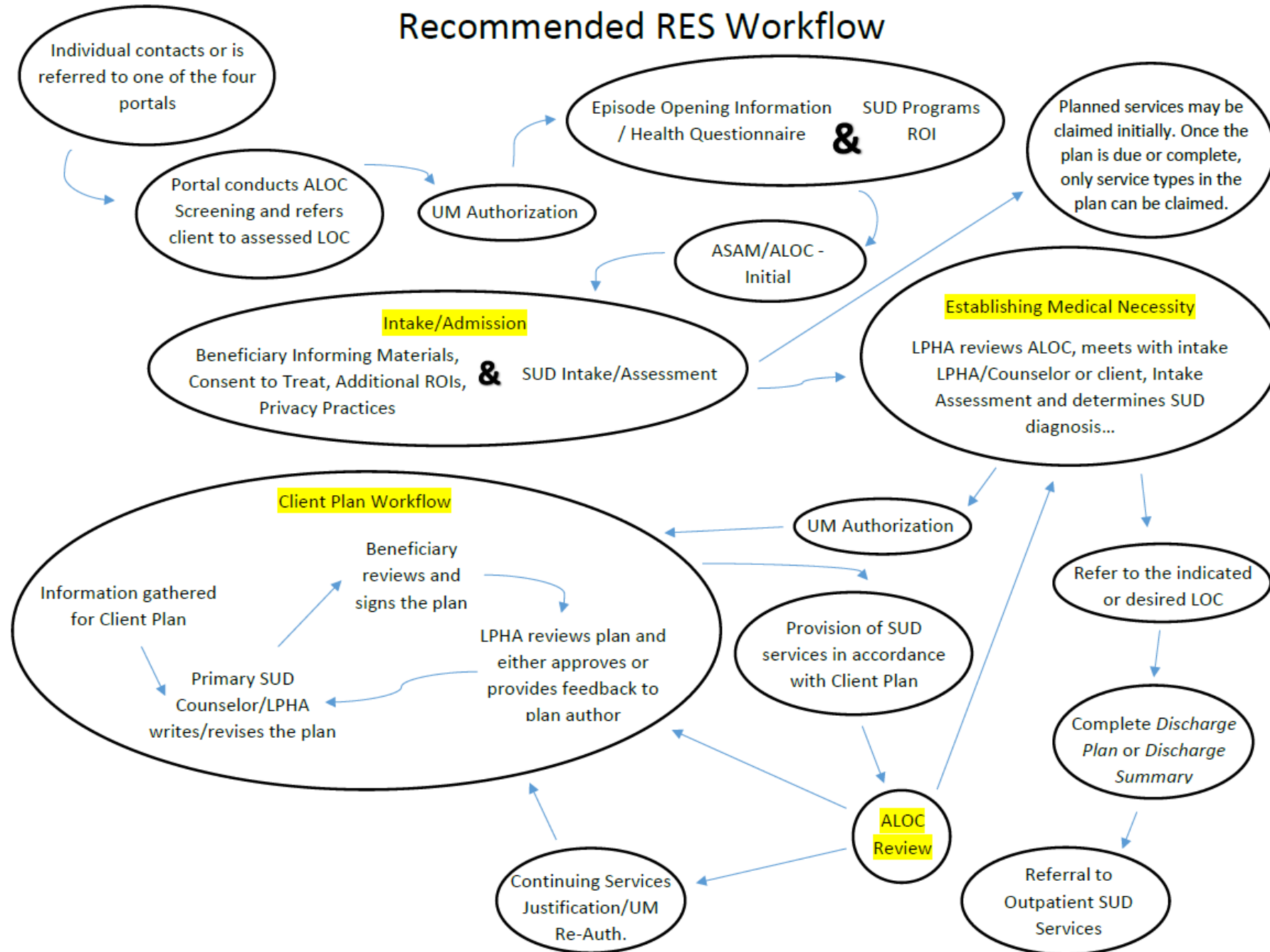
Residential Treatment: Adolescents



FYI

- Adolescents are beneficiaries aged 12 to under 21
- Length of stay
 - Adolescents, under the age of 21, can receive continuous residential services for a maximum of 30 days
 - UM can approve a 30-day extension if determined to be medically necessary; one extension per year.
 - Adolescent beneficiaries receiving residential treatment shall be stabilized as soon as possible and moved down to a less intensive level of treatment
 - Nothing in the DMC-ODS overrides any EPSDT requirements
 - Additional extensions allowed if medically necessary and authorized
- Adolescent beneficiaries 18 and older must reside in adult residential programs

Recommended RES Workflow





Medical Record Requirements




Charting Requirements Individual Client Record



FYI

- Each client must have an individual record that meets 42 CFR, Part 2 Final Rule, HIPAA, & HITECH requirements → whichever is stricter
- NO other client identifying information is allowed in another client's record
 - In past audits, services were disallowed because they contained multiple client PHI information, often in the form of combined group notes or group sign-in sheets
 - As a result, the medical record was not considered unique
 - References to other clients should happen only when absolutely necessary and done anonymously (e.g. “another client”)
 - Never use other clients' initials, names, nicknames, etc.

Individual Client Record

- Client record MUST include:
 - A unique identifier 
 - Client's InSyst number
 - Client's DOB
 - Client's sex at birth, gender identity/expression, sexual orientation, and other cultural factors
 - Client's preferred name and preferred pronoun
 - Client's race or ethnicity
 - Client's address or indicate "homeless" for address
 - Client's telephone number or again indicate "homeless" for no telephone
 - Client's record and InSyst record must include emergency contact information with Release of Information (or reason why this was not provided)
- Missing info (name, id #, etc.) in the chart will result in the entire chart being non-compliant

Individual Client Record

Documentation of treatment episode information shall include documentation of all activities, services, sessions, and assessments, including but not limited to all of the following:

- Informing Materials signature page
- ROIs and ROI Log
- Intake and admission data, including, if applicable, a physical examination
- Client Plans
- Progress Notes
- Continuing Services Justifications
- Laboratory test orders and results
- Referrals
- Counseling notes
- Discharge Plan
- Discharge Summary
- Provider Authorizations for Residential Services
- Any other information relating to the treatment services rendered to the beneficiary
- CQRT and Authorization Forms

FYI

Medical Record Retention Policy



- Providers must maintain client records following discharge/termination with the following considerations:
 - For all clients, records (paper and electronic) must be maintained for a minimum of: 10 years after the last service OR 10 years after their 18 birthday, whichever is later.
 - Records must be retained until audit findings are resolved, potentially longer than 10 years from the last date of service
 - Records must also be retained until DHCS/ACBH finalizes cost settlement for the year in which the last service occurred
 - All records must be maintained through the end of the MHP contract in place 10 years from the date of the last service
- Also, consider that different disciplines have different record retention requirements and providers must adhere to the strictest standard

For these reasons ACBH recommends providers maintain all records for at least 15 years from the last date of service, or the client's 18th birthday, whichever is later.

Many hospitals and other medical services store records indefinitely

SUD Provider Personnel



Medical Director's P&P

- The SUD Medical Director is required to develop program and/or agency policy and procedures
- These are common policies and procedures to guide on-site medical and related requirements. → Must be updated as necessary
- Ultimately the content of this P&P is up to the MD, however here are some content suggestions from DHCS:
 - Medical concerns, seizures, OD, death, under the influence, TB, medical emergencies/emergency protocol, disease prevention, injury response, injury prevention, medication guidelines, medication storage, medication errors, dosing protocol, physical exam requirements
- Current Medical Director signature must be present on the P&P

SUD Counselor/LPHA Responsibilities

All with appropriate training and experience

- Assessment (Intake and ongoing as medically necessary)
- ASAM/ALOC (LPHA and Certified Counselors only)
- Initial & Updated Client Plans
- Individual & Group Sessions
- Sign-In Sheets
- Crisis Intervention
- Collateral Services
- Progress Notes
- Case Management Services
- Continuing Services Justification (Counselors may complete recommendation only)
- Discharge Plan / Discharge Summary

LPHA and Certified Counselors may conduct these.

Registered Counselors with appropriate training and experience may complete Intake/Assessment and ALOCs. (See additional slides for specific training and experience requirements.)

Also, see co-signature requirements for Intake/Assessment for all SUD Counselors.

Alameda County SUD Providers' Admission/Pre-Admission Process

Informing Materials

Admission Criteria: Informing Materials, Incidental Disclosure, ROIs, and Payment Provisions

- **ALL SUD** treatment providers are required to review ACBH Informing Materials (aka Consent to Services and Acknowledgments) packet with the beneficiary (client) prior to signing the signature page. Now also available in ALL Alameda County threshold languages.

<http://www.acbhcs.org/providers/QA/General/informing.htm>

- Providers may add additional privacy notices, sliding scale, informing forms, etc., if necessary but may not remove or modify any components of the ACBH form
- Discussions around informed consent should begin at admission and clients must sign the Informing Materials by the SUD Intake/Assessment due date. Providers must retain the signature page in the beneficiary's medical record. This must be completed initially and then reviewed annually.
- Having the Informing Materials' signature page signed does not relieve the provider of their duties to have the Incidental Disclosure Acknowledgement, ROIs, Sliding Scale/Payment Provisions, etc. acknowledged (signed & dated) and in place as required by regulation

Components of Informing Materials

Informing Materials -- Your Rights & Responsibilities

Welcome to Alameda County Behavioral Health Plan

Welcome! As a member (beneficiary) of the Alameda County Behavioral Health Plan (BHP) who is requesting behavioral health services with this provider, we ask that you review this packet of informing materials which explains your rights and responsibilities. Alameda County's BHP includes both mental health services offered by the County Mental Health Plan and substance use disorder (SUD) treatment services offered by the County SUD Organized Delivery System; you may be receiving only one or both types of services.

PROVIDER NAME:

The person who welcomes you to services will review these materials with you. You will be given this packet to take home to review whenever you want, and you will be asked to sign the last page of this packet to indicate what was discussed and that you received the materials. Your provider will keep the original signature page. Providers of services are also required to notify you about the availability of certain information in this packet every year and the last page of this packet has a place for you to indicate when those notifications happen.

This packet contain a lot of information, so take your time and feel free to ask any questions! Knowing and understanding your rights and responsibilities helps you get the care you deserve.

Consent for Services



As a member of this Behavioral Health Plan (BHP), your signature on the last page of this packet gives your consent for voluntary behavioral health services with this provider. If you are the legal representative of a beneficiary of this BHP, your signature provides that consent.

Your consent for services also means that this provider has a duty to inform you about their recommendations of care, so that your decision to participate is made with knowledge and is meaningful. In addition to having the right to stop services at any time, you also have the right to refuse to use any recommendations, behavioral health interventions or treatment procedures.

This provider may have an additional consent form for you to sign that describes in more detail the kinds of services you might receive. These may include, but are not limited to, assessments, evaluations, individual counseling, group counseling, crisis intervention, psychotherapy, case management, rehabilitation services, medication services, medication assisted treatment, referrals to other behavioral health professionals, and consultations with other professionals on your behalf.

Professional service providers may include, but are not limited to, physicians, registered nurse practitioners, physician assistants, marriage and family therapists, clinical social workers (LCSW),

Must review all of these items and check these boxes indicating these items were reviewed

Beneficiary signs here

Alameda County Behavioral Health Care Services

Beneficiary Name:	Program Name:	
Birthdate:	Admit date:	
INSYST #:	RU #, if applies:	

Informing Materials -- Your Rights & Responsibilities Acknowledgement of Receipt

Consent for Services

As described on page one of this packet, your signature below gives your consent to receive voluntary behavioral health care services from this provider. If you are a beneficiary's legal representative, your signature gives that consent.

Informing Materials

Your signature also means that the materials marked below were discussed with you in a language or way that you could understand, that you were given the Informing Materials packet for your records, and that you agree with the method of delivery for the Guide and Provider Directory as checked. You may request an explanation and/or copies of the materials again, at any time.

Initial Notification: Please mark the boxes below to show which materials were discussed with you at admission or any other time.

- ☐ Consent for Services
- ☐ Freedom of Choice
- ☐ Confidentiality & Privacy
- ☐ Maintaining a Welcoming & Safe Place (not a State-required informing material)
- ☐ "Guide to Medi-Cal Mental Health Services" OR "Guide to Drug Medi-Cal Services"
- Delivery via: ☐ Web access ☐ E-mail electronic copy ☐ Paper copy
- ☐ Provider Directory for Alameda County Behavioral Health Plan
- Delivery via: ☐ Web access ☐ E-mail electronic copy ☐ Paper copy
- ☐ Beneficiary Problem Resolution Information
- ☐ Advance Directive Information (for age 18+ & when client turns 18)
 - Have you ever created an Advance Directive? ☐ Yes ☐ No
 - If yes, may we have a copy for our records? ☐ Yes ☐ No
 - If no, may we support you to create one? ☐ Yes ☐ No
- ☐ Notice of Privacy Practices – HIPAA & HITECH
- ☐ Notice of Information 42 CFR PART 2: Information on Drug and Alcohol Patient Disclosure (for clients receiving Substance Use Treatment services only)

Beneficiary Signature: (or legal representative, if applicable)	Date:
Clinician/Staff Witness Initials:	Date:
E-mail address for delivery of Guide & Provider Directory, if applicable:	

Minor Consent for SUD Services

- Family Code § 6929 allows for minors aged 12 – 17 to consent for services related to the treatment of a drug or alcohol related disorder
- ACBH is checking to see the limitations of this regulation and if/how Medi-Cal claiming is allowed

Incidental Disclosures

42 CFR, Part 2 does not allow providers to unintentionally disclose PHI (called incidental disclosures) that may occur through conversations with their co-workers in such places as hallways or breakrooms.

Beneficiaries may unintentionally disclose personal information during casual conversations, “free talk,” with other beneficiaries (clients) outside of the treatment room or provider environment. 42 CFR, Part 2 does not regulate beneficiaries’ conversations. However, the Incidental Disclosure Information form reminds clients about the importance of privacy for others and promotes respect and confidentiality. The Incidental Disclosure form must be reviewed upon admission and be completed for each beneficiary.

These documents shall be in the beneficiary’s chart and ACBH will be auditing to this standard.

Incidental Disclosures Form

This additional disclosure is required by ACBH and must be maintained in client's chart

Client Acceptance of Secondary (Incidental) Disclosure(s) Substance Use Prevention and/or Treatment Services

I, _____ (print name), accept and recognize that both 42 Code of Federal Regulations (CFR) Part 2 and HIPAA Privacy Rule require SU prevention and/or SUD treatment programs (Program(s)) to take practical protections and safety measures to protect my private healthcare information (PHI).

General privacy values initiated in state and federal law are not intended to forbid the treatment team from talking to each other and/or to their clients. Practical protections should be used to avoid sharing client information with others not involved in the client case and at times, minor amounts of client information may be disclosed to people near where the client care is delivered or being coordinated. This is referred to as *secondary (incidental) disclosure*.

Clients in Programs usually see one another at the program sites and may even talk together. They are free to talk about their own client-identifying information to other clients or anyone else without violating the privacy laws. Federal and state law restrict only the treatment Program's disclosure and use of information. Clients' free talk between themselves is nothing but a self-disclosure which 42 CFR Part 2 and HIPAA do not control.

Program group sessions require clients to enter their name on a group sign-in sheet for each scheduled group session. Because clients see one another's' names on the sheet, the sign-in sheet reveals the identities of other clients. This is not self-disclosure by the client. The Program's requirement that the client sign in changes the clients' self-disclosure into a disclosure by the Program.

The *required* disclosure is only allowed if it meets one of the exceptions in 42 CFR Part 2 and HIPAA. HIPAA does have an important exception. HIPAA permits the use of sign-in sheets as a "secondary" disclosure as long as the least amount of information needed for the sign-in sheet is used. 42 CFR Part 2 has no exception for *secondary* disclosures. 42 CFR Part 2 *requires the client to provide written consent* to disclose their names to other clients through a sign-in sheet.

I accept that I must take reasonable precautions to protect and respect the privacy of others in this service setting and that I will take reasonable precautions to not violate other client confidential information that I may hear while in a group setting conducted by Program staff.

Name of SU Service Provider: _____

Client Signature/Printed Name: _____ Date: _____

Staff Signature/Printed Name: _____ Date: _____

SUD Incidental Disclosure Form

v.12.26.18

Releases of Information (ROIs)

- Health Information is protected by law; Protected Health Information (PHI)
- Must include 42 CFR, Part 2 Final Rule, HIPAA, HITECH requirements
- Best practice is to get a ROI even if contact with an external individual is allowed by law
- ROIs protect both the beneficiary and the agency
- ROIs are valid for dates specified
- Statements such as, “to the end of treatment” are not considered specific dates
- It is highly recommended that specific expiration dates be indicated



Releases of Information (ROIs), Cont.

- Required for any contact outside of your agency
- Required ACBH form has been approved by County Counsel
- ACBH currently has two (3) approved versions of this two (2) page form:
 - Emergency Contact ROI
 - SUD Programs ROI ← REQUIRED BY DAY ONE AND BEFORE ANY ENTRY INTO INSYST/CG
 - Criminal Justice ROI



Criminal Justice ROI

Emergency Contact ROI

FYI

Alameda County Behavioral Health Care Services (BHCS)
2000 Embarcadero Cove, Suite 400 Oakland, California 94606
AUTHORIZATION TO DISCLOSE MY INDIVIDUALLY IDENTIFIABLE SUD INFORMATION - BHCS SUD PROGRAMS

PATIENT INFORMATION

Last Name First Name Middle Initial
Date of Birth Social Security No. Home Phone Work Phone Extension
Street Address City State Zip Code

I HEREBY AUTHORIZE THAT MY INDIVIDUALLY IDENTIFIABLE SUBSTANCE USE DISORDER (SUD) INFORMATION BE RELEASED FROM:

- BHCS County Staff
- BHCS SUD Provider Network (collectively SPN)
- Cal. Dept. of Health Care Services
- Medi-Cal, Medicaid, and/or Medicare
- The following insurance company or payer:

☐ Check box and complete below to add a treatment provider outside BHCS/SPN network:

Non-SPN Treatment Provider Phone Number Extension
Street Address City State Zip Code

I HEREBY AUTHORIZE THAT MY INDIVIDUALLY IDENTIFIABLE SUD INFORMATION BE RELEASED TO AND USED BY:

- BHCS County Staff
- Cal. Dept. of Health Care Services
- Non-SPN Treatment Provider named above
- Medi-Cal, Medicaid, and/or Medicare
- The following insurance company or payer:

☐ For Other, check box and complete below:

Name of Provider/Clinic/Hospital Phone Number Extension
Street Address City State Zip Code

Alameda County Behavioral Health Care Services (BHCS)
2000 Embarcadero Cove, Suite 400 Oakland, California 94606
AUTHORIZATION TO DISCLOSE MY INDIVIDUALLY IDENTIFIABLE SUD INFORMATION - BHCS SUD PROGRAMS

Case management, care coordination, and medication management

BHCS and/or SPN.

which is necessary to

• Case management, care coordination, and medication management
• Eligibility, coverage, and coordination of public assistance, benefits, & services
• Health care operations activities
• Research, evaluation, audit

• I permit lawful holders to re-disclose my protected SUD information subject to this authorization and 42 CFR part 2

• Other:

Signature of Patient Print/Type Name Date

Signature of Parent or Guardian Print/Type Name Parent Guardian Date

REVOCAION AND REQUEST: I understand that I have a right to revoke this authorization at any time unless action has been taken in response to or in reliance on this authorization. I understand to contact a BHCS Health Information representative in order to revoke the authorization granted to BHCS. I further understand that I should provide a separate revocation to any other person or entity that I have authorized to disclose, receive, or otherwise use my individually identifiable SUD information above in order to revoke the authorization granted to that person or entity.

* SPN includes past, current, and future network providers. A directory of current network providers participating in the SPN is available at http://www.acbchcs.org/SUD/docs/SUD_providers_directory.pdf. I understand that I have a right to request a list of entities to which my patient identifying information has been disclosed pursuant to a general designation under this authorization and applicable regulations. I further understand that such a request must be in writing and limited to disclosures made within the past two years.

PROHIBITION ON RE-DISCLOSURE OF PROTECTED SUD INFORMATION: 42 CFR part 2 prohibits unauthorized disclosure of these records.

SUD-ROI-BHCS SUD PROGRAMS - REV 04/19

Alameda County Behavioral Health Care Services (BHCS)
2000 Embarcadero Cove, Suite 400 Oakland, California 94606
AUTHORIZATION TO DISCLOSE MY INDIVIDUALLY IDENTIFIABLE SUD INFORMATION - CRIMINAL JUSTICE

PATIENT INFORMATION

Last Name First Name Middle Initial Client ID #
Date of Birth Social Security No. Home Phone Work Phone Extension
Street Address City State Zip Code

I HEREBY AUTHORIZE THAT MY INDIVIDUALLY IDENTIFIABLE SUBSTANCE USE DISORDER (SUD) INFORMATION BE RELEASED FROM:

SUD Treatment Provider Phone Number Extension
Street Address City State Zip Code

I HEREBY AUTHORIZE THAT MY INDIVIDUALLY IDENTIFIABLE SUD INFORMATION BE RELEASED TO AND USED BY EACH PERSON NAMED BELOW:

Probation Officer(s) Phone Number Extension
Street Address City State Zip Code

Attorney(s)/Public Defender(s) Phone Number Extension
Street Address City State Zip Code

Drug Court Case Manager(s) & Analyst(s) Phone Number Extension
Street Address City State Zip Code

Alameda County Behavioral Health Care Services (BHCS)
2000 Embarcadero Cove, Suite 400 Oakland, California 94606
AUTHORIZATION TO DISCLOSE MY INDIVIDUALLY IDENTIFIABLE SUD INFORMATION - CRIMINAL JUSTICE

for juvenile justice purposes

Alameda County Behavioral Health Care Services (BHCS)
2000 Embarcadero Cove, Suite 400 Oakland, California 94606
AUTHORIZATION TO DISCLOSE MY INDIVIDUALLY IDENTIFIABLE SUD INFORMATION - CRIMINAL JUSTICE

which is necessary to

• Case management, care coordination, and medication management
• Eligibility, coverage, and coordination of public assistance, benefits, & services
• Health care operations activities
• Research, evaluation, audit

• I permit lawful holders to re-disclose my protected SUD information subject to this authorization and 42 CFR part 2

• Other:

Signature of Patient Print/Type Name Date

Signature of Parent or Guardian Print/Type Name Parent Guardian Date

REVOCAION AND REQUEST: I understand that I have a right to revoke this authorization at any time unless action has been taken in response to or in reliance on this authorization. I understand to contact a BHCS Health Information representative in order to revoke the authorization granted to BHCS. I further understand that I should provide a separate revocation to any other person or entity that I have authorized to disclose, receive, or otherwise use my individually identifiable SUD information above in order to revoke the authorization granted to that person or entity.

* SPN includes past, current, and future network providers. A directory of current network providers participating in the SPN is available at http://www.acbchcs.org/SUD/docs/SUD_providers_directory.pdf. I understand that I have a right to request a list of entities to which my patient identifying information has been disclosed pursuant to a general designation under this authorization and applicable regulations. I further understand that such a request must be in writing and limited to disclosures made within the past two years.

PROHIBITION ON RE-DISCLOSURE OF PROTECTED SUD INFORMATION: 42 CFR part 2 prohibits unauthorized disclosure of these records.

SUD-ROI-CRIMINAL JUSTICE - REV 04/19

This form was originally completed by client with the following BHCS SUD provider-contractor: [PRINT NAME OF BHCS SUD Provider-Contractor]

Alameda County Behavioral Health Care Services (BHCS)
2000 Embarcadero Cove, Suite 400 Oakland, California 94606
AUTHORIZATION TO DISCLOSE MY INDIVIDUALLY IDENTIFIABLE SUD INFORMATION - BHCS SUD PROGRAMS
EMERGENCY CONTACT

PATIENT INFORMATION

Last Name First Name Middle Initial
Date of Birth Social Security No. Home Phone Work Phone Extension
Street Address City State Zip Code

I HEREBY AUTHORIZE THAT MY INDIVIDUALLY IDENTIFIABLE SUBSTANCE USE DISORDER (SUD) INFORMATION BE RELEASED FROM:

- BHCS County Staff
- BHCS SUD Provider Network (collectively SPN)
- Cal. Dept. of Health Care Services
- Medi-Cal, Medicaid, and/or Medicare
- The following insurance company or payer:

☐ Check box and complete below to add a treatment provider outside BHCS/SPN network:

Non-SPN Treatment Provider Phone Number Extension
Street Address City State Zip Code

I HEREBY AUTHORIZE THAT MY INDIVIDUALLY IDENTIFIABLE SUD INFORMATION BE RELEASED TO AND USED BY:

Name of Emergency Contact #1 Phone Number Extension
Street Address City State Zip Code

Name of Emergency Contact #2 Phone Number Extension
Street Address City State Zip Code

Alameda County Behavioral Health Care Services (BHCS)
2000 Embarcadero Cove, Suite 400 Oakland, California 94606
AUTHORIZATION TO DISCLOSE MY INDIVIDUALLY IDENTIFIABLE SUD INFORMATION - BHCS SUD PROGRAMS
EMERGENCY CONTACT

Case management, care coordination, and medication management

BHCS and/or SPN.

which is necessary to

• Case management, care coordination, and medication management
• Eligibility, coverage, and coordination of public assistance, benefits, & services
• Health care operations activities
• Research, evaluation, audit

• I permit lawful holders to re-disclose my protected SUD information subject to this authorization and 42 CFR part 2

• Other:

Signature of Patient Print/Type Name Date

Signature of Parent or Guardian Print/Type Name Parent Guardian Date

REVOCAION AND REQUEST: I understand that I have a right to revoke this authorization at any time unless action has been taken in response to or in reliance on this authorization. I understand to contact a BHCS Health Information representative in order to revoke the authorization granted to BHCS. I further understand that I should provide a separate revocation to any other person or entity that I have authorized to disclose, receive, or otherwise use my individually identifiable SUD information above in order to revoke the authorization granted to that person or entity.

* SPN includes past, current, and future network providers. A directory of current network providers participating in the SPN is available at http://www.acbchcs.org/SUD/docs/SUD_providers_directory.pdf. I understand that I have a right to request a list of entities to which my patient identifying information has been disclosed pursuant to a general designation under this authorization and applicable regulations. I further understand that such a request must be in writing and limited to disclosures made within the past two years.

PROHIBITION ON RE-DISCLOSURE OF PROTECTED SUD INFORMATION: 42 CFR part 2 prohibits unauthorized disclosure of these records.

SUD-ROI-EMERGENCY CONTACT - REV 04/19

SUD Programs ROI is required on day one before any beneficiary information may be inputted in to Clinician's Gateway and InSyst

ACBH SUD Programs ROI

Alameda County Behavioral Health Care Services (ACBH)
 2025 Information Form, State of California, Alameda County
 AUTHORIZATION TO DISCLOSE OR REUSE INFORMATION
 FOR TREATMENT AND MANAGEMENT OF SUBSTANCE USE DISORDERS

PATIENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Social Security No.: _____ Home Phone: _____ Work Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

I HEREBY AUTHORIZE THAT MY INDIVIDUALLY IDENTIFIABLE SUBSTANCE USE DISORDER (SUD) INFORMATION BE RELEASED FROM:

ACBH County Staff _____
 ACBH SUD Provider Network (outpatient) SPN _____
 Cal Dept. of Health Care Services _____

☐ Med-Cal, Medi-Cal, and/or Medi-Cal
☐ The following insurance company or payer:
☐ Check box and complete below to add a treatment provider outside of ACBH SUD network.

Non-SPN Treatment Provider: _____ Phone Number: _____ Extension: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

I HEREBY AUTHORIZE THAT MY INDIVIDUALLY IDENTIFIABLE SUD INFORMATION BE RELEASED TO AND USED BY:

ACBH County Staff: SPN _____
 Cal Dept. of Health Care Services _____
 Non-SPN Treatment Provider named above _____

☐ Med-Cal, Medi-Cal, and/or Medi-Cal
☐ The following insurance company or payer:
☐ For Other, check box and complete below.

Name of Provider/Clinic/Hospital: _____ Phone Number: _____ Extension: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Alameda County Behavioral Health Care Services (ACBH)
 2025 Information Form, State of California, Alameda County
 AUTHORIZATION TO DISCLOSE OR REUSE INFORMATION
 FOR TREATMENT AND MANAGEMENT OF SUBSTANCE USE DISORDERS

I understand that my SUD treatment, diagnosis, and referral, payment, enrollment, case management, case coordination, medication management, and/or eligibility for benefits are conditioned on completing this authorization.

EXPIRATION:
 This authorization expires twelve (12) months from last date of SUD services by BHCS and/or SPN.

Disclosure Purpose	Amount and Kind
1. Treatment, diagnosis, and referral	1. Limited to that information which is necessary to carry out the Disclosure Purpose
2. Payment	2. Payment
3. Case management, case coordination, and medication management	3. Payment
4. Eligibility, coverage, and coordination of public assistance, benefits, & services	4. ACBHS part 2
5. Health care coordination activities	5. Other _____
6. Research, evaluation, audit	

Signature of Patient: _____ Print/Type Name: _____ Date: _____

Signature of Parent or Guardian: _____ Print/Type Name: _____ Date: _____

REVOCATION AND REQUEST: I understand that I have a right to revoke this authorization at any time. Notice of revocation must be in writing and must be received by the provider. I understand that I cannot revoke this authorization if I have already received services, treatment, or otherwise use my individually identifiable SUD information above in order to receive the authorization granted to that person or entity.

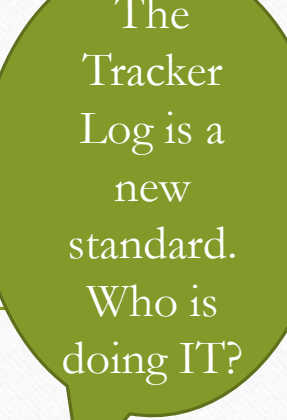
PROHIBITION ON RE-DISCLOSURE OF PROTECTED SUD INFORMATION: 42 CFR part 2 prohibits unauthorized disclosure of these records.

- Required ACBH SUD Programs ROI must be signed prior to releasing any information and prior to entering any information into Clinician's Gateway/InSyst
- Best practice remains to discuss and have client sign a specific ROI whenever releasing information outside of your agency
- When the beneficiary signs the ACBH SUD Programs ROI, this allows communication between ACBH contracted SUD programs
- Use the ACBH SUD Provider Directory to determine which agencies are covered by the ACBH SUD Programs release:
 - http://www.ACBH.org/SUD/docs/SUD_providers_directory.pdf

If the beneficiary declines to sign the required SUD Programs ROI, DO NOT OPEN EPISODE IN INSYST/CG. Indicate on ROI and consult with ACBH immediately.

ROI Tracker Log Usage

- Upon Intake, each client must sign required Releases of Information (ROIs).
- File ROI Log in the client's medical record
- All signed ROIs are maintained in the client file.
- Each time client information is released it must be logged.

[illegible]

The
Tracker
Log is a
new
standard.
Who is
doing IT?

Tracker log
will be
requested
for audits

Physical Health and SUD Treatment

Health Screening / Questionnaire

DHCS Form 5103 highly recommended for all programs

-
- AOD Certified/Licensed programs are required to have a Health Questionnaire that MUST contain at minimum the information in the DHCS 5103 (06/16)
 - To be completed prior to intake
 - Client should complete on their own unless they require assistance
 - Must be reviewed and signed by staff
 - Health Questionnaire requirement is intended to be a client self-report document that provides information for the treatment staff conducting the intake assessment. It does NOT substitute for medical history in screening/assessment
 - Client self-report used to determine if client has immediate medical needs that would impact their ability to safely participate in SUD Treatment. Non-AOD DMC providers are recommended to have the client self-report their medical history using DHCS 5103 in addition to gathering required medical history.

DHCS Form 5103: Health Screening Questionnaire

FYI

Meets requirements AOD Alcohol And Drug Certification Standards Section 12020

DHCS Form 5103, Version (06/16) this is a 10 page form:

http://www.dhcs.ca.gov/provgovpart/Documents/DHCS_5103.pdf

State of California — Health and Human Services Agency
Department of Health Care Services
Substance Use Disorders Compliance Division
Licensing and Certification Section, MS 2000
PO Box 967413
Sacramento, CA 95896-7413

CLIENT HEALTH QUESTIONNAIRE AND INITIAL SCREENING QUESTIONS

HEALTH QUESTIONNAIRE INSTRUCTIONS

If Incidental Medical Services (IMS) are to be provided, the [Incidental Medical Services Certification Form \(DHCS 4050\)](#), and the [Health Care Practitioner Incidental Medical Services Acknowledgment Form \(DHCS 5250\)](#), must be completed, reviewed and signed by a Health Care Practitioner.

CLIENT HEALTH QUESTIONNAIRE

Name: _____ Date of Birth: _____
Date: _____

Physical

1. ☐ Yes ☐ No Have you ever had a heart attack or any problem associated with the heart? If yes, please list when, what was the diagnosis and if you are currently taking medication:

2. ☐ Yes ☐ No Are you currently experiencing chest pain(s)? If yes, please give details:

DHCS 5103 (06/16) Health Questionnaire and Initial Screening Form Page 1



State of California — Health and Human Services Agency
Department of Health Care Services
Substance Use Disorders Compliance Division
Licensing and Certification Section, MS 2000
PO Box 967413
Sacramento, CA 95896-7413

Previous Drug and/or Alcohol Treatment Services

44. Have you received alcoholism or drug abuse recovery treatment services in the past? If yes, please give details:

Type of Previous Recovery Treatment (Outpatient, Residential, Detoxification)	Name of Previous Treatment Facility	Dates of Previous Treatment	Treatment Completed (Yes or No)

45. Have you ever been treated for withdrawal symptoms? If so, please state the dates you were treated and list any medications that were prescribed:

I declare that the above information is true and correct to the best of my knowledge:

Client Signature: _____ Today's Date: _____
Reviewing Facility/Program Staff Name: _____
Reviewing Facility/Program Staff Signature: _____ Date: _____

DHCS 5103 (06/16) Health Questionnaire and Initial Screening Form Page 2

Available in
handout
section!

Physical Examinations are an integral part of SUD Treatment

Think Client
Plans

Scenario A

If the beneficiary has had a physical exam in the 12 months prior to the date of admission, then the physician, nurse practitioner, or physician assistant must review documentation of this exam within 30 days of admission. If these individuals are unable to obtain documentation of this exam, then their efforts to obtain should be documented.

Scenario B

If beneficiary has not had a physical exam in the 12 months before admission, a physician, registered nurse practitioner, or physician's assistant may perform a physical examination within 30 days of admission.

Scenario C

If a physical examination has not been completed within the last 12 months OR the physician, nurse practitioner, or physician assistant does not review the exam record AND/OR new exam is not completed, then the initial client plan MUST have a goal of obtaining a physical exam.

It is not acceptable to roll this (or any other) goal over from one Plan to the next, without revisiting the current obstacles and what modified action steps will allow for the goal to be met in the new Plan time period. (Reason for chart non-compliance from that Plan date and onward.)

Additional Physical Examination Info



FYI

- An agency's Medical Policies and Procedures (as determined by the Medical Director), indicate the necessary components for a valid physical examination
- If the beneficiary's physical examination, which was performed during the prior twelve months, indicates a beneficiary has a significant medical illness, the client plan must include a goal that the beneficiary obtain appropriate treatment for the illness.

Intake and Assessment of Substance Use Disorders

Part of the Golden Thread

Intake Assessment

At a minimum the SUD Intake/Assessment must include the following detailed information:

Drug and Alcohol Use History-Cause of SUD

Medical History

Family History

Psychiatric/Psychological History

Social/Recreational History

Financial Status/History

Educational History

Employment History

Criminal History / Legal Status (probation etc.)

Previous SUD Treatment History

Narrative evaluation or analysis of the cause or nature of the mental, emotional, psychological, behavioral, and SUD(s). Note: Medical Necessity includes the DSM Diagnosis and criteria specific to drug of choice.

SUD Intake Assessment

- The intake assessment must include an evaluation or analysis of the cause or nature of the mental, emotional, psychological, behavioral, and substance use disorders.
 - DSM diagnosis alone does not fully meet this requirement
 - The assessment must include a formulation of the beneficiary's presentation, based on the information gathered during the intake process (Intake Assessment + ASAM + Health Screening/Physical)

Keep in mind that the problems/challenges/issues identified during the assessment are required to be addressed or deferred on the client plan.

Who may complete an Intake Assessment and ASAM, and Participate in ACBH CQRT?

- ACBH highly recommends that the Intake Assessment and ALOC are completed by LPHAs and Certified SUD Counselors **ONLY**
- When there is no other option, Registered SUD Counselors may do so with the minimum training and experience:
 - Required ASAM e-modules training
 - Registered SUD Counselors who have one year full time equivalent SUD treatment experience; OR
 - Registered SUD Counselors who have completed the following hours towards their certified credential (essentially the equivalent of half of CCAPP CADCI requirement):
 - 158 hours of approved education
 - 127 practicum hours (internship experience)
 - 1500 hours of supervised work experience (includes practicum hours)
 - AND Supervisor must provide an attestation of experience and knowledge to conduct Intake Assessments, ALOC ← Maintain in employee's personnel file. This will be requested during an audit.



FYI

Intake Assessment

Remember, forms like this are not used for claiming, all claims are documented in progress notes

The ACBH comprehensive Intake/Assessment form meets minimum requirements. The goal is to complete as much as possible during the first session(s), however some information won't be available at intake.

This intake will likely take a few sessions to complete. If you attempted to gather information but the client declined to answer, or there was a clinical reason not to assess a certain section, you must indicate the why. When sections are left blank it is not known if the information was gathered or not assessed.

Service #: New		Title: Intake & Assessment	
Client:	Number: Unknown	Last Name:	First Name:
Procedures: Select Procedure		Service date: 06/05/2018	
Service Location: Select Location		Util. review date:	
Med. Compliant: N/A		Plan due date:	
Emergency: <input type="checkbox"/>		Side Effects: N/A	
Pregnant?: <input type="checkbox"/>			
Staff Time			
Primary:	Clinician: 63219 - Phipps, Brian	Primary Total Start: hh:mm	
Provider: Select Provider		End: hh:mm	
Time:			
Assessment			
SUD INTAKE AND ASSESSMENT			
<input type="checkbox"/> Health Screening Questionnaire Reviewed with Client			
INTAKE INSTRUCTIONS			
Per Alcohol and/or other Drug Program Certification Standards (12020) Program staff shall review each completed health questionnaire that was completed by a participant. The health questionnaire can help identify a participant's treatment needs but it is the responsibility of staff to gather additional information on the following items: Social, economic and family history, education, employment history, criminal history, legal status, medical history, alcohol and/or other drug history, and previous treatment.			
Per Title 22 CCR 51341.1 (b)(13): Intake includes the evaluation or analysis of the cause or nature of mental, emotional, psychological, behavioral, and substance use disorders; the diagnosis of substance use disorders, and the assessment of treatment needs.			
Gather the following information from Client.			
Episode Opening Date:		Birthdate:	
Preferred Last Name:		Preferred First Name:	
What is your Pronoun: <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Unknown/ Not Reported			
<input type="checkbox"/> Other			
Sex Assigned at Birth: <input type="radio"/> Unknown <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Intersex <input type="radio"/> Other			
Gender Identity: <input type="checkbox"/> Unknown <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Gender Queer <input type="checkbox"/> Decline to State			

Additional Perinatal Assessment Items

Required for all LOCs

-
- Mother/child habilitative and rehabilitative service needs (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792)
 - Service access needs (i.e., provision of or arrangement for transportation to and from medically necessary treatment)
 - Need for education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant
 - Needs related to coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).
 - If any of these items are endorsed by the client, then it must be indicated in the client plan.
 - Must provide transportation when needed (i.e. client cannot access transportation). Indicate reason

Claiming for completing the assessment

- If an assessment is completed in one session, both the gathering of assessment information and completion of the assessment form, one progress note may document the claim. In the progress note, make reference to the assessment form (“see assessment form dated xx/xx/xx”). It is not necessary to repeat all gathered information in both the note and form. The progress note documentation time includes both the time writing the Assessment form and completing the progress note.
- If an assessment is completed over multiple sessions, each progress note must clearly indicate what was done in each session. Information gathered in each session must be indicated in the progress note, or the progress note must link to **specific sections** of the assessment. Time spent completing the assessment form may be spread out over each session, or at the last assessment session.
 - An auditor or other individual reviewing the note/claim must be able to determine precisely what information was gathered for each claimed service
- Intake/Assessment may be claimed for face-to-face services plus documentation time OR only for documentation time when completing the assessment form

All activities (face-to-face, PN documentation, completing the form, etc.), require start and end times.



FYI

Intake / Assessment Due Dates

Required for all treatment levels

- For OS/IOS/RSS
 - Completed within 30 days of episode opening date (EOD)
- For RES
 - Completed within 10 days of EOD ← HIGHLY RECOMMENDED by day 5
- For WM RES (ASAM 3.2)
 - Due within 24-48 hours of EOD (24 hours highly recommended due to short length of stay)

Intake / Assessment Review Due Dates

If assessment/client-reported information was collected by a SUD Counselor, an LPHA must review and approve the assessment as part of the determination of medical necessity.

- An LPHA is required to review and approve the assessment → Now required in CG
- This LPHA review and approval must occur on or before the date medical necessity is completed as it is part of determination of medical necessity.
- If during the LPHA review, they determine that the assessment is incomplete or needs additional information then the assessment must be revised. The completion date on the assessment will be the date when all required signatures are present.

A few reminders about assessments...

- The assessment process can take several sessions to complete.
- The assessment process is a key part in the development of a trusting, helping relationship with the beneficiary,
- The problems or challenges identified during the assessment process are used to inform the client's client plan.
 - This will be explored more extensively in the client plan section of this training
- Detailed comments are required for each assessed component.
- If comment sections and/or checkboxes are left blank, it cannot be determined if that section was assessed and no credit will be given. When it is not clinically appropriate to assess a particular component, indicate the reason why. As treatment progresses, update the assessment information as necessary.

Information for LPHA to Make SUD Diagnosis - Per Client Report:			
DSM-5 Diagnosis may only be made by a LPHA or MD. SUD Counselors may only gather the information below regarding signs and symptoms and may only list a DSM-5 SUD Diagnosis if reported by client.			
SUD Diagnosis reported by client: <input type="text"/>			
BASIS FOR DIAGNOSIS			
A pattern of substance use leading to clinically significant impairment or distress as manifested by at least 2 of the following, occurring within a 12-month period. A diagnosis may be supported with a specifier if the beneficiary is on agonist therapy (maintenance) or was/is in a controlled environment.			
Met	Symptom	Substance(s)	When Symptom Was Experienced
<input type="checkbox"/>	1) The substance is often taken in larger amounts or over a longer period than was intended.		
<input type="checkbox"/>	2) There is a persistent desire or unsuccessful efforts to cut down or control the use of the substance.		
<input type="checkbox"/>	3) A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recovered from its effects.		
<input type="checkbox"/>	4) Craving, or a strong desire or urge to use the substance.		
<input type="checkbox"/>	5) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.		
<input type="checkbox"/>	6) Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.		
<input type="checkbox"/>	7) Important social, occupational, or recreational activities are given up or reduced because of the use of the substance.		
<input type="checkbox"/>	8) Recurrent substance use in situations in which it is physically hazardous.		
<input type="checkbox"/>	9) The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the use of the substance.		
<input type="checkbox"/>	10) Tolerance, as defined by either of the following: a) A need for markedly increased amounts of the substance to achieve intoxication or desired effect; and/or b) A markedly diminished effect with continued use of the same amount of the substance.		
<input type="checkbox"/>	11) Withdrawal, as manifested by either of the following: a) The characteristic withdrawal syndrome for the substance; and/or b) The substance is taken to relieve or avoid withdrawal symptoms.		
<input type="checkbox"/>	In Early Remission (no symptoms, except for craving, for 3 to under 12 months)		
<input type="checkbox"/>	In Sustained Remission (no symptoms, except for craving, for more than 12 months)		
<input type="checkbox"/>	On Maintenance Therapy (if taking a prescribed agonist medication and none of the criteria have been met for the agonist medication except symptoms 10 and 11)		
*Symptoms 10 and 11 are not applicable if the client is using sedative/hypnotic/anxiolytic, opioid, or stimulant medication as prescribed consistent with physician's orders (e.g. not combining with synergistic substances, not taking more frequently or in greater quantity than prescribed, not operating machinery, etc.)			

Information from this section of the intake assessment is used in part by the LPHA to make the diagnosis and establish medical necessity. It is essential that the information gathered is individualized, specific, and with timeframes of the symptoms.

Specific information about each substance should be gathered. The LPHA then uses this (and other assessment information) to write the written basis for the included diagnosis(es). Information in this form will not be considered as symptoms of the diagnosis. This is information gathered for the diagnosis then the LPHA determines which symptoms are relevant to the diagnosis.

Establishing Medical Necessity

Part of the Golden Thread

Relevance of Medical Necessity for Documentation – GOLDEN THREAD

Initial assessment documentation identifies problems to be addressed in SUD treatment. The LPHA establishes Medical Necessity by reviewing all information and making the diagnosis, and completes a written basis for the diagnosis (see exceptions for completing written basis).



Initial client plans are based on the Initial Assessment and must indicate all identified problems that were identified unless documented as deferred. These may be prioritized for work during the Tx Plan period.



Client Plan updates document the ongoing Medical Necessity and progress towards completion of the program.



Progress Notes must contain evidence that the services claimed for reimbursement are helping client achieve their client plan.

The essential parts of establishing Medical Necessity

Part 1 - ASAM

-
- Must meet the ASAM Criteria definition of **medical necessity** for services based on the **ASAM Criteria**.
 - Providers must complete the ASAM Level of Care (ALOC) accurately to the client's needs, We are finding that often the ALOC confirms the level of care of the provider (e.g. IOS providers determine client needs ASAM 2.1) and is not consistent with the individual's documented presentation and assessment. ACBH will be monitoring ALOCs closely for accuracy.

ASAM Level of Care (ALOC)

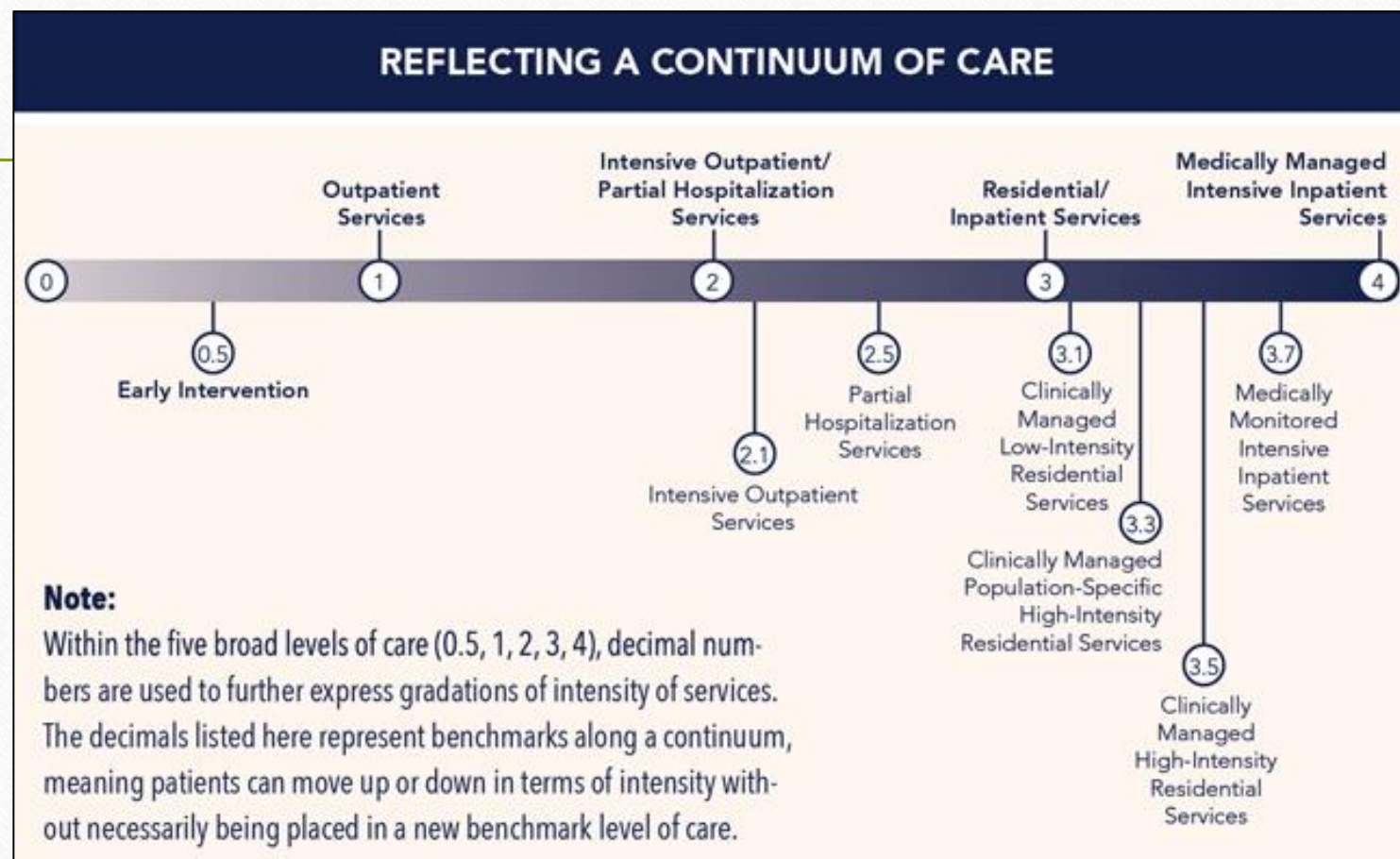
- If the beneficiary is referred to SUD services through one of the portals, a brief ALOC screening will have been completed
 - Often the portals' screening will have incomplete information
 - May have been a phone screening
 - Providers must complete the full ALOC within established medical necessity timelines

ASAM Level of Care (ALOC), Cont.

- Portals – Use *ASAM ALOC Screening Form*
- All other providers use ASAM Level of Care Assessment (ALOC)
 - *ALOC Initial*
 - *ALOC Review*
 - These forms are identical and have different names for tracking purposes
 - Using identical ALOCs allows for direct comparison across treatment time frames



ASAM American Society of
Addiction Medicine



ASAM Dimensions

- Each of the six (6) ASAM dimensions require assessment
- For each dimension that is not *No Risk/Stable*, a written descriptive comment is required
- Depending on how the intake is completed, information from the Assessment is used to inform the ASAM and vice versa
- Regardless there must be a congruence between the intake assessment documents, medical necessity, and ASAM



ASAM American Society of
Addiction Medicine

Check the ACBH SUD page
for information about
upcoming ASAM trainings

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:


1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, and the surrounding people, places, and things

ASAM Clinical Placement Scoring Summary

- Be mindful that only one *Risk Rating* is required for each dimension (score one row per column)
- A detailed narrative written description is required to explain the *Key Findings Supporting the Placement Decision*
- Refer to ASAM training materials and guidance to assist in determining the *Level of Care* accurately and consistently

ASAM Clinical Placement Scoring Summary							
ASAM Dimensions: 1 - Acute Intoxication and/or Withdrawal Potential; 2 - Biomedical Conditions and Complications; 3 - Emotional/Behavioral/Cognitive Conditions and Complications; 4 - Readiness to Change (Including Desire to Change); 5 - Relapse/Continued Use/Continued Problem Potential; 6 - Recovery Environment							
Risk Ratings	Intensity of Service Need	Dimensions					
		1	2	3	4	5	6
(0) No Risk or Stable – Current risk absent. Any acute or chronic problem mostly stabilized.	No immediate services needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(1) Mild – Minimal, current difficulty or impairment. Minimal or mild signs and symptoms. Any acute or chronic problems soon able to be stabilized and functioning restored with minimal difficulty.	Low intensity of services needed for this dimension. Treatment strategies usually able to be delivered in outpatient settings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Moderate – Moderate difficulty or impairment. Moderate signs and symptoms. Some difficulty coping or understanding, but able to function with clinical and other support services and assistance.	Moderate intensity of services, skills training or supports needed for this level of risk. Treatment strategies may require intensive levels of outpatient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Significant – Serious difficulties or impairment. Substantial difficulty coping or understanding and being able to function even with clinical support.	Moderately high intensity of services, skills training, or supports needed. May be in danger or near imminent danger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Severe – Severe difficulty or impairment. Serious, gross or persistent signs and symptoms. Very poor ability to tolerate and cope with problems. Is in imminent danger.	High intensity of services, skills training, or supports needed. More immediate, urgent services may require inpatient or residential settings; or closely monitored case management services and a frequency greater than daily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Key Findings Supporting Placement Decision:							
Indicated ASAM Level of Care to which referred							
Indicated ASAM LOC:		Select One ▼					
Additional Indicated ASAM LOC:		Select One ▼					
Additional Indicated ASAM LOC:		Select One ▼					

ASAM LOC

- The *Indicated ASAM LOC* is the beneficiary's presentation at the time of assessment
- When the *Indicated ASAM LOC* differs from the *Actual ASAM Level of Care to which referred*, choose a reason from the dropdown menu. A more detailed explanation is required in the comment field. 
- Beneficiaries may have up to 3 possible ASAM LOCs
- For example:
 - Indicated: OS/IOS
 - Additional Indicated: OTP
 - Additional Indicated: Recovery Residence

Indicated ASAM Level of Care to which referred			
Indicated ASAM LOC:	Select One		
Additional Indicated ASAM LOC:	Select One		
Additional Indicated ASAM LOC:	Select One		
Actual ASAM Level of Care to which referred			
<small>Portals: Select the level of care and program name of referral Providers: For referrals to a different level of care, please refer client to SUD Helpline for a level of care determination 1-844-682-7215. For referrals to a different level of residential treatment within the same program, please indicate which level of care and which program. For clients staying in the same level of care, please indicate which level of care, and which program the client is staying at.</small>			
Select One			
Contact Person:		First Offered Appointment:	
		Intake Appointment Date:	
		Time:	
Select One			
Contact Person:		First Offered Appointment:	
		Intake Appointment Date:	
		Time:	
Reason for ASAM LOC Difference			
<small>If Actual LOC to which referred differed from the indicated ASAM LOC, choose the reason for the difference.</small>			
Select One			
Reason for Delay			
<small>Availability to admit into care: <input type="radio"/> Immediately <input type="radio"/> Delayed</small>			
<small>If referral is being made but admission is expected to be DELAYED, choose the reason.</small>			
Select One			
Non ASAM Level of Care SUD Services to which referred			
<small>Portals: Select the level of care and program name of referral Providers: For referrals to a different level of care, please refer client to SUD Helpline for a level of care determination 1-844-682-7215. For referrals to a different level of residential treatment within the same program, please indicate which level of care and which program. For clients staying in the same level of care, please indicate which level of care, and which program the client is staying at.</small>			
Select One			
Contact Person:		First Offered Appointment:	
		Intake Appointment Date:	
		Time:	
Select One			
Contact Person:		First Offered Appointment:	
		Intake Appointment Date:	
		Time:	



FYI

ALOC Due Dates

- OS/RSS – Due within 30 days from date of admission and then every 90 days from date of previous ALOC
- OTP – Due within 28 days from date of admission and then every 90 days from date of previous ALOC
- IOS – Due within 30 days from date of admission and then every 60 days from date of previous ALOC
- RES – Due within 5 days from date of admission and then every 30 days from date of previous ALOC
 - This is a required component of the ACBH UM authorization packet
- WM RES (ASAM 3.2) – Due within 24-48 hours (24 hours highly recommended due to short length of stay) from date of admission and then every 30 days from date of previous ALOC
- ALOCs are due prior to every plan or plan update and whenever clinically indicated
 - ALOCs completed within 45 days of plan date may be used to meet this requirement, if there are clinical changes then the ALOC must be redone.

Transitioning between Levels of Care

OS/IOS/RSS - same agency

When an ALOC indicates that a beneficiary requires a transition between different levels of care you must close to the previous RU and open to the new RU with new EOD. Dates of service between RUs must be continuous.

Within the same agency, within 10 days from the new RU opening date, complete the following:

- ALOC Initial (if not done previously)
- Initial Medical Necessity Form (link to new EOD)
- Client Plan (or Recovery Plan for RSS) ← Plan updates requires CQRT re-authorization
- The Intake/Assessment, Informing Materials, and ROIs, may be used from the previous episode if still valid
- A progress note must be completed, detailing this LOC change and that the intake documents were reviewed and updated as clinically necessary. Updated assessment info may be documented in a progress note or revised Intake/Assessment.

When a beneficiary transitions to a different level of care at a different program or a different agency, then services should be opened as if a new client

If a different medical record, any shared documents must be available in each medical record

Transitioning between Levels of Care Residential (3.1 & 3.5) – same agency

Once an ALOC indicates a different level of care than is currently being provided, RES providers have 10 days to assist in transitioning the beneficiary to the new LOC. Required authorization documents must be submitted to UM within 5 days of level of care determination.

Once authorized, close to the previous RU and open to the new RU. Dates of service between RUs must be continuous and the RU close and reopen dates must be the same. Length of stay timeframe is based off the original EOD.

Within 5 days from the new LOC determination complete the following and submit to UM:

- ALOC Initial (if not done previously)
- Initial Medical Necessity Form (link to new EOD)
- UM Authorization Form

Once authorized by UM and within 10 days from the new LOC determination complete the following:

- Client Plan
- The Intake/Assessment, Informing Materials, and ROIs, may be used from the previous episode if still valid
- A progress note must be completed, detailing this LOC change and that the intake documents were reviewed and updated as clinically necessary. Updated assessment info may be documented in a progress note or revised Intake/Assessment.

If a different medical record, any shared documents must be available in each medical record

Transitioning between Levels of Care

Residential \leftrightarrow OS/IOS/RSS

Once an ALOC indicates a different level of care than is currently being provided, providers have 10 days to assist in transitioning the beneficiary to the new LOC.

When transitioning between these residential and outpatient LOCs the client must be closed in the previous RU and opened in the new RU.

Client records must be opened as if a new client for this type of transition.

Essential parts of Medical Necessity

Part 2 (Dx, Sx, Impairments)

- An included DSM-5 SUD diagnosis
- A diagnosis must be given/established in order for treatment to be provided for that diagnosis. All diagnoses treated must be established medical necessity form.
 - For example, diagnosing someone with Alcohol Use Disorder does not allow treatment for impairments related to Cocaine addiction. The LPHA would need establish the Cocaine Use Disorder diagnosis. Once the additional diagnosis is made, the plan must also be updated.
 - To be given a diagnosis, the beneficiary must meet the criteria as specified in the DSM-5 for the each diagnosis given. ACBH does not determine criteria for diagnoses..

What does 'establish a diagnosis' mean?

Option A or B is required

Option A: The LPHA may meet directly or via telehealth with the beneficiary and establish the diagnosis

Option B: The LPHA may meet face-to-face or via telehealth with the SUD counselor who completed the assessment. **For Cont. Justification of Services the LPHA must meet with the Primary SUD Counselor.**

Regardless of the above options, the LPHA must complete the individualized written basis for the diagnosis

- Note, that if the LPHA is not licensed, they must have the diagnosis and written basis reviewed and co-signed by a licensed LPHA
- **The written basis for the diagnosis must include specific, individualized symptoms along with timeframes for each included SUD diagnosis to be treated. Not meeting this requirement is the most common reason for chart non-compliance.**

A good rule of thumb is that an individual reviewing the diagnosis should be able to determine the diagnosis from the written narrative alone.

Included SUD Diagnoses

- Diagnoses that are treatable through DMC-ODS SUD treatment are indicated on the Alameda County SUD Diagnoses Included List
 - Must use the most recent list published by ACBH on 11/1/18
 - Only the DSM-5 diagnoses on this list may be treated through SUD services
- Include both the ICD-10 code and DSM-5 name (CG will provide both)
 - Select code with appropriate DSM-5 specifiers (e.g. In Early Remission, In Sustained Remission, In a Controlled Environment)



ACBH SUD Included Diagnosis List

Last updated on 11/1/2018 to include both DSM-5/APA coding updates and DHCS included diagnoses updates. The DSM-5 update added additional codes for remission SUD diagnoses. Alameda County's list update includes both these additional codes and all possible specifiers for all SUD included diagnoses. **Specifiers must be used accurately.**

Alameda County SUD providers may only provide treatment for the DSM-5 diagnoses on this list.

11/1/18 ACBHCS SUD Medi-Cal Included Diagnosis List - By ICD-10 Code

Instructions: ACBHCS subcontracted SUD providers may only provide treatment for SUD related diagnoses that are present on this included list. Criteria for all of these included diagnoses can be found in the DSM-5. For each SUD diagnosis being treated, the LPHA making the diagnosis must include a written basis for the included diagnosis(es) along with specific individualized signs, symptoms, and timeframes of the diagnosis(es). When charting SUD diagnoses, "the clinician should use the code that applies to the class of substance but record the name of the specific substance" (DSM-5).

Alameda County SUD Included List	
ICD-10 Code	DSM-5 Name/Description
F10.10	Alcohol Use Disorder, Mild
F10.11	Alcohol Use Disorder, Mild, In Early Remission
F10.11	Alcohol Use Disorder, Mild, In Sustained Remission
F10.11	Alcohol Use Disorder, Mild, In Early Remission, In A Controlled Environment
F10.11	Alcohol Use Disorder, Mild, In Sustained Remission, In A Controlled Environment
F10.129	Alcohol Intoxication, With Mild Use Disorder
F10.20	Alcohol Use Disorder, Moderate
F10.21	Alcohol Use Disorder, Moderate, In Early Remission
F10.21	Alcohol Use Disorder, Moderate, In Sustained Remission
F10.21	Alcohol Use Disorder, Moderate, In Early Remission, In A Controlled Environment
F10.21	Alcohol Use Disorder, Moderate, In Sustained Remission, In A Controlled Environment
F10.20	Alcohol Use Disorder, Severe
F10.21	Alcohol Use Disorder, Severe, In Early Remission
F10.21	Alcohol Use Disorder, Severe, In Sustained Remission
F10.21	Alcohol Use Disorder, Severe, In Early Remission, In A Controlled Environment
F10.21	Alcohol Use Disorder, Severe, In Sustained Remission, In A Controlled Environment
F10.229	Alcohol Intoxication, With Moderate or Severe Use Disorder
F10.239	Alcohol Withdrawal, Without Perceptual Disturbances
F10.929	Alcohol Intoxication, Without Use Disorder
F11.10	Opioid Use Disorder, Mild
F11.11	Opioid Use Disorder, Mild, In Early Remission
F11.11	Opioid Use Disorder, Mild, In Sustained Remission
F11.11	Opioid Use Disorder, Mild, In Early Remission, On Maintenance Therapy
F11.11	Opioid Use Disorder, Mild, In Sustained Remission, On Maintenance Therapy
F11.11	Opioid Use Disorder, Mild, In Early Remission, In A Controlled Environment
F11.11	Opioid Use Disorder, Mild, In Sustained Remission, In A Controlled Environment
F11.11	Opioid Use Disorder, Mild, In Early Remission, On Maintenance Therapy, In A Controlled Environment
F11.11	Opioid Use Disorder, Mild, In Sustained Remission, On Maintenance Therapy, In A Controlled Environment
F11.129	Opioid Intoxication, Without Perceptual Disturbances, With Mild Use Disorder
F11.20	Opioid Use Disorder, Moderate
F11.21	Opioid Use Disorder, Moderate, In Early Remission
F11.21	Opioid Use Disorder, Moderate, In Sustained Remission
F11.21	Opioid Use Disorder, Moderate, In Early Remission, On Maintenance Therapy
F11.21	Opioid Use Disorder, Moderate, In Sustained Remission, On Maintenance Therapy
F11.21	Opioid Use Disorder, Moderate, In Early Remission, In A Controlled Environment
F11.21	Opioid Use Disorder, Moderate, In Sustained Remission, In A Controlled Environment

Medical Necessity Criteria

Youth/Adolescents

- Youth under 21 may be assessed to be at-risk for developing a SUD, and if applicable, must meet the ASAM adolescent treatment criteria.
 - Youth with a DSM-5 SUD diagnosis → refer using ASAM
 - Youth at-risk for SUD (ASAM 0.5) → refer to early intervention, primary physician, or MH provider
- Youth under age 21 are eligible for EPSDT services, which includes SUD prevention treatment, if medically necessary

Initial Medical Necessity Form



FYI

- May only be completed by LPHA
 - If LPHA, is unlicensed, then must have licensed LPHA review and co-signature within due date of medical necessity
- This form documents the basis for SUD diagnosis in the client's individual medical record
- The IMN must include complete signatures (printed name, credentials, date, and signature) of the LPHA(s) required on the document
- Completing the IMN (or CSJ) inputs the diagnosis into CG, without this complete the diagnosis will not be auto populated on the client plan document

Initial Medical Necessity Form

Due Dates

Required for all treatment modalities

- IOS/OS/RSS – Due within 30 days of date of admission
- RES – Due within 5 days of date of admission
 - Part of pre-authorization packet required by ACBH UM
 - WM RES (ASAM 3.2) – Due within 24-48 hours of admission (24 hours highly recommended due to short length of stay)

Initial Medical Necessity Form

The LPHA indicates here if they met face-to-face with the beneficiary or the SUD Counselor who conducted the assessment

LPHA must include the written basis for each treated diagnosis. DSM-5 criteria must be individualized and include specific signs and symptoms for each SUD diagnosis.

Service #: New Title: Initial Medical Necessity Service date: 01/29/2019

Client: Number Last Name First Name UBI review date: Plan due date:

Procedures: Select Procedure

Service Location: Select Location

Med. Compliant: N/A Side Effects: N/A

Emergency ☐ Pregnant? ☐

Billing time

Primary Clinician: 63219 - Phipps, Brian

Provider: 9990GR - CLINICIAN GATEWAY TEST SUD RES

Medical Necessity

SUD INITIAL MEDICAL NECESSITY NOTE - WAIVER
(Registered or Certified Counselor does NOT complete this form)

A Licensed Professional of the Healing Arts (LPHA) (Physician; Nurse Practitioner (NPs); Physician Assistants (PAs); Registered Nurses (RNs); Licensed Clinical Psychologists (LCPs); Licensed Clinical Social Workers (LCSWs); Licensed Professional Clinical Counselors (LPCCs); Licensed Marriage and Family Therapists (LMFTs); and License-Eligible Practitioners working under the supervision of licensed clinicians) is REQUIRED to review each beneficiary's personal, medical and substance use history within thirty (30) calendar days of the beneficiary's admission to treatment date.

Episode Opening Date:

The Initial Medical Necessity determination:

For an individual to receive a DMC-ODS benefit, the initial medical necessity determination shall be performed through a face-to-face review or telehealth by a Medical Director, licensed physician or an LPHA. This "face-to-face" interaction must take place, at minimum, between the certified counselor who has completed the assessment for the beneficiary and the Medical Director, licensed physician, or LPHA. It would be allowable to include the beneficiary in this "face-to-face" interaction. This interaction also must be documented appropriately in the medical record to establish the determination of medical necessity for the beneficiary. After establishing a diagnosis and documenting the basis for diagnosis, the American Society of Addiction Medicine (ASAM) Criteria shall be applied by the diagnosing individual to determine placement into the level of assessed services. The service provider shall authorize DMC-ODS services in accordance with the medical necessity criteria specified in Title 22, Section 51303 and the coverage provisions of the approved state Medi-Cal Plan.

☐ As LPHA, I attest that I met face to face with the beneficiary

☐ As LPHA, I attest that I met face to face with the SUD Counselor that conducted the Intake

PRIMARY DSM-5 DIAGNOSIS NAME AND CODE:

DSM-5 Descriptor	ICD-10	ICD-10 Descriptor
(Select)	(Select)	(Select)

ADDITIONAL DSM-5 NAME AND CODE:

DSM-5 Descriptor	ICD-10	ICD-10 Descriptor
(Select)	(Select)	(Select)

[Add Additional Diagnosis](#)

Physical Health: General Medical Codes

General Medical Codes

(Select c. ...) (Select diagnosis description)

[Add Additional Diagnosis](#)

Written Basis for Diagnosis (MUST be completed by a Medical Director, Licensed Physician, or LPHA & include specific criteria of Medi-Cal Included Primary SUD diagnosis)
During the previous 12 months (unless other timeframe indicated) the client has experienced the symptomatology specified below.

LPHA Determined ASAM Level of Care: Select One

LPHA Determined ASAM Level of Care: Select One

LPHA Determined ASAM Level of Care: Select One

Is this ALOC determination different than the previously assessed ALOC? If Yes, then complete an ASAM Only note and briefly explain below. ☐ Yes ☐ No

Client Information that has been considered includes the following:

- The beneficiary's personal, medical and substance use history; review of information with the client's and/or LPHA
- *Physical Exam (when available)

Medical Necessity is determined by the following factors: (a-e must all be Yes for medical necessity to be met.)

a) The client has a primary Medi-Cal Included SUD diagnosis from the Diagnostic and Statistical Manual (DSM-5) that is substantiated by chart documentation:	<input type="radio"/> Yes <input type="radio"/> No
b) SUD Health Care Services are medically necessary and consistent with 22 CCR Section 51303: "... which are reasonable and necessary, ... to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury	<input type="radio"/> Yes <input type="radio"/> No
c) The basis for the diagnosis is documented in the client's individual client record.	<input type="radio"/> Yes <input type="radio"/> No
d) DSM diagnostic criteria for each diagnosis that is a focus of treatment is identified above	<input type="radio"/> Yes <input type="radio"/> No
e) Evidence based treatment is known to improve health outcomes and will be provided in accordance with generally accepted practices.	<input type="radio"/> Yes <input type="radio"/> No

Physical Exam Requirement:

- 1) M.D. conducts physical exam or client provides copy
- 2) Client will provide copy of recent physical exam (within 12 months) or
- 3) The client must schedule an exam. Options 2 & 3 must be added to client tx plan.

Physical Examination generally includes vital signs; head, face, ear, throat, & nose; evaluation of organs for infectious disease; and neurological assessment conducted by a qualified physician.

Medical Director, licensed physician or LPHA Must Select One of the Following:

- After review of the above information, I have determined there are not any known physical or mental disorders or conditions that would place the patient at excess risk in the treatment program planned, and that the patient is receiving appropriate and beneficial treatment that can reasonably be expected to improve the diagnosed condition.
- After review of the above named information, I have determined that continued treatment is not medically necessary and the beneficiary should be discharged from treatment.

Assign to be authenticated by

Authenticator:
Select Authenticator

LPHA must enter all ASAM levels of care here (up to 3)

All must be determined as 'Yes' in order for medical necessity to be established.

IMN may only be completed by an LPHA. If LPHA is registered or waived, then a licensed LPHA must review and co-sign the form

If not, medical necessity will not have been established and claims will be disallowed

Up to 9 diagnoses may be added to the beneficiary's medical record

Levels of Care on IMN

- As part of establishing medical necessity the LPHA must review and approve the ASAM
- The LPHA may require that the ALOC be redone if they feel it is not accurate or is missing elements
- The LOC information from the ALOC is included in the IMN and indicates the LPHA concurs with the ALOC findings.
- By signing the IMN, the LPHA is attesting that medical necessity is met and they have reviewed the required components of the intake to inform their decision.

A few review questions are coming up, we know the answers are in your handout, they're right there on the next page. Please don't look so we can all figure them out together.

Medical Necessity & Assessment Review Questions

What are the requirements to establish Medical Necessity for SUD services?

- A DHCS included SUD diagnosis which is the Primary Focus of Treatment
- Appropriate ASAM LOC (ALOC)
- Initial Medical Necessity Form

Who may establish a diagnosis?

- LPHA (with co-signatures if unlicensed LPHA)

Who may complete the ASAM?

- LPHA, certified SUD Counselor. Registered SUD Counselor if they meet knowledge, experience, and ASAM training requirements

Who MAY NOT formulate a diagnosis?

- Certified/Registered SUD Counselor

Does a checkbox list or simply restating the DSM-5 criteria for a SUD diagnosis suffice as a written basis for the diagnosis?

- No. The written basis for the diagnosis completed by an LPHA must be individualized with timeframes indicated for all criteria.

Medical Necessity & Assessment Review Cont.

All are reasons for full chart non-compliance from the date of non-compliance until completed

What is the timeline for establishing medical necessity and on-going treatment for ACBH SUD programs?

- OS/IOS within 30 days, Residential within 5 days of the date of admission, 24-48 hours for WM RES (Cherry Hill)
- Between 5 and 6 months (from the Initial Medical Necessity or Last Justification for Continuing Treatment) the Justification for Continuing Tx must be established by the LPHA with determination of Medical Necessity and with a written recommendation from the counselor/LPHA to continue treatment. Unlicensed LPHAs require licensed LPHA co-signature.

Why would a medical necessity form need a co-signature?

- If the LPHA completing the form was not licensed

Client Plans

Part of the Golden Thread

A photograph of a brown and white cow and a dolphin jumping out of the water at the same time, creating a splash. The background is a clear blue sky and greenish water. A white speech bubble is positioned above the two animals, containing the text "We are so in sync".

We are so in sync

Client Plans & Documentation

“We are so *NSync”



Client Plans & Documentation

SUD Client Plan

- Each person admitted to treatment services must have an individually prepared client plan
 - The development of the client plan should be, as much as possible, a collaborative process between the primary SUD Counselor/LPHA and the beneficiary
 - The LPHA or SUD Counselor must attempt to engage the beneficiary to meaningfully participate in the preparation of the initial client plan and updated client plans.
 - Plans should be specific and written in language the beneficiary understands (not overly clinical or acronyms)

Required Parts of a SUD Client Plan, cont.

Client Plan Challenges

- All problems identified during the intake and assessment are required to be on the plan (some may be deferred)
- On the ACBH plan template, we consider these challenges and not problems
- Indicate ASAM Dimension:
 - 1) Acute Intoxication and/or Withdrawal Potential
 - 2) Biomedical Conditions/Complications
 - 3) Emotional/Behavioral/Cognitive Conditions/Complications
 - 4) Readiness to Change
 - 5) Relapse/Continued Use/Continued Problem Potential
 - 6) Recovery Environment

Required Parts of a SUD Client Plan, cont.

Client Plan Goals

- Goals must be established collaboratively with the client that addresses each active problem (not deferred).
- Goals may focus on the client's personal vision of recovery, wellness, and the life they envision for themselves
- ACBH recommends providers use S.M.A.R.T. (Specific, Measurable, Attainable, Realistic, and Time Bound) style goals.

Measurable and
attainable goals create
opportunity for success

Required Parts of a SUD Client Plan, cont.

Deferring Client Plan Goals

- If a challenge is not going to be addressed during the plan period it may be deferred.
- Must indicate reason for each deferral on the plan.

Name a few reasons why
a goal is deferred...

Required Parts of a SUD Client Plan, cont.

Action Steps

- Steps that will be taken by the provider and/or beneficiary to accomplish identified goals.
- During the plan development process providers assist the client in developing the short-term action steps related his/her identified goal(s)
- Instead of client will participate in groups or treatment, indicate what will be the expected benefit to client.

Required Parts of a SUD Client Plan, cont.

Action Steps Continued

Use This:

Client will be able to identify 5 personal relapse prevention skills.

Client will develop a safety plan and learn the three states of the domestic violence cycle of abuse.

Not This:

Client will attend Relapse Prevention Group

Client will participate in individual counseling every week.

Required Parts of a SUD Client Plan, cont.

Action Steps Continued

- Provider's Action Steps (aka Interventions)
 - Provider Action Steps must focus on helping the client achieve their treatment goals
 - Interventions for Collateral (see prior slides) should include listing significant others by their names and roles (professional relationships do not qualify for Collateral services) for whom contact is planned and indicating “others as needed”
 - Only approved ACBH abbreviations (acronyms) may be used in the Medical Record—see website for list

Required Parts of a SUD Client Plan, cont.

Frequency of Services

- Use specific expected frequency of services (e.g. 1x/week and as needed)
- The frequency of services indicated in the plan must match the frequency of services provided
- The Client Plan should be updated if the planned frequency doesn't correspond with the beneficiary's actual use of services
- ACBH will be checking this in upcoming audits

Required Parts of a SUD Client Plan, cont.

Description of Services

- The following services types need to be in the plan:
 - Individual, group, collateral, case management, medication services, residential services, patient education, family therapy, family support (recovery support services only), Residential and Withdrawal Management Residential (if applicable).
- Best practice is to include a brief description of the type of services
- Intake, treatment planning, physician consultation, crisis, and discharge planning do not need to be in the plan.

Required Parts of a SUD Client Plan, cont.

- Plan must indicate the **primary** SUD Counselor/LPHA. If this changes, indicate the change in a progress note and update on the next plan.
- If a beneficiary has not had a physical examination within the twelve month period prior to beneficiary's admission to treatment date, a goal that the beneficiary have a physical examination—if goal is carried over to the following Tx Plan, the current barriers and needed Action Steps must be indicated.
- If a beneficiary has a significant medical illness, the plan must contain a goal to obtain appropriate treatment for the illness
- DSM-5 SUD Diagnosis (both code and name with **specifiers** are required)

Signature Requirements Reminder

- All treatment staff signatures in SUD must have the printed name, credentials, legible signature, and date signed.
- In CG this should be done automatically when signatures are finalized. Non-finalized signatures are not considered complete. Also verify your name and credentials are correct in CG.
- When beneficiaries are required to sign documents, ask that they print their name, sign legibly, and include that day's date. If they have difficulty with this, note this on the progress note documenting the service.
- One of the most common causes of non-compliance is due to incomplete signatures that did not contain all three above requirements – Will cause claims disallowances.

Client Plan Signatures

For Initial Plan

- The following signatures are due by the plan due date:
 - The SUD Counselor or LPHA who completes the plan
 - Beneficiary's signature (see following slide for specific requirements)
- If required, the LPHA co-signature is due 15 days from the date the SUD Counselor or LPHA completes the plan
 - Note that CG does not allow the client signature to occur after the LPHA signature

Client Plan Signatures

For Plan Updates

- For plan updates only, providers have a few additional days to get all required signatures
 - The SUD Counselor or LPHA who completes the plan must still sign the plan by the due date
 - If a SUD Counselor completes the plan, the required LPHA co-signature is due within 15 days of the SUD Counselor's signature.
 - The beneficiary signature on the plan update is 15 days from the date the SUD Counselor/LPHA completed the plan
 - Note that CG does not allow the client signature to occur after the LPHA signature

What if the beneficiary is unwilling or unable to sign the plan or plan update?

- The beneficiary's signature is required on the plan and plan update. It is the formal indication that the beneficiary has participated in the plan development and their agreement to the specifics of treatment.
- If the beneficiary refuses to sign the plan, the provider must document the reason for refusal and the provider's strategy to engage the beneficiary to participate in treatment – if not may cause multiple claims disallowances
- A beneficiary not being available to sign the the plan or the provider forgetting to have the beneficiary sign are not valid reasons for non-signature on the plan or plan update.

Client Plan: Using ACBH Template

Client Plan: SUD

Plan #: New

Revision: 1

Client: TEST, BETTY A (1006002)

Client DOB: 1/1/2000

Provider: 999 OGS - CLINICIAN GATI

Assigned Counselor/Therapist: 82594 - Chen, Lester, Admin/Supp

Primary Diagnosis:

Plan Type: ☐ Initial (new to this client) ☐ Update (30 Day or Change to the current plan in place)

MY OVERALL STRENGTHS

INDIVIDUAL/FAMILY STRENGTHS TO TOWARD OVERCOMING BARRIERS AND ACHIEVING DESIRED RESULTS

MY GOALS FOR THE FUTURE

GOALS

DESCRIPTION	STAGE OF CHANGE	DETERMINED
Select	Select	<input type="checkbox"/>

INDIVIDUAL/FAMILY DESIRED RESULTS FROM INTERVENTIONS (Client suite if possible)

CHALLENGES

SPECIFIC CHALLENGES OR FUNCTIONAL IMPAIRMENTS RELATED TO DIAGNOSED ILLNESS & SYMPTOMS

CLIENT OBJECTIVES

Obj#	Short-Term Achievable Objectives	Target Date (6 months unless specified)	at Reassessment (Optional) When appropriate indicate level of improvement, date and initial.
1		12 Weeks	<input type="radio"/> Not improved <input type="radio"/> Somewhat improved <input type="radio"/> Very Much improved <input type="radio"/> Met

Add Another Objective

Add Another Goal

PROVIDER SERVICES

MODALITY	FREQUENCY	DURATION
<input type="checkbox"/> Case Management	Every <input type="checkbox"/> Week and As Needed	3 Months
<input type="checkbox"/> Co-occurring	Every <input type="checkbox"/> Week and As Needed	3 Months
<input type="checkbox"/> Individual	Every <input type="checkbox"/> Week and As Needed	3 Months
<input type="checkbox"/> Group	Every <input type="checkbox"/> Week and As Needed	3 Months
<input type="checkbox"/> Multi-Family Group	Every <input type="checkbox"/> Week and As Needed	3 Months
<input type="checkbox"/> Medication Mgmt	Every <input type="checkbox"/> Month and As Needed	3 Months

DESCRIPTION OF SERVICES FOR EACH MODALITY

MODALITY (Detailed Intervention/Service or Case Management) includes as relevant, linkage to and monitoring of community support services for (e.g., homeless, joblessness, medical illness, or substance abuse) will result in client achieving their Mental Health Objectives # and # listed above

DISCHARGE PLAN

DISCHARGE PLAN (Readiness/Time Frame/Expected Referral, Etc.)

ADDITIONAL COMMENTS

ADDITIONAL COMMENTS (Client, Provider, Family, etc.)

AUTHORIZATION SIGNATURES

This plan is to be forwarded to the following for authorization:

<input type="checkbox"/> LPHA	Select Clinician
<input type="checkbox"/> Physician	Select Clinician
<input type="checkbox"/> Psychologist	Select Clinician
<input type="checkbox"/> Program Supervisor	Select Clinician
<input type="checkbox"/> Medical Director	Select Clinician
<input type="checkbox"/> Other	Select Clinician

☐ Client is being treated by a non-BHCS psychiatrist

This plan also sent to:

INDIVIDUAL/FAMILY PARTICIPATION

☒ Plan was discussed in primary language English

☒ Individual/Family was offered a copy of this Plan English

☒ Individual/Family participated in the development of, and agreed to, this Plan

☐ Provider attests that individual signed plan

☐ Provider attests that legal representative (Parent, Legal Guardian, Conservator, etc.) signed or verbally accepted this Plan on this date due to individual inability to sign.

☐ Individual/Family verbally accepts this plan but not able to sign on this date (see plan below).

☐ Individual/Family declines to sign (see plan below).

☐ See progress note dated for discussion of plan with individual/family.

Client Plan Due Dates



FYI

Required for all service modalities

- OS/IOS/RSS
 - Due within 30 days from EOD
 - **OTP plans due within 28 days of date of admission**
- RES
 - Due within 10 days from EOD
- WM RES
 - Due within 24-48 hours from EOD (24 hours highly recommended due to short length of stay)
- **OS/IOS/RSS** plan updates are due at a minimum of 90 days from date of previous plan (date of primary counselor/LPHA's signature)
 - Plan may need to be updated more frequently based on beneficiary status/functioning
 - **OTP plans are due every 3 months from the date of admission, and every 3 months thereafter (always tied to the admission date-not the prior plan signature date).**

Client Plan Due Dates

Plans are required for all service modalities



FYI

- OS/IOS/RSS
 - Initial plan is due within 30 days from EOD
 - Plan updates are due at a minimum of 90 days from date of previous plan (date of primary counselor/LPHA's signature)
- OTP
 - Initial plan is due within 28 days of date of admission
 - OTP plans are due at least every 3 months from the date of admission, and every 3 months thereafter (always tied to the admission date-not the prior plan signature date).
- RES
 - Due within 10 days from EOD
 - Plan updates are due at a minimum of 90 days from date of previous plan (date of primary counselor/LPHA's signature)
- WM RES
 - Due within 24-48 hours from EOD (24 hours highly recommended due to short length of stay)

Plans may need to be updated more frequently based on beneficiary status/functioning

Services required to be listed in the Plan

- What are unplanned services?
 - These are services that do not need to be included in the client plan in order to be provided
 - The only unplanned services are: Intake/Assessment, Treatment Planning, Crisis, Discharge, and Physician Consultation
 - **Dosing before completion of the Assessment and Plan 28 day due date.**
- What are planned services?
 - Services that are required to be identified in the plan in order to be provided
 - Planned Services may be provided prior to the initial plan due date, if the initial plan has not yet been completed.
 - **Once an initial plan is completed, regardless of the plan due date, only services identified in the plan may be provided**
 - Residential programs (including WM RES) must indicate the LOC as the plan service modality
 - See next slide for planned services

Planned Services by Provider Type

OS/IOS/RES

- Individual Counseling
- Group Counseling
- Patient Education
- Case Management:
 - Service Coordination
 - Care Coordination
- Family Therapy
- Collateral
- Medication Services

Residential

- 3.1 Residential Day
- 3.5 Residential Day
- Case Management
 - Service Coordination
 - Care Coordination

Recovery Services

- Individual Counseling
- Group Counseling
- Recovery Monitoring
- Substance Abuse Assistance/Relapse Prevention
- Case Management:
 - Service Coordination
 - Care Coordination

Withdrawal Management

- 3.2 Residential Withdrawal Management Day
- Case Management
 - Service Coordination
 - Care Coordination

Potential Client Plan Issues

Non-Compliance

Services may be disallowed when:

- Plan signatures are missing or incomplete
- The *additional* Perinatal Assessment items were not addressed on the plan. (See Perinatal Slides)
- Plan is not individualized

What are some common reasons for client plan non-compliance?

- Primary SUD Counselor/LPHA not identified in the plan
- Target Dates of Goals/Action Steps not indicated or expired
- Frequency and Type of Services (modalities) not specified
- Goals, Objectives and Measurable Action Steps are missing or vague
- Plan was not completed on time
- DSM-5 diagnosis is not on the plan

Perinatal Client Plans



Additional requirements for perinatal beneficiaries:

Prenatal exposure to substances harms developing fetuses. If this is identified as a need in the assessment there must be a goal to provide education to the mother, action steps, and target date must be included in the plan to address this problem.

- Does the mother need assistance in accessing ancillary services (dental, social, community, educational/vocational, and other services that are medically necessary to prevent risk to the fetus)?
 - If yes, the plan must include a goal, action steps, and target date to accomplish this goal

Perinatal Client Plans, cont.



- Was a need for mother/child habilitative services identified in the assessment?
 - If yes, the plan must include a goal, action steps, and target date to accomplish this goal
- Were sexual or physical abuse issues identified in the assessment?
 - If yes, the plan must include a goal, action steps, and target date to accomplish this goal
- Are there service access needs (i.e. transportation, financial, other barriers) identified in the assessment?
 - If yes, the plan must include a goal, action steps, and target date to accomplish this goal

How to claim for writing the Client Plan OS/IOS/RSS

If the plan is completed in one session (both face-to-face collaboration with the client) and writing the plan, it may be documented as one treatment planning session. Start and stop times for each component must be clearly documented.

Example

Interventions: Counselor and client met to discuss plan goals and action steps (60 minutes). Following the session, counselor used information gathered in the session to develop and write client plan (50 minutes). See plan dated 11/10/18. Counselor and client sign the plan at the next face-to-face meeting.

How to claim for writing the Client Plan, cont.

OS/IOS/RSS

If the development of the plan took place over several sessions, document each session separately.

- For the treatment planning sessions, indicate the sections of plan template that were completed in the progress note or write data in the note.
- After the last session, on the same day that the note is written for that service, also write the plan. Include the time (including date, start and end times) spent doing each activity: Session time, PN documentation, plan writing, travel time, etc.

A few review questions are coming up, we know the answers are in your handout, they're right there on the next page. Please don't look so we can all figure them out together.

Client Plan Review Questions

- If a service type or modality is not listed in the plan can those services be claimed?
 - Unplanned services (intake/assessment, treatment planning, crisis, physician consultation, discharge) may be provided at anytime, and do not need to be listed in the plan.
 - Planned services (group, individual, case management, medication, collateral, patient education, etc) may only be provided when included in the plan and after the initial plan due date. Planned services may be provided prior to the plan due date.
- When is a plan update due for a person receiving perinatal services?
 - 90 days from the date the counselor or LPHA signed the previous plan
- What part of the diagnosis needs to be listed on the plan?
 - The ICD-10 code and DSM-5 name

Client Plan Review Questions

- When does the plan need to be updated?
 - Within 90 days from the date the counselor or LPHA signed the previous plan and whenever there is a clinical need (change in functioning or a new service type needs to be added), or if a beneficiary is moving between service types at the same agency (say from IOS to OS).
- Can the time I spent writing the plan be claimed?
 - Yes. This should be claimed as treatment planning. It must be connected to a treatment planning session but may be claimed separately.

Continuing SUD Services

Beyond 6 months from date of admission

Continuing Services Justification Counselor Recommendation

- The Primary SUD Counselor/LPHA must review the beneficiary's progress and eligibility to continue to receive treatment services, and recommend whether the beneficiary should or should not continue to receive treatment services at the same level of care.
- This recommendation must be completed by the Primary SUD Counselor/LPHA prior to the LPHA completing the Continuing Services Justification
- It must be completed within the same time frames as the CSJ

Continuing Services Justification Counselor Recommendation Form

- This form must be completed by the Primary SUD Counselor/LPHA
- If an LPHA is the primary SUD provider, they must complete this recommendation form before completing the Continuing Services Justification Form.

Service #: New Title: JCT SUD Counselor Recommendation

Service date: 01/29/2019

Client: Number: Unknown Last Name: First Name: Util. review date: Plan due date:

Procedures: Select Procedure

Service Location: Select Location

Med. Compliant: N/A Side Effects: N/A

Emergency ☐ Pregnant? ☐

Billing time

Primary Clinician: 63219 - Phipps, Brion

Provider: Select a Provider

Counselor Recommendation

JUSTIFICATION FOR CONTINUING SERVICES - Counselor Recommendation
For each beneficiary, Justification for Continuing Services (JCS) must be completed no sooner than 5 months and no later than 6 months after date of admission or date of last JCS.

Episode Opening Date: Date of Most Recent JCS:

Required Counselor/Therapist (licensed/registered with CA BBS & CA Board of Psychology) Recommendation (choose one):

☐ I have reviewed this beneficiary's progress and eligibility to continue to receive treatment services and RECOMMEND client continue to receive treatment services.

☐ I have reviewed this beneficiary's progress and eligibility to continue to receive treatment services and DO NOT RECOMMEND client continue to receive treatment services.

Counselor Comments (Required):

Continuing Services Justification (CSJ)

Required for all SUD treatment modalities

- Must be completed every 5 to 6 months of treatment
 - No sooner than every 5 months and no later than every 6 months from the date of admission or most recent continuing services justification
 - Example: EOD is 1/15. **Complete no sooner than 6/16 and no later than 7/14**
- Similar to the Initial Medical Necessity Form
 - **The LPHA establishing the diagnosis must meet face-to-face or via telehealth with the beneficiary or with the primary SUD counselor**
 - Unlicensed LPHA requires licensed LPHA review and co-signature

Continuing Services Justification Cont.

- ▶ The LPHA completing the CSJ MUST include documentation that they have considered the following:
 - ▶ Each client's personal, medical, and substance abuse history
 - ▶ Documentation of the most recent physical examination
 - ▶ The beneficiary's progress notes and client plan goals
 - ▶ The primary SUD Counselor/LPHA's recommendation
 - ▶ The beneficiary's progress
 - ▶ Most recent ASAM Level of Care (ALOC)

Signing of Client Plan Update by the LPHA does NOT meet requirement of Justification for Continuing Services. The CSJ Recommendation and CSJ Form are always required.

Continuing Services Justification Form

The LPHA must complete the components of this form.

Must list and indicate written basis for each treated diagnosis

When the beneficiary is receiving multiple levels of care, the LPHA would indicate all levels.

Service #: New Title: Justification Continuing Services Service date: 01/29/2019

Client: [Last Name] [First Name] [Initials]

Procedures: [Select Procedure]

Service Location: [Select Location]

Med. Compliant: [N/A] Side Effects: [N/A]

Emergency ☐ Pregnant? ☐

Billing time

Primary Clinician: 63219 - Phipps, Brian

Provider: [Select a Provider]

Medical Director, licensed physician or LPHA met face to face, or via telehealth, with the beneficiary: ☐ Yes ☐ No

or

Medical Director, licensed physician or LPHA met face to face, or by phone, with SUD Counselor that conducted the intake: ☐ Yes ☐ No

Justification

SUD JUSTIFICATION FOR CONTINUING SERVICES - WAIVER NOTE
For each beneficiary, Justification for Continuing Services (JCS) must be completed no sooner than 5 months and no later than 6 months after date of admission or date of last JCS.

Episode Opening Date: [Select] Date of Most Recent JCS: [Select]

To ensure fulfillment of their role for establishing medical necessity, the Medical Director, Licensed Physician, or LPHA shall determine whether continued services are medically necessary using DSM-5 criteria to document the basis for the diagnosis

PRIMARY DSM-5 DIAGNOSIS CODE, NAME:

DSM-5 Descriptor: [Select] ICD-10: [Select] ICD-10 Descriptor: [Select]

ADDITIONAL DSM-5 NAME AND CODE:

DSM-5 Descriptor: [Select] ICD-10: [Select] ICD-10 Descriptor: [Select]

[Add Additional Diagnosis](#)

Physical Health: General Medical Codes

General Medical Codes

[Select c...] [Select diagnosis description]

[Add Additional Diagnosis](#)

Written Basis for Diagnosis (MUST be completed by a Medical Director, Licensed Physician, or LPHA & include specific criteria of Medi-Cal/Included Primary SUD diagnosis):
During the previous 12 months (unless other timeframe indicated) the client has experienced the symptomatology specified below.

LPHA Determined ASAM Level of Care: [Select One]

LPHA Determined ASAM Level of Care: [Select One]

LPHA Determined ASAM Level of Care: [Select One]

LPHA Determined ASAM Level of Care: [Select One]

Is this ALOC determination different than the previously assessed ALOC? If Yes, then complete an ASAM Only note and briefly explain below. ☐ Yes ☐ No

Patient Information that has been considered includes the following:

- The beneficiary's personal, medical and substance use history;
- The beneficiary's progress notes and treatment plan goals;
- The beneficiary's prognosis;
- The therapist or counselor's recommendation (initial or justification); and
- *Physical Exam (if not available, a treatment goal to obtain within 6 months).

Medical Necessity is determined by the following factors: (a-e must have at least 1 yes each for medical necessity to be met.)

a) The client has a primary Medi-Cal Included SUD diagnosis from the Diagnostic and Statistical Manual (DSM-5) that is substantiated by chart documentation: ☐ Yes ☐ No

b) SUD Health Care Services are medically necessary and consistent with 22 CCR Section 51303: Which are reasonable and necessary

i) To protect life ☐ Yes ☐ No

ii) To prevent significant illness or significant disability ☐ Yes ☐ No

iii) Or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury ☐ Yes ☐ No

c) The basis for the diagnosis is documented in the client's individual client record. ☐ Yes ☐ No

d) DSM diagnostic criteria for each diagnosis that is a focus of treatment is identified above ☐ Yes ☐ No

e) Evidence based treatment is known to improve health outcomes and will be provided in accordance with generally accepted practices. ☐ Yes ☐ No

f) LPHA has considered the SUD Counselor recommendation (when applicable) ☐ Yes ☐ No

Physical Exam Requirement:

1) M.D. conducts physical exam or client provides copy
2) Client will provide copy of recent physical exam (within 12 months) or
3) The client must schedule an exam. Options 2 & 3 must be added to client tx plan.

Physical Examination generally includes vital signs; head, face, ear, throat, & nose; evaluation of organs for infectious disease; and neurological assessment conducted by a qualified physician.

Medical Director, Licensed Physician, or LPHA Must Select One of the Following:

☐ After review of the above information, I have determined there are not any known physical or mental disorders or conditions that would place the patient at excess risk in the treatment program planned, and that the patient is receiving appropriate and beneficial treatment that can reasonably be expected to improve the diagnosed condition.

☐ After review of the above named information, I have determined that continued treatment is not medically necessary and the beneficiary should be discharged from treatment.

Assign to be authenticated by

Authenticator: [Select Authenticator]

If any are determined to be 'No', medical necessity is not met

The LPHA must initial one of these statements

Progress Notes

Part of the Golden Thread

Claiming using ACBH Notes

- In order to claim, a progress note is required
- **Forms are not for claiming**
 - For example, if a OS SUD Counselor and a beneficiary meet to develop the client plan, the SUD Counselor might meet with the beneficiary to discuss plan goals, then later that day or the next day the SUD Counselor sits down to write the plan. The SUD Counselor would document that this way:
 - Possible to write one note
 - Document the face-to-face session with dates and times of service
 - Include documentation date/time for writing the progress note and writing the plan

IOS/OS/RSS Progress Notes

- Required for each claim for each unique service made for SUD services
- For example, two groups on the same day require separate group notes – two (2) notes on that day
- Must be completed by the staff that provided the service within 7 calendar days of the service (the date of service is day 1)
- Providers must enter the actual time and minutes on the service note, InSyst will calculate correct claiming

IOS/OS/RSS Group Claiming

When a client attends more than one group per day, then separate notes for each group must be completed.

In CG first write a note for the whole group, then go back and individualize it for each group member

The screenshot shows a web-based form for 'Group: New/Unfilled Group (720) Title: Progress Note Single Svc'. It includes a 'Group Members' table, a 'Billing time' section, and a 'Documentation' section with multiple text areas. Red arrows point to the 'Group Members' table, the 'Documentation' section, and the 'Documentation Time' field.

Client ID	Name	Gender	Age	Present	Med Complaint	Site Office
1000100	TEST ADAM	M	25	✓	N/A	✓
1000010	TEST BETTY	F	15	✓	N/A	✓
1000010	TEST BOB	M	15	✓	N/A	✓
1000100	TEST CLIENT	M	30	✓	N/A	✓
1000100	TEST CAROL	M	15	✓	N/A	✓

Additional participants in group: ☐

Procedure: (BSC OS Med Svc - Group Claim) Service Date: 02/05/2019

Device Location: Office

Primary Clinician: (PHIPPS BRON, 03219) Service Start: 02:30 PM End: 03:30 PM Time: 01:00 Documentation Time: 01:00 Clinician Time: 02:00

Co-clinician: (TEST CAMILLE, 03221) Service Start: 02:30 PM End: 03:30 PM Time: 01:00 Documentation Time: 01:00 Clinician Time: 02:00 Total Staff Time: 04:00

Enter a description of the group, including the topics of the session.

Enter a description of the group, including the topics of the session.

Enter a detailed response of the client during the group. Be specific and related to that group's functioning.

Enter a detailed response of the client during the group. Be specific and related to that group's functioning.

Enter a detailed response of the client during the group. Be specific and related to that group's functioning.

Group members can be prepopulated and will be displayed here.

Add additional clinicians here, along with group time.

Documentation time is the time for all group members, CG will divide by the number of group members to calculate service time.

Groups are reimbursed for staff time, with that time divided between all group members

OS/IOS/RSS Single Service Note

- For all other OS/IOS/RSS claiming other than groups, a single service note for each activity must be documented
- Use ACBH single service OS/IOS/RSS progress note to document these services, including case management and physician consultation (if allowed)

Service #: New Title: Progress Note Single Svc

Client: Number: Last Name: First Name: Service date: 01/29/2019
USL review date:
Plan due date:

Procedures:

Service Location: Med. Compliant: Side Effects:
Emergency ☐ Pregnant? ☐

Billing time
Primary Clinician: 03219 - Phipps, Brian
Provider:

Instructions & Pre-Existing Diagnoses
When writing progress notes, respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress.

Primary P/F Time: Hours/Minutes Services were provided in: English Spanish Chinese Vietnamese Other
by ☐ interpreter ☐ or ☐ clinician ICD-10: DSM-5:

Primary Secondary Tertiary SU QMVC

Treatment Plan Objectives (most recent plan)

Topic or Purpose of the Session (Must include group topic, not only group identifier number) Previous Entries:

Provider Support & Interventions Previous Entries:

Progress (Client's specific progress on treatment plan problems, goals, action steps, objectives, and/or referrals) Previous Entries:

Client's and/or Counselor's Next Steps (including new issues or problems that affect treatment plan) Previous Entries:

Documentation Time Log (include dates, start and end times spent doing documentation)

Documentation Time Log				Type/Notes
Date: <input type="text"/>	Time Start: <input type="text"/>	End: <input type="text"/>	Duration: <input type="text"/>	<input type="text"/>
Date: <input type="text"/>	Time Start: <input type="text"/>	End: <input type="text"/>	Duration: <input type="text"/>	<input type="text"/>
Date: <input type="text"/>	Time Start: <input type="text"/>	End: <input type="text"/>	Duration: <input type="text"/>	<input type="text"/>
Date: <input type="text"/>	Time Start: <input type="text"/>	End: <input type="text"/>	Duration: <input type="text"/>	<input type="text"/>
Date: <input type="text"/>	Time Start: <input type="text"/>	End: <input type="text"/>	Duration: <input type="text"/>	<input type="text"/>
Total Documentation Time:				<input type="text"/>

Progress Notes For OS, IOS, RSS

*All are reasons
for non-compliance*

-
- For each claimed individual and group counseling session, the LPHA or counselor must record a progress note, “for each beneficiary who participated in the counseling session or treatment service.”
 - Progress notes are, “individual narrative summaries”
 - Group counseling notes must be completed for each session and specific to the individual client
 - No other client information is allowed in another client’s chart/record
 - Notes must be completed and signed **within seven (7) calendar days from the date of service (day one is date of service)**
 - A signature date is required

Progress Notes - *required components continued*

For OS, IOS, RSS

*All are reasons
for non-compliance*

REQUIRED COMPONENTS:

- The topic of the session or purpose of the service
- Date and Start and End time for each component of the session or service
 - Date and start/end time of service
 - Travel time start and end time
 - If traveling to multiple locations do not double claim travel time
 - e.g. for the first session claim travel time from the office to the community location only, for the second session claim travel time from the first session to the next session only, and for the last session claim travel time from the previous session to the last session AND from the last session to back to the office.
 - Date and start/end time of documentation

Progress Notes - *required components continued*

For OS, IOS, RSS

*All are reasons
for non-compliance*

-
- The location of the service: in-person, telephone, telehealth, community.
 - If services were provided in the community, include the location and a description how the provider ensured confidentiality
 - The topic of the session (e.g. Relapse Prevention, Relationships, etc.)
 - A description of the beneficiary's progress on the client plan problems, goals, action steps, objectives, and/or referrals.
 - The legibly printed name, credentials, signature, and date signed of the LPHA or counselor who provided the session/service

Reimbursement of Documentation Time

OS, IOS, RSS, RES

- Who may claim for documentation time?
 - The Medical Director, LPHA, or counselor may be reimbursed for reasonable time spent documenting services
- What documentation related activities are reimbursable:
 - Time spent completing progress notes, client plans, continuing services justification, and discharge documentation is reimbursable
 - Documentation alone is not claimable, it must be connected to a claimable service
 - Typical time spent documenting a 50 minute service is 10 minutes, but the content of the note must substantiate the time claimed for documentation
 - Writing of the Assessment, IMN/CSJ, Client Plans, etc may take longer than 20% of total face-to-face and doc time.
- Must include date and start/end times for all claimed time, an auditor must be able to reconstruct all of the claimed time by reading the note

Although RES services and WM documentation time is included in the day rate and is not separately reimbursable a record of time, location, provider etc. is required for each service.

WM Residential Service Requirements

- Program shall closely observe and physically check each client receiving withdrawal management services at least every 30 minutes during the first 72 hours.
- These checks must occur face-to-face by a trained staff member and documented in the medical record.
- After 24 hours, close observations and physical checks may be discontinued or reduced based upon a determination by a staff member trained in providing withdrawal management services.
- If observations and physical checks drop below daily, one of the following services must be documented at least daily: Medication Services, Coordination of Care, or Discharge/Transition Planning
 - Additional individual and group services may be provided and documented but will not meet this requirement.

WM RES Progress Notes

- Daily Note required with documentation of WM services within 7 days of the date of service (date of service is day one)
- Daily Notes that include Medication Services have their own template and must be co-signed by the Medical Provider as an addendum
- Additional and separate PNs required for Case Management and Physician Consultation services

Progress Notes – RES

*All are reasons
for non-compliance*

- RES providers are to complete a daily progress note for each beneficiary receiving these services
 - Each daily progress notes must include all of the following:
 - A record of the beneficiary's attendance at each claimable structured therapeutic activity (clinical and non-clinical) throughout the day
 - Must include the date, start and end times, and topic of each session
 - Location of each service activity
 - Indicate if services were provided in-person, by telephone, or by telehealth
 - Doc. time and travel time for each service activity
 - The legibly printed name, credentials, signature, and signature date of the provider completing the note

Progress Notes – RES, cont.

*All are reasons
for non-compliance*

-
- The individual completing the daily and weekly note must be an individual who provided one of the structured therapeutic activities during on that day ←
 - A daily progress note is required due to CG configuration
 - Only include reimbursable activities in this progress note
 - Daily notes must be completed, dated and signed within seven (7) calendar days from the date of service
 - The weekly note must be completed within the next calendar week of the service week being documented
 - Services are claimed by the day unit, both in the note and InSyst

Progress Notes – RES, cont.

Documentation time for RES services

-
- Recording and documenting the time spent writing progress notes and completing required forms is required
 - Time spent completing documentation does not count towards the required face-to-face time (min. 20 hours of structured therapeutic activities) as it is included in the Residential Day rate
 - Must include documentation date/time and start/end times for each documentation service
 - We require this in order to track the time RES providers are completing documentation related activities

Progress Notes – RES, cont.

Narrative Summary Requirements

- A narrative summary is available for each daily progress note
- The narrative summary is optional if the weekly note is being completed
- In order to be considered compliant, both the daily or weekly narrative summary must include a description of the client's progress towards client plan challenges, goals, action steps, objectives, and/or referrals for day or week.
- The narrative summary must be a comprehensive summary of the clinically relevant day or week's events related to the beneficiary's treatment.

The Case for a Daily Progress Note with Summary

- The daily note (when completed with the optional summary) exceeds DHCS requirements and a weekly note is not required.
- A daily progress note is required due to CG configuration regardless
- The weekly narrative summary must be detailed, comprehensive and include all important events that took place over the week being documented. It is very possible that significant events will go undocumented.
- Documenting the weekly note may take even longer total staff time, due to the need to keep a daily record regardless to incorporate those into the weekly narrative

Each of the contracted residential services occurring that day must be documented in the daily progress note.

RES Daily Note Review

Total face-to-face time is calculated here, do not include documentation time as this is used to track service time requirements

The contracted residential services are:

Intake/assessment, group/individual counseling, family therapy, crisis, treatment planning, discharge planning, patient education, and transportation services.

Service # New Title: Service Note Daily RES

Client: [Number] Last Name: [Text] First Name: [Text]

Service date: [Date] Plan our date: [Date]

Procedures: [Select Procedure]

Service Location: [Select Location]

Med. Complaints: [N/A] Side Effects: [N/A]

Emergency: [] Pregnancy: []

Billing time

Primary Provider: [Select Provider] Secondary Provider: [Select Provider]

Instructions & Pre-Existing Diagnoses

Treatment Plan Objectives (most recent plan)

Summary of Daily Services

Comments for each services may be entered here as well.

Daily Service 10

Counseling Session Type: [Select Session Type] Session Topic: [Select Session Topic]

Select Session Type: [Select Session Topic]

Start Time: [Time] End Time: [Time] Duration: [Time]

Primary staff: [Select One] Co-staff: [Select One] Location: [Select One]

Was this service provided in the field/community? [] Yes [] No

Comments (Optional): [Text Area]

Documentation Time Log

The daily narrative summary goes here. This is optional if a weekly summary is being completed.

Record time spent on documentation activities here, such as writing the assessment, client plan, and this progress note.

RES Daily Note and Weekly Note

When opting to write a weekly note this box must be checked.

Summary of Daily Services

Instructions: It is highly recommended that this note be completed by an SUD Counselor/LPHA who provided a reimbursable service on the day this note is documenting. Additional SUD Counselors/LPHAs may add addendums as needed.

☐ See Weekly Summary for additional information (Required if no Optional Daily Narrative below)

Daily Service 1

Counseling Session Type

Select Session Type ▼

Select Indiv/Group ▼

Start Time:

End Time:

Duration:

Primary staff:

Select One ▼

Co-staff:

Select One ▼

Location:

Select One ▼

Was this service provided in the field/community? ☐ Yes ☒ No

☐ Add Travel Time

If Yes, describe how confidentiality in the community was ensured:

Comments (Optional):

Daily Service 2

Documenting Case Management and Physician Consultation

- **FOR ALL SUD PROVIDERS:** Case Management and Physician Consultation are separate services and need to be claimed and documented separately
- For residential programs these services must be documented separately from the daily required progress note
- The time spent providing Case Management and Physician Consultation services do not count towards minimum or maximum service requirements as they are separate services.
 - For example, at Residential programs providing say 2 hours of Case Management services does not count towards clinical hour or structured therapeutic activity requirement-the 20 hour minimum.
- Providers must use the single service progress note to separately document these services
- **Transportation time is part of the Residential Day rate and not claimable as case management**

Requirements for Physician Consultation Notes

- Physician Consultation notes must include all of the following:
 - Beneficiary's name
 - The purpose of the service
 - Date, start and end times of each service
 - Identify if services were provided face-to-face, by telephone or by telehealth
 - ACBH Consultants name and discipline. e.g. Charles, Smith, PharmD
- The physician completing the note must sign their name and include their printed name, credentials, and date signed
- The progress note must be completed within seven (7) calendar days of the service

Requirements for Case Management Notes

- Case Management progress notes must include all of the following:
 - Beneficiary's name
 - The purpose of the service
 - A description of how the service relates to the beneficiary's client plan problems, goals, action steps, objectives, and/or referrals
 - Date, start and end times of each service
 - Identify if services were provided in-person, by telephone, or by telehealth
 - If services were provided in the community, identify the location and how the provider ensured confidentiality.
 - The SUD Counselor or LPHA completing the note must sign their name and include their printed name, credentials, and date signed
- The progress note must be completed within seven (7) calendar days of the service

Clinician's Gateway Screenshot: SUD Information Only Note

Use this note for recording information that is not billable but needs to be documented in the client's medical record.

SUD Information Only Note – Clinicians Gateway 2017-11-03 ACBHCS

Direct Service Template Type
For the provider to write small notes when they are trying to follow-up with clients.

Service #: New Title: Info Only Note

Client: Number: [Unknown] Last Name: [] First Name: [] Service date: []
UOI review date: [] Plan due date: []

Procedures: [Select Procedure]

Service Location: [Select Location] Med. Compliant: [N/A] Side Effects: [N/A]
Emergency: ☐ Pregnant?: ☐

Staff Time

Primary Clinician: [62823 - Peterson, Camille] Primary Total Start: [hh:mm] End: [hh:mm]
Provider: [Select Provider]

Progress Note Previous Entries: [Select Note]

☐ Note is complete

Cancel Spell Check Save as Pending Save as Draft

Transportation vs. Travel Time

- *Transportation* is when a staff transports a beneficiary to an off-site location. It may be to an appointment, a community resource, to pick up their medications, or any number of other off-site activities. Time transporting clients is not reimbursable, except at SUD RES programs (where it counts towards the required 20 hours of structured therapeutic activities per week).
- A staff providing counseling or other treatment interventions while going 1:1 off-site with a beneficiary may claim only the actual time providing the treatment service. This must be documented clearly and be a medically necessary service.
- *Travel Time* is the time a treatment staff spends traveling (one-way or round trip) to meet the beneficiary at their home and in the community. The beneficiary is not with the staff during time claimed as *Travel Time*.

SUD Group Treatment Requirements

SUD Groups

- SUD groups may only be between 2 and 12 participants regardless of staffing — **reason for non-compliance**
 - Groups larger than 12 participants must be divided into separate groups with different group facilitators (counselors/LPHAs)
 - Multi-family Therapy Groups—members present = # of clients represented
 - Groups with more than 12 participants may not be claimed for any of the participants. Instead, a non-billable note would be completed for each group participant.
 - **Residential Patient Education groups may have more than 12 participants (Group Education is the only exception to the group limit)**
- A client that is 17 years of age or younger may not participate in group counseling with any participants who are 18 years of age or older — **reason for non-compliance for all group members.**
- However, a client who is 17 years of age or younger may participate in group counseling with participants who are 18 years of age or older when the counseling is at a provider's Medi-Cal certified school site.

Group Sign-In Sheets

Improper handling of group sign-in sheets was a frequent cause of non-compliance during prior SUD audits

-
- For each group counseling session a sign-in sheet must be completed with these items:
 - Date of the group session
 - Topic of the group
 - Start and End time for the group
 - If an individual's start and end time is different, note that as well
 - A typed or legibly printed list of participants' names attending the group (pre-typed ok)
 - Signature of each participant who attended the session (must be clear that it matches the name — if not legible due to client's writing inability, counselor must indicate)
 - Legibly printed name and signature of LPHA(s)/counselor(s)
 - Certifies it is accurate and complete
 - Group Sign-in sheets should be kept separate from the chart as it contains multiple clients' PHI and provided to ACBH whenever a chart is audited
 - CG sign-in sheets' content required

Group Sign-In Sheets

Make sure members
print their names legibly
(pre-typed lists ok).

Keep sign-in sheets separately
from the chart in order to
maintain confidentiality

When charts are requested for
audit, remember to provide all
corresponding sign-in sheets,
otherwise the auditor is
unable to confirm group
compliance.

SUD Group Sign-In Sheet

Date: _____ Start Time: _____ End Time: _____

Topic of the Session: _____

By signing below, facilitators are attesting that this sign-in sheet is accurate and complete:

Facilitator Printed Name, Credentials _____	Facilitator Signature _____	Date _____
Co-Facilitator Printed Name, Credentials _____	Co-Facilitator Signature _____	Date _____

Note that group services may only have between 2 and 12 participants;
Residential Patient Education groups may be more than 12

Participants must print and sign their name. If they arrived late or left early, indicate exact time.

	Printed Name	Signature	Time (if different)		Admin	Admin
			Start	End	Use	Use
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Administrative Use Only:

Group Sign-In Sheet, Page 1 of 1 v.1.18.2019

All facilitators must sign, attesting that the
information on the sign-in sheet is accurate

For each group member attending, they must
sign their name, indicating they attended the
group. If the time they attended is different
than above, this must be noted in the two right
columns.

For Residential providers who use non-
treatment staff to input data for daily notes,
there are ADMIN columns to document
their inputting of this data into the daily note
and that the treatment staff who sign the
note also confirms this information. See
slide on transcribing requirements for
additional information

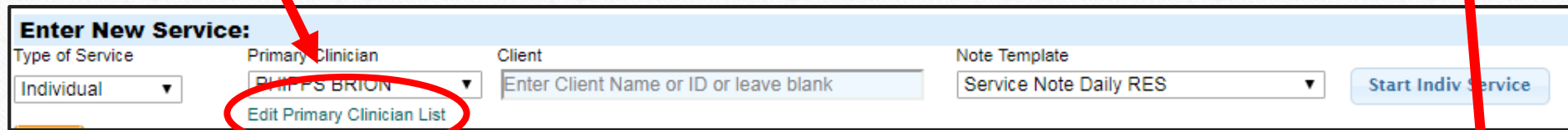
Transcribing and Validation Requirements for Residential Daily Notes

- Residential providers have the option to have an individual other than the final signer of the RES Daily Note to enter data into the note. In these cases the staff may only input the data, i.e., date, time-in/out, topic facilitator/co-facilitator that is documented elsewhere, such as on group sign-in sheets. Data entry staff may not interpret data or make assumptions about the information. Appropriate policies and procedures must be developed before this type of documentation can be implemented.
- Entering individual service also requires the data entry staff to transcribe data from a similar sign-in sheet or log. All transcribed data must be on the form with initials for data entry clerk and counselor for validation purposes.
- The treatment staff who signs the note must review and validate the accuracy of the note and they are ultimately responsible for the accuracy for its content.
- For example, the two ADMIN USE columns on the group-sign in sheet are one way this data can be tracked and its entry validated. Providers will need to develop other mechanisms to document client attendance that the data entry staff may easily reference to input into the daily note.
- No other type of SUD services are allowed to be documented this way
- If your agency would like to explore this option, contact ACBH SUD TA for guidance on developing the required validation checks.

Clinician's Gateway Instructions

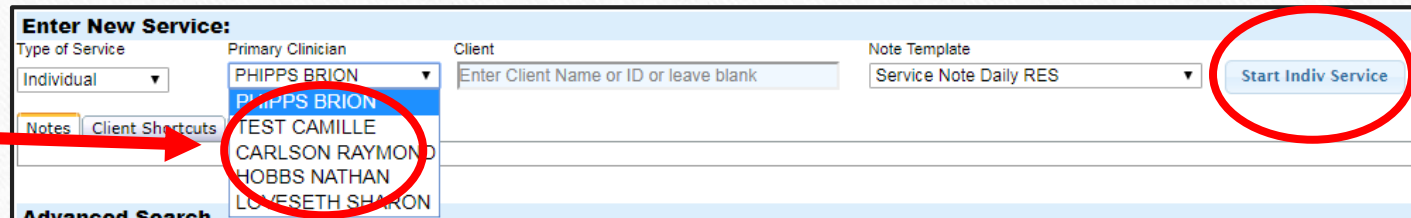
For transcribing RES Daily Notes

1. From the *Enter New Service* screen, the data entry staff uses Edit Primary Clinician List to add additional staff to their dropdown.



The screenshot shows the 'Enter New Service' form. The 'Primary Clinician' dropdown menu is open, showing 'PHIPPS BRION'. A red circle highlights the 'Edit Primary Clinician List' link below the dropdown. A red arrow labeled '1' points to this link.

2. Once back at the Enter New Service screen, choose the appropriate treatment staff from the dropdown, *Service Note Daily RES*, and click *Start Indiv Service*.



The screenshot shows the 'Enter New Service' form. The 'Primary Clinician' dropdown menu is open, showing a list of names: 'PHIPPS BRION', 'PHIPPS BRION', 'TEST CAMILLE', 'CARLSON RAYMOND', 'HOBBS NATHAN', and 'LOVESETH SHARON'. A red circle highlights the 'Start Indiv Service' button. A red arrow labeled '2' points to this button.

3. When finished inputting the information, the data entry staff chooses *Saves as Pending*. The note will be added to the treatment staff's CG home page under *Pending Services* queue. The treatment staff is then responsible for the note and the data entry staff will not be able to alter it any longer.

Service Types

Including InSyst Procedure Codes

Intake/Assessment

Allowed for all SUD providers

-
- The process of determining that a beneficiary meets the medical necessity criteria and a beneficiary is admitted into a substance use disorder treatment program.
 - Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services.
 - Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment
 - Assessment services are required at intake, but also may occur anytime they are medically necessary
 - Intake/Assessment does not need to be in the plan in order to be provided
 - May be provided by SUD Counselors and LPHAs
 - May be face-to-face, or separate if claiming for completing other non-face-to-face assessment activities such as writing the assessment

Intake/Assessment

InSyst Procedure Codes

- OS → 611
- OS Recovery Services → 677 (use RSS Individual Counseling code)
- IOS → 211
- IOS Recovery Services → 278 (use RSS Individual Counseling code)

For Residential Programs, including Withdrawal Management Residential, Intake/Assessment is included in the day rate code

Treatment Planning

Allowed for all SUD providers

- For each beneficiary the provider must prepare an individualized written client plan, based upon information obtained in the intake and assessment process. The plan will be completed upon intake and then updated every subsequent 90 days unless there is a change in treatment modality or significant event that would then require a new plan.
- May be provided by SUD Counselors and LPHAs. When completed by a SUD Counselor it must be co-signed by a LPHA by the plan due date

Treatment Planning

InSyst Procedure Codes

- OS Treatment Planning → 644
- OS RSS Treatment Planning → 677 (use RSS Individual Counseling code)
- IOS Treatment Planning → 244
- IOS RSS Treatment Planning → 278 (use RSS Individual Counseling code)

For Residential Programs, including Withdrawal Management Residential, Treatment Planning is included in the day rate code

Individual Counseling

- Contact between a beneficiary and a LPHA or SUD counselor
- Individual Counseling must be indicated in Client Plan with frequency (e.g. 1x/week)
- Services are provided in-person, by telephone or by telehealth qualify as Medi-Cal reimbursable units of service, and are reimbursed without distinction.
- May be provided by SUD Counselors and LPHAs
- For WM RES Individual Counseling may be provided but does not count towards the required daily components of treatment

Individual Counseling

InSyst Procedure Codes

- OS Individual Counseling → 601
- OS Recovery Services Individual Counseling → 677
- IOS Individual Counseling → 201
- IOS Recovery Services Individual Counseling → 278

For Residential Programs Individual Counseling is included in the day rate code

Group Counseling

- Contacts in which one or two LPHAs or counselors treat two (2) or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the individuals served
- Group Counseling must be indicated in Client Plan with frequency (e.g. 3x/week)
- A beneficiary that is 17 years of age or younger shall not participate in-group counseling with any participants who are 18 years of age or older. However, a beneficiary who is 17 years of age or younger may participate in group counseling with participants who are 18 years of age or older when the counseling is at a provider's certified school site.
- May be provided by SUD Counselors and LPHAs
- For WM RES Group Counseling may be provided but does not count towards the required daily components of treatment

Group Counseling

InSyst Procedure Codes

- OS Group Counseling → 654
- OS Recovery Services Group Counseling → 680
- IOS Group Counseling → 215
- IOS Recovery Services Group Counseling → 281

For Residential Programs Group Counseling is included in the day rate code

Collateral

Allowed for OS, IOS, RES

- Sessions with LPHAs or counselors and significant persons in the life of a beneficiary, focused on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's treatment goals.
- Significant persons are individuals that have a personal relationship (family member, non-paid advocate, sponsor, etc.), AND not an official or professional relationship (CWW, Probation Office, Teacher, etc.) with the beneficiary.
 - Teachers, outside therapists, probation workers, CWWs, etc. are considered professional relationships and cannot be claimed as collateral. **Case Management may apply.**
- Releases of Information are required for collateral contacts
- Collateral must be indicated in Client Plan with frequency (e.g. 2x/month)
- May be provided by SUD Counselors and LPHAs

Collateral

InSyst Procedure Codes

- OS Collateral → 621
- IOS Collateral → 221

For Residential Programs, except Withdrawal Management Residential, Collateral Services are included in the day rate code

Crisis Intervention

Allowed for OS, IOS, RES

-
- “Crisis intervention” is a face-to-face contact between a beneficiary who is at risk for imminent threat of relapse and a LPHA or counselor
 - “Crisis” for SUD means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis intervention services shall be limited to stabilization of the beneficiary's emergency situation.
 - Services shall focus on alleviating crisis problems
 - Not required to be in the plan as crises by definition are unplanned events
 - As crises can happen anytime, and by definition are unexpected, it's good practice to have signed ROIs in place in case of emergency
 - May be provided by SUD Counselors and LPHAs

Crisis Intervention

InSyst Procedure Codes

- OS Crisis Intervention → 639
- IOS Crisis Intervention → 239
- OTP/NTP Crisis Intervention → 491

For Residential Programs, except Withdrawal Management Residential, Crisis Intervention services are included in the day rate code

Patient Education

Allowed at OS, IOS, RES

- Means providing research based education on addiction, treatment, recovery and associated health risks
- May be provided as an individual or group service (use correct codes)
- When documenting group patient education (a non-clinical service), at a minimum, the service note for group patient education must always relate back to the individualized client plan.
- Patient Education must be indicated in Client Plan with frequency (e.g. 2x/month)
- Patient Education groups may only have 2-12 participants per group (no limit for RES)
- May be provided by SUD Counselors and LPHAs

Patient Education

InSyst Procedure Codes

- OS Individual Patient Education → 631
- OS Group Patient Education → 659
- IOS Individual Patient Education → 231
- IOS Group Patient Education → 231

For Residential Programs Patient Education is included in the day rate code

Physician Consultation

Allowed for all SUD service types by
DMC physicians only (consultee)

- Physician Consultation Services include DMC physicians' consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists. Physician consultation services are not with DMC-ODS beneficiaries; rather, they are designed to assist DMC physicians with seeking expert advice on designing client plans for specific DMC-ODS beneficiaries.
 - Designed to support DMC physicians with complex cases, which may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations
 - Physician consultation services can only be billed by and reimbursed to DMC providers
 - DMC physicians may only use ACBH specified consultant → **TBD**
 - Physician Consultation is not required to be in the plan in order to be claimed as it is an assessment/treatment planning function (unplanned service)

Physician Consultation

InSyst Procedure Codes

- OS Physician Consultation → 670
- IOS Physician Consultation → 270
- 3.1 Residential → 116
- 3.2 WM Residential → 397
- 3.3 Residential → 146
- 3.5 Residential → 176

Medication Services

Allowed for OS, IOS, RES, WM RES

-
- Definition: The prescription or administration of medication related to substance use treatment services, or the assessment of the side effects or results of that medication
 - May only be conducted by staff lawfully authorized to provide such services and/or order laboratory testing within their scope of practice, licensure, training, and experience
 - OS/IOS/RES providers may prescribe if within their scope of practice and training. The prescribed medication needs to be picked up by the client at a local pharmacy
 - Prescribed medication currently may not be any medication for opioid treatment
 - RES requires IMS Certification
 - Prescription and administration of medications may occur at the following locations:
 - NTP/OTPs (only certain medications)
 - Fee-for-service primary care physicians
 - Medication Services must be indicated in Client Plan with frequency (e.g. 2x/month)

Medication Services

InSyst Procedure Codes

- OS Medication Services → 634
- IOS Medication Services → 234

For Residential Programs, including Withdrawal Management Residential, Medication services are included in the day rate code

Case Management Services

InSyst Procedure Codes

-
- OS Case Mgmt-Care Coord → 665
 - OS Case Mgmt-Serv Coord → 666
 - IOS Case Mgmt-Care Coord → 254
 - IOS Case Mgmt-Serv Coord → 255
 - OS Rec Srv – Case MgmtCareCoord → 684
 - OS Rec Srv – Case Mgmt Srv Coord → 685
 - IOS Rec Srv – Case MgmtCareCoord → 284
 - IOS Rec Srv – Case MgmtSrvCoord → 285
 - 3.1 RES Case Mgmt-Care Coord → 112
 - 3.1 RES Case Mgmt-Serv Coord → 113
 - 3.2 WM RES Case Mgmt-Care Coord → 392
 - 3.2 WM RES Case Mgmt-Serv Coord → 393
 - 3.3 RES Case Mgmt-Care Coord → 142
 - 3.3 RES Case Mgmt-Serv Coord → 143
 - 3.5 RES Case Mgmt-Care Coord → 172
 - 3.5 RES Case Mgmt-Serv Coord → 173

For all services allowed to provide case management services, the time providing case management does not count towards minimum or maximum service hours. It is a separate service.

Family Therapy

Allowed for RES, IOS/OS Only

- Family Therapy may only be provided by LPHAs
- The effects of addiction are far-reaching and patient's family members and loved ones also are affected by the disorder. By including family members in the treatment process, education about factors that are important to the patient's recovery as well as their own recovery can be conveyed.
- Family members can provide social support to the client, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.
- Family Therapy must be indicated in Client Plan with frequency (e.g. 1x/week)

Family Therapy

InSyst Procedure Codes

- OS Family Therapy → 626
- IOS Family Therapy → 226
- For Residential Programs, except Withdrawal Management Residential, Family Therapy services are included in the day rate code

Remember that Family Therapy is a therapy service and may only be provided by LPHAs working within their scope of practice

Monitoring and Substance Abuse Assistance

Recovery Support Services Only

- OS Recovery Srv Monitoring SAA → 689
- IOS Recovery Srv Monitoring SAA → 289

Peers who have completed the ACBH peer certification program may provide Substance Abuse Assistance services. All other RSS services must be provided either by a SUD Counselor or LPHA.

Discharge Planning

Allowed for OS, IOS, RES, WM RES

-
- Process to prepare the beneficiary for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services
 - Discharge Services are not required to be in the plan in order to be claimed

Discharge Planning

InSyst Procedure Codes

- OS Discharge Planning → 649
- IOS Discharge Planning → 249

For Residential Programs, including Withdrawal Management Residential, Discharge Planning services are included in the day rate code

OS Collateral Family Contact (622)

Adolescent programs only

-
- May be provided by LPHAs and SUD Counselors
 - Sessions that include family and/or caretaker in the life of a beneficiary, focusing on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's treatment goals. Significant persons are individuals that have a personal, not official or professional relationship with the beneficiary.
 - If in the best interest of the beneficiary, parents/caregivers should participate in all phases of the beneficiary's treatment.
 - Frequency and service type must be indicate in the client plan

OS Group Multi-Family Counseling (664)

Adolescent programs only

- May be provided by LPHAs and SUD Counselors
- A group process in which several families are together to obtain information on substance use disorder(s). The group can be topic focused with a set curriculum, or can be process focused using an EBP. By including family members in the treatment process, education about factors that are important to the patient's recovery as well as their own recovery can be conveyed. Family members can provide social support to the client, help motivate their loved one to remain in treatment, and receive help and support for their own family. Sessions are considered as therapeutic counseling sessions which require a minimum of 2 and maximum of 12 in a group with a focus on group process.
- Frequency must be clinically justified and service type noted in the client plan
- Services may be provided in-person and in any appropriate setting in the community
 - Group counseling services may not be conducted through telehealth
- The group count is the # of clients and/or client's represented. Not the # of group participants. Min. 2 and max 12.

OS Screening Engagement (673)

Adolescent programs only

-
- Utilizes county specific screening tools.
 - May be provided by SUD counselors and LPHAs.
 - Beneficiaries under the age of 21 are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905 (a) Medicaid authority.
 - The adolescent shall be screened / assessed to be at risk for developing SUD
 - Services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Tracking Codes

Exist for each program type

-
- On the procedure code table there are several “Tracking Codes”
 - These are not codes for billing and have no claim associations
 - Tracking codes are required by CG on forms only, they should automatically populate in the corresponding form

SUD InSyst Procedure Code Table, p1

Alameda County Behavioral Health Care Services
Substance Use Disorder - InSyst Procedure Codes effective 7-1-18

InSyst Proc Code	InSyst SUD Proc Code	Short name	SFC	HCPC Code	PHY	PSY	PSY TEC H	NP	PA	RN	Pharm	PhD	PhD Waivered	LCSW	LPCC	LPCC FAMILY	MFT	Intern/ Lic-elig pract	Rehab Coun/ SUD Counselor (Cert Reg)	Unlicensed/ Non-Prof Staff
Outpatient Services (OS)																				
197	SUD CG Informational Note	SUD CGNOTE	OO	no Mcai bill																
880	SUD Tracking-Assessment	SUDTRKASST	OO	no Mcai bill																
881	SUD TRACKING MED NECESS/JUSTIF	SUDTRKMNEC	OO	no Mcai bill																
882	SUD TRACKING ALOC	SUDTRKALOC	OO	no Mcai bill																
883	SUD TRACKING DISCHARGE	SUDTRKDISC	OO	no Mcai bill																
601	OS Individual Counsel	OS INDIV	EA	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
611	OS Intake / Assessment	OS INTAKE	EA	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
621	OS Collateral Services	OS COLL	EA	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
622	OS Coll Family Contact -Adol	OSCOLLFAMA	EA	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
626	OS Family Therapy	OS FAM TX	EA	H0004	X	X		X	X			X	X	X	X	X	X	X	X	
631	OS Patient Education	OS PT EDUC	EA	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
634	OS Medication Services	OS MEDS	EA	H0004	X	X		X	X	X	X									
639	OS Crisis Intervention	OSCRISINT	EA	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
644	OS Treatment Planning	OS TX PLNG	EA	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
649	OS Discharge Plng	OS DISCH	EA	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
654	OS Group Counsel	OS GROUP	FA	H0005	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
659	OS Group Education	OS GRP EDU	FA	H0005	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
664	OS Group Multi-Fam Couns-Adol	OSGRPMFAMA	FA	H0005	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
665	OS Case Mgmt-Care Coord	OS CMCARE	GA	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
666	OS Case Mgmt-Srv Coord	OS CMSESV	GA	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
670	OS Physician Consultation	OS PHYCSLT	DB	G9008	X	X														
673	OS Screening Engagement-Adol	OSSCENGAGA	OO	no Mcai bill	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
677	OS Recov Srv - Individual Coun	OS RSINDIV	EB	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
680	OS Rec Srv - Group Coun	OS RS GRP	FB	H0005	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
684	OS Rec Srv Case MgmtCareCoord	OS RSCMCAR	GB	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
685	OS Rec Srv Case Mgmt Srv Coord	OS RSCMSRV	GB	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
689	OS Rec Srv Monitoring SAA	OS RS MON	CA	T1012	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
Intensive Outpatient Services (IOS)																				
197	SUD CG Informational Note	SUD CGNOTE	OO	no Mcai bill																
880	SUD Tracking-Assessment	SUDTRKASST	OO	no Mcai bill																
881	SUD TRACKING MED NECESS/JUSTIF	SUDTRKMNEC	OO	no Mcai bill																
882	SUD TRACKING ALOC	SUDTRKALOC	OO	no Mcai bill																
883	SUD TRACKING DISCHARGE	SUDTRKDISC	OO	no Mcai bill																
201	IOS Intensive OP Treatment	IOS INDIV	KA	H0015	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
211	IOS Intake / Assessment	IOS INTAKE	KA	H0015	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
215	IOS Group Counseling	IOS GROUP	KA	H0015	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
221	IOS Collateral Services	IOS COLL	KA	H0015	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
226	IOS Family Therapy	IOS FAM TX	KA	H0015	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
231	IOS Patient Education	IOS PTEDUC	KA	H0015	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
234	IOS Medication Services	IOS MEDS	KA	H0015	X	X		X	X	X										
239	IOS Crisis Intervention	IOS CRISIS	KA	H0015	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
244	IOS Treatment Planning	IOS TX PLNG	KA	H0015	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
249	IOS Discharge Plng	IOS DISCH	KA	H0015	X	X		X	X	X	X	X	X	X	X	X	X	X	X	

SUD InSyst Procedure Code Table, p2

Alameda County Behavioral Health Care Services
Substance Use Disorder - InSyst Procedure Codes effective 7-1-18

InSyst Proc Code	InSyst SUD Proc Code	Short name	SFC	HCPC Code	PHY	PSY	PSY TEC H	NP	PA	RN	Pharm	PhD	PhD Waivered	LCSW	LPCC	LPCC FAMILY	MFT	Intern/ Lic-elig pract	Rehab Coun/ SUD Counselor (Cert/Reg)	Unlicensed/ Non-Prof Staff
254	IOS Case Mgmt-Care Coord	IOS CM CARE	GC	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
255	IOS Case Mgmt-Serv Coord	IOS CMSERV	GC	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
270	IOS Physician Consultation	IOSPHYCSLT	DC	G9008	X	X														
278	IOS Rec Srv - Individual Coun	IOS RSINDV	EC	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
281	IOS Rec Srv - Group Coun	IOS RS GRP	FC	H0005	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
284	IOS Rec Srv Case MgmtCareCoord	IOSRSCMCAR	GD	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
285	IOS Rec Srv Case MgmtSrvCoord	IOSRSCMSRV	GD	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
289	IOS Rec Srv Monitoring SAA	IOS RS MON	CB	T1012	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
Opioid Treatment Program (OTP)/ Narcotic Treatment Program (NTP)																				
197	SUD CG Informational Note	SUD CGNOTE	OO	no Meal bill																
880	SUD Tracking-Assessment	SUDTRKASST	OO	no Meal bill																
881	SUD TRACKING MED NECESS/USTIF	SUDTRKMNEC	OO	no Meal bill																
882	SUD TRACKING ALOC	SUDTRKALOC	OO	no Meal bill																
883	SUD TRACKING DISCHARGE	SUDTRKDISC	OO	no Meal bill																
455	OTP-NTP-NTP Individual Counsel	NTP INDIV	ED	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
465	OTP-NTP-NTP Intake/Assessment	NTP INTAKE	ED	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
474	OTP-NTP-NTP Collateral	NTP COLLAT	ED	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
479	OTP-NTP-NTP Medical PsychoTX	NTP MEDPTX	ED	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
483	OTP-NTP Patient Education	NTP PT ED	ED	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
486	OTP-NTP Medication Services	NTP MEDS	ED	H0004	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
491	OTP-NTP Crisis Intervention	NTPCRISINT	ED	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
496	OTP-NTP Treatment Planning	NTP TXPLNG	ED	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
501	OTP-NTP Discharge Plan	NTP DISCH	ED	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
506	OTP-NTP Group Counsel	NTP GROUP	FD	H0005	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
519	OTP-NTP Methadone Dosing	NTPMETHDOS	MA	H0020	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
520	OTP-NTP MAT Buprenorphine Gen	NMAT BUP G	AC	S5000	X	X														
521	OTP-NTP MAT Buprenorphine Bran	NMAT BUP B	BC	S5001	X	X														
522	OTP-NTP MAT Desulfiram Generic	NMAT DIS G	AC	S5000	X	X														
523	OTP-NTP MAT Desulfiram Brand	NMAT DIS B	BC	S5001	X	X														
524	OTP-NTP MAT Naloxone Generic	NMAT NAL G	AC	S5000	X	X														
525	OTP-NTP MAT Naloxone Brand	NMAT NAL B	BC	S5001	X	X														
526	OTP-NTP MAT Bupr-Nalox Gen	NMATBUNALG	AC	S5000	X	X														
527	OTP-NTP MAT Bupr-Nalox Brand	NMATBUNALB	BC	S5001	X	X														
Clinically Managed 3.1 Low-Intensity Residential Services																				
197	SUD CG Informational Note	SUD CGNOTE	OO	no Meal bill																
880	SUD Tracking-Assessment	SUDTRKASST	OO	no Meal bill																
881	SUD TRACKING MED NECESS/USTIF	SUDTRKMNEC	OO	no Meal bill																
882	SUD TRACKING ALOC	SUDTRKALOC	OO	no Meal bill																
101	3.1 RES Residential Day	3.1 RES DY	LA	H0019	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
106	3.1 RES Non-DMC Assessment NMN	3.1 NMNASMT	OO	no Meal bill	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
109	3.1 RES NonDMC Residential NMN	3.1 NMNRDY	OO	no Meal bill	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
112	3.1 RES Case Mgmt-Care Coord	3.1 RCMCAR	GG	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	

SUD InSyst Procedure Code Table, p3

Alameda County Behavioral Health Care Services
Substance Use Disorder - InSyst Procedure Codes effective 7-1-18

InSyst Proc Code	InSyst SUD Proc Code	Short name	SFC	HCPC Code	PHY	PSY	PSY TEC H	NP	PA	RN	Pharm	PhD	PhD Waivered	LCSW	LPCC	LPCC FAMILY	MFT	Intern/ Lic-elig pract	Rehab Comm/ SUD Counselor (Cert Reg)	Unlicensed/ Non-Prof Staff
113	3.1 RES Case Mgmt-Serv Coord	3.1 RCMSRV	GG	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
116	3.1 RES Physician Consult	3.1RPHYCSL	DD	G9008	X	X														
Clinically Managed Population-Specific 3.3 High-Intensity Residential Services																				
197	SUD CG Informational Note	SUD CGNOTE	OO	no Mcal bill																
880	SUD Tracking-Assessment	SUDTRKASST	OO	no Mcal bill																
881	SUD TRACKING MED NECESS/JUSTIF	SUDTRKMNEC	OO	no Mcal bill																
882	SUD TRACKING ALOC	SUDTRKALOC	OO	no Mcal bill																
131	3.3 RES Residential Day	3.3 RES DY	LB	H0019	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
136	3.3 RES Non-DMC Assessment NMN	3.3NMNASMT	OO	no Mcal bill	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
139	3.3 RES NonDMC Residential NMN	3.3NMNRDY	OO	no Mcal bill	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
142	3.3 RES Case Mgmt-Care Coord	3.3RCMCAR	GI	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
143	3.3 RES Case Mgmt-Serv Coord	3.3 RCMSRV	GI	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
146	3.3 RES Physician Consult	3.3RPHYCSL	DF	G9008	X	X														
Clinically Managed 3.5 High-Intensity Residential Services																				
197	SUD CG Informational Note	SUD CGNOTE	OO	no Mcal bill																
880	SUD Tracking-Assessment	SUDTRKASST	OO	no Mcal bill																
881	SUD TRACKING MED NECESS/JUSTIF	SUDTRKMNEC	OO	no Mcal bill																
882	SUD TRACKING ALOC	SUDTRKALOC	OO	no Mcal bill																
161	3.5 RES Residential Day	3.5 RES DY	LC	H0019	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
166	3.5 RES Non-DMC Assessment NMN	3.5NMNASMT	OO	no Mcal bill	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
169	3.5 RES NonDMC Residential NMN	3.5NMNRDY	OO	no Mcal bill	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
172	3.5 RES Case Mgmt-Care Coord	3.5RCMCAR	GK	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
173	3.5 RES Case Mgmt-Serv Coord	3.5 RCMSRV	GK	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
176	3.5 RES Physician Consult	3.5RPHYCSL	DG	G9008	X	X														
Clinically managed residential withdrawal management																				
197	SUD CG Informational Note	SUD CGNOTE	OO	no Mcal bill																
880	SUD Tracking-Assessment	SUDTRKASST	OO	no Mcal bill																
881	SUD TRACKING MED NECESS/JUSTIF	SUDTRKMNEC	OO	no Mcal bill																
882	SUD TRACKING ALOC	SUDTRKALOC	OO	no Mcal bill																
372	3.2 WM Residential Withd/WMgmt	3.2 WMRES	HA	H0012	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
392	3.2 WM Case Mgmt-Care Coord	3.2 WMCMCR	GM	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
393	3.2 WM Case Mgmt-Serv Coord	3.2 WMCMSR	GM	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	
397	3.2 WM Physician Consultation	3.2 WMPHYC	DE	G9008	X	X														

June 26, 2018 Provider Relations

Discharges from SUD Treatment

Discharge: Summary v. Plan

- A discharge plan is a plan to support client's discharge from the program
 - A plan is developed in conjunction with the client and is intended to transition client from treatment services
 - Can be claimed when completed face-to-face with client
 - In order to be claimed, discharge plans must be prepared (discussed and signed with client) within 30 days prior to the last face-to-face treatment
- A discharge summary is a summary of treatment services, progress, and prognosis—this is required when contact is lost with the client.
 - Must be completed within 30 days of last face-to-face service

Discharge Plan

- Previous SUD Audits indicate that client discharges are not being documented or completed according to requirements
- When provider has lost contact with client, a discharge plan is not required, but the circumstances should be documented in a non-billable note & Discharge Summary.
- Must document that client was provided (or offered and reason for refusal) a copy of their discharge plan at the last face-to-face.
- When a beneficiary is transitioning to RSS after completing treatment, the discharge plan can be used as the basis for the RSS support plan.

“Client discharged from the program” Is not a discharge plan!

Discharge Plan

- Discharge Plans MUST include:
 - Description of each client's triggers and a plan to assist the client to avoid relapse when confronted with triggers
 - A support plan
 - Complete signature of LPHA or counselor
 - Client's legibly printed name, date, and signature

Discharge Plan

Service #: New Title: Discharge Plan			
Client: Number Last Name First Name	Service date: 06/05/2018		
Unknown	Util. review date:		
Procedures: Select Procedure	Plan due date:		
Service Location: Select Location			
Med. Compliant: N/A	Side Effects: N/A		
Emergency <input type="checkbox"/>	Pregnant? <input type="checkbox"/>		
Staff Time			
Primary Clinician: 63219 - Phipps, Brion	Primary Total Start: hh:mm		
Provider: Select Provider	End: hh:mm		
	Time:		
Plan			
DISCHARGE/SUPPORT PLAN			
The discharge plan must be completed with the client and the counselor or therapist within 30 days prior to completion of treatment services.			
The following is my personalized Continuing Care Plan for my on-going recovery and support. Before completing treatment for my addiction I will present this Continuing Care Plan to someone within my support network such as my sponsor, other peers, mentor or spiritual advisor and receive thoughtful feedback, suggestions and comments about My Plan.			
Episode Opening Date:			
This treatment program has my permission to contact me during the next 12 months as a follow-up to my treatment and recovery. <input type="radio"/> Yes <input type="radio"/> No			
Client Initial:	Best Contact-Email: Phone:		
RECOVERY SUPPORT SERVICES: (if not applicable write N/A)			
I will attend Recovery Support Services: Time: Counselor:			
Day of the Week:			
12 STEP AND/OR OTHER SUPPORT NETWORK: I plan to attend the following weekly meetings:			
Day(s)	Location	Time	Description or Program Name
SPONSOR, MENTOR, SPIRITUAL ADVISOR OR OTHER SUPPORT PERSON:			
Name of Support Person:			
I WILL MEET WITH HIM/HER: <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Other			
Description of this commitment:			
SUPPORT GROUP COMMITMENTS (e.g. Community or Other Volunteer Services-Hospitals & Institutions, Coffee Maker, Religious/Spiritual):			
Describe this commitment:			
ADDITIONAL SUPPORT (individual therapy, medical/physical health needs, outside groups, social activities):			

Discharge Summary

Required when client contact is lost

- The discharge summary must be completed within 30 calendar days of the last face-to-face contact with the beneficiary
- Discharge Summary MUST include:
 - Duration of treatment (admission date to date of last service)
 - Reason for discharge and if discharge was involuntary or successful completion of SUD services
 - A narrative summary of the treatment episode
 - Client's prognosis
- A Discharge Summary is required (whenever contact is lost with a beneficiary) but it is not a claimable activity.

Discharge Summary

Service #: New Title: Discharge Summary

Client: Number: Last Name: First Name: Service date: 08/05/2018
 Ubl review date:
 I/Then due date:

I/Procedure:

Service Location: Med. Complaint: Side effects:
 Emergency ☐ I/pregnant? ☐

Staff Name

I/Primary: Clinician: I/Primary Total Start:
 I/Provider: End:
 Time:

Summary

DISCHARGE SUMMARY - Administrative

The provider shall complete a Discharge Summary within 30 calendar days of the last face to face treatment contact for any beneficiary with whom the provider lost contact.

Episode Opening Date: Episode Closing Date: Date of Last Face to Face:

Discharge Summary Codes - Administrative - Table B

Percent (%) of Tx Plan Goals Achieved	Discharge Status Code
<input type="radio"/> 75 - 90%	4. Left Before Completion with Satisfactory Progress - Not Referred
<input type="radio"/> < 50%	6. Left Before Completion with Unsatisfactory Progress - Not Referred
<input type="radio"/> Death	7. Death
<input type="radio"/> Incarceration	8. Incarceration

Was the client pregnant during treatment? ☐ Yes ☐ No ☐ Unknown

Primary Problem:

Instructions: The counselor/therapist Narrative Summary of the Treatment Episode includes presenting problem, treatment provided and final outcome. The narrative summary must include a reference to the following applicable areas: Current Drug Usage; Legal Issues and/or Criminal Activity; Vocational/Educational Achievements; Living Situation and Referrals.

Counselor/LPHA Narrative Summary of Progress, Treatment, and Reason for Discharge:

Prognosis - Select One: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Guarded ☐ Unstable

Prognosis (Describe rationale for prognosis and further treatment recommendations.)

Counselor / Therapist Signature: _____ Date: _____

The therapist/counselor must document efforts made to contact the person.

CCR Section 51341.1 (b) (6) (B) of Title 22 Discharge of a beneficiary from treatment may occur on a voluntary or involuntary basis.

☐ Note is complete.

Discharge Codes

California Outcome Measurements (CalOMS)

ALAMEDA COUNTY
Behavioral Health Care Services

ALCOHOL, DRUG & MENTAL HEALTH SERVICES
CAROL BORTON, INTERIM DIRECTOR

Quality Assurance Office
2000 Embarcadero Cove, Suite 400
Oakland, California 94606
(510) 567-9105 / TTY (510) 533-5019

TO: All ACBHCS Contracted Substance Use Disorder (SUD) Behavioral Health Providers

FR: ACBHCS Quality Assurance Department

DT: November 20, 2017

RE: Discharge Codes - California Outcome Measurements (CalOMS)

Per the CA Department of Behavioral Health Care Services (DHCS) California Outcome Measurements (CalOMS) discharge information must be collected for all service recipients regardless of the discharge status.

Alameda County Behavioral Health Care Services (BHCS) provides the following guidance on the application of types of discharge codes and criteria to ensure and support consistent determinations on discharge status for SUD clients.

OVERVIEW:

A standard discharge shall be reported when the client is available to be interviewed for the CalOMS treatment discharge either via phone or in person. The client may have 1) completed their treatment 2) attended a single treatment service or 3) made satisfactory or unsatisfactory progress in treatment and will be referred to another program.

Providers shall use Standard Discharge Codes Table A and B to select the discharge code based on the ratio of achieved goals to the client's total goals. For table A: 1, 2, 3, and 5; and for table B: 4, 6, 7, and 8.

In deciding which Discharge Status Code to use, providers must consider the client's sense of success or failure, and also evaluate the client's progress based on a comprehensive review of the performance for all treatment plan goals associated with the episode of service. This review includes any objectives and action steps associated with the treatment plan goals. If a goal is composed of multiple objectives or action steps, the goal shall be considered "achieved" if at least 50% of the objectives and/or action steps associated with the goal were completed. Deferred treatment plan goals *are not* included when considering the ratio of total treatment plan goals to the number of achieved goals.

A Department of Alameda County Health Care Service Agency

Standard Discharge Codes-table A

Percent (%) of Tx Plan Goals Achieved	Discharge Status Code and Description
100-75%	1. Completed Tx/Recovery Plan Goals - Referred
100-75%	2. Completed Treatment/Recovery Plan Goals - Not Referred
75-50%	3. Left Before Completion with Satisfactory Progress - Referred
<50%	5. Left Before Completion with Unsatisfactory Progress - Referred

Administrative Discharge Codes-table B

Proposed % of Tx Plan Goals Achieved	Discharge Status Code
75-50%	4. Left Before Completion with Satisfactory Progress - Not Referred
<50%	6. Left Before Completion with Unsatisfactory Progress - Not Referred
Death	7. Death
Incarceration	8. Incarceration

Note: Administrative Discharge Codes CAN only be entered on the Administrative Episodes Closing Screen

EXAMPLE: During the course of treatment, three treatment plans were written up. Within the three treatment plans the client had a total of: 3 deferred goals; 9 active treatment goals with 18 objectives and action steps.

- SCENARIO 1:** Of the 9 goals the client completed 4 goals consisting of 9 objectives and action steps.
 - ANSWER 1: 4/9 = 44%. Use "5. Left Before Completion with Unsatisfactory Progress--Referred" --or-- "6. Left Before Completion with Unsatisfactory Progress--Not Referred"
- SCENARIO 2:** Of the 9 goals, the client partially completed 3 goals (achieved 50% of the six objectives associated with those 3 goals) and fully completed 6.
 - ANSWER 2: 9/9 = 100%. Use "1. Completed Treatment/Recovery Plan Goals - Referred" --or-- "2. Completed Treatment/Recovery Plan Goals - Not Referred"
- SCENARIO 3:** Of the 9 goals, client has 3 incomplete goals (achieved less than 50% of the 7 objectives associated with those three goals), and 6 completed goals.
 - ANSWER 3: 6/9 = 66%. Use "3. Left Before Completion with Satisfactory Progress - Referred" --or-- "4. Left Before Completion with Satisfactory Progress - Not Referred"

A Department of Alameda County Health Care Service Agency

Discharge Codes

California Outcome Measurements (CalOMS)

Standard Discharge Codes-table A

Percent (%) of Tx Plan Goals Achieved	Discharge Status Code and Description
100-75%	1. Completed Tx/Recovery Plan Goals - Referred
100-75%	2. Completed Treatment/Recovery Plan Goals – Not Referred
75-50%	3. Left Before Completion with Satisfactory Progress - Referred
<50%	5. Left Before Completion with Unsatisfactory Progress – Referred

Administrative Discharge Codes-table B

Proposed % of Tx Plan Goals Achieved	Discharge Status Code
75-50%	4. Left Before Completion with Satisfactory Progress – Not Referred
<50%	6. Left Before Completion with Unsatisfactory Progress – Not Referred
Death	7. Death
Incarceration	8. Incarceration

Miscellaneous Items

SUD Lockouts

- Beneficiaries with Medi-Cal and Medicare (Medi-Medi) are not eligible to receive SUD services. Refer the individual to their Medicare or primary care provider.
- If a Medi-Cal beneficiary is incarcerated, claiming is not allowed on the days of incarceration
 - Services are allowed for adjudicated adolescents
- Claiming is locked out after 60 days from EOD if out-of-county Medi-Cal has not transferred to Alameda County
- SUD services additionally may not be allowed, due to duplication of service and same day billing considerations
- SUD services are not locked out if the beneficiary is receiving mental health services, as long as there is not a duplication of services and the services provided remain medically necessary

DMC-OS Same Day Billing Matrix (updated 5/25/2017)

DMC ODS Same Day Billing Matrix

Same Day Billing Allowed		Same Day Billing Not Allowed																	
	Residential Withdrawal Management 3.2	Ambulatory Withdrawal Management 2	Ambulatory Withdrawal Management 1	Residential	Partial Hospital	Intensive Outpatient	Individual Counseling	Group Counseling	Individual Counseling NTP	Group Counseling NTP	Recovery Services - Individual	Recovery Services - Group	Recovery Services - Case Management	Recovery Services - Support	Methadone Dosing	MAT - Dosing NTP and Non-NTP	MAT - Non-NTP	Case Management	Physician Consultation
	H0012	H0014	H0014	H0019	S0201	H0015	H0004	H0005	H0004	H0005	H0004	H0005	H0006	T1012	H0020	SS000/SS001	H2010	H0006	G9008
Physician Consultation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	Y	Y	Y	Y	Y
Case Management	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	Y	Y	Y	Y	
MAT - Dosing NTP and Non-NTP	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	Y	Y	Y		
MAT - NTP	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	Y	Y			
Methadone Dosing	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N				
Recovery Services - Support	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	Y					
Recovery Services - Case Management	N	N	N	N	N	N	N	N	N	N	Y	Y	Y						
Recovery Services - Group	N	N	N	N	N	N	N	N	N	N	Y	Y							
Recovery Services - Individual	N	N	N	N	N	N	N	N	N	N	Y								
Individual Counseling NTP	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y									
Group Counseling NTP	Y	Y	Y	Y	Y	Y	Y	Y	Y										
Individual Counseling	N	N	N	N	N	N	Y	Y											
Group Counseling	N	N	N	N	N	N	Y												
Intensive Outpatient	N	N	N	N	N	Y													
Partial Hospital	N	N	N	N	N														
Residential	N	N	N	N															
Ambulatory Withdrawal Management 1	N	N	N																
Ambulatory Withdrawal Management 2	N	N																	
Residential Withdrawal Management 3.2	N																		

Drug Medi-Cal Eligibility

- Check Medi-Cal Eligibility at intake and the first week of each month (if any services are being claimed to Medi-Cal)
 - If client loses Medi-Cal eligibility, the provider should assist the beneficiary in regaining Medi-Cal.
- If a beneficiary has out-of-county Medi-Cal but has moved to Alameda County, providers may begin SUD treatment but must immediately begin to work with the beneficiary to have their Medi-Cal switched to Alameda County.
 - The ACBH Network office can assist with this process → Contact ASAP after determination
- No services can be claimed over 60 days for out-of-county Medi-Cal and all such services may not exceed the dollar amount indicated in the provider contract

Other Insurance or Private Pay

- If a beneficiary has another insurance, private pay, or funding source not directly or indirectly paid by Alameda County funds then those services are not subject to Alameda County SUD requirements.
- These services may have other requirements and providers will need to check with the funding source for those specific requirements.
- For questions, or to determine funding sources in complicated cases, contact ACBH (e.g. Kaiser Medi-Cal)

Drug Testing

- Providers may claim for time spent collecting of urine samples when deemed “medically indicated” and it is part of the intake or individual session
 - The provider must establish procedures which protect against falsification and/or contamination of the sample
 - Document the results in the file and if part of an individual session, may claim documentation time for this.
- UA lab fees are not reimbursable by Drug Medi-Cal. Medi-Cal (physical health) may be an option for coverage of lab services.
- Rates for RES include intake and the service body specimen screening is billed as part of the bundled day rate.

Drug Test Reporting Form

Form to be used to report Drug Test results, say to the court, and provide a record in CG

If the urine sample collection and completing of this form is part of an individual/intake session, the time spent may be claimed as documentation time as part of the individual counseling/intake note.

Service #: New Title: Drug Test

Client: Number: Unknown Last Name: First Name: Service date: 01/30/2019 Util. review date: Plan due date:

Procedures: Select Procedure

Service Location: Select Location

Med. Compliant: N/A Side Effects: N/A

Emergency ☐ Pregnant? ☐

Billing time

Primary Clinician: 63219 - Phipps, Brion

Provider: Select a Provider

Instructions & Pre-Existing Diagnoses

When writing progress notes, respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress.

Primary FF Time: Hours Minutes

Services were provided in: English

by ☐ interpreter ☐ or ☐ clinician

ICD-10: DSM 5:

Episode Diagnosis Information

Primary Secondary Tertiary SU GMC

Drug Testing

Test Results Report Date:

Test Type: ☐ UA ☐ Quick Test ☐ Breathalyzer ☐ Other:

☐ Illicit ☐ Prescribed ☐ Both ☐ Not Tested

DRUG TESTED	THC	METH	COC	AMP	OPI	BAR	BNZ	HALL	ETOH	MDMA (Ecstasy)	OXY	PCP	OTHER
Positive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dilute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Altered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not Tested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes

Previous Entries: (Select Note)

Backing out Claims in CG/InSyst

- The process to back out claims depends on when the claim in question occurred
- When a service has already been claimed, follow the Claims Correction instructions from ACBH Finance. Typically progress notes in CG must remain in the EHR as part of the evidentiary trail. → <http://www.acbhcs.org/providers/Forms/Forms.htm#CCF>
- For backed out notes add an addendum to the note explaining the situation and the solution (i.e. service was replaced, or disallowed, etc.).
- Always follow instructions from the IS, Network Office, or Finance regarding CG/InSyst. QA may not always have the most current information about InSyst/CG procedures.
- When in doubt contact IS, Network Office, or Finance