

- MEMORANDUM -

DATE: November 20, 2023

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

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

The purpose of this memo is to update ACBH SUD treatment providers of treatment planning requirements per the CalAIM documentation redesign changes. Please note this memo supersedes all prior ACBH guidance on this topic. Additionally, the Clinical Quality Review Team (CQRT) form has been updated to include an item for treatment planning.

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

With CalAIM documentation redesign, Department of Health Care Services (DHCS) removed the requirement for documentation of formal, standalone treatment plans for DMC-ODS funded services. However, although a standalone treatment plan is no longer required, individualized treatment planning activities remain a vital component of quality clinical care, and should continue to be documented. Providers may choose to continue to utilize standalone treatment plans or incorporate treatment planning activities into progress notes.

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

DHCS Removal of All Additional DMC-ODS Treatment Plan Requirements

Per [DHCS' CalAIM documentation reform FAQ](#), treatment plan requirements described in the [Adolescent Substance Use Disorder Best Practices Guide](#), the [Perinatal Practice Guidelines](#), [DHCS Alcohol and Other Drug \(AOD\) Certification Standards](#), and [Exhibit A of BHIN 21-001](#) are no longer in place. DHCS is in the process of updating these documents. Until that time, those sections may be ignored.

Opioid/Narcotic Treatment Programs (OTP/NTPs)

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

Substance Abuse Block Grant (SABG) Funded Services

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





Peer Support Services “Plan of Care”

Peer support services must be based on an approved plan of care.¹ The plan of care must be documented within the progress notes in the beneficiary’s clinical record and approved by any treating provider who can render reimbursable Medi-Cal services. Additional information on this topic can be found in the [State Medicaid Director Letter #07-011](#).

DMC-ODS CQRT Checklist

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

Action Required

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

Support

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

For questions, please contact QATA@acgov.org.

¹ [DHCS BHIN 22-019](#)

