



# Substance Use Disorder (SUD) Documentation Training

October 10, 2018

Your Success is Our Success

# BHCS Quality Assurance (QA) Staff

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Approximate Time	Today's Agenda
8:30-9:00a	Introductions
9:00-10:00a	SUD System Overview
10:00-10:15a	Break
10:15-11:00a	Intake and Assessments
11:00-12:00p	Medical Necessity
12:00-12:30p	Lunch
12:30-1:45p	Treatment Plans
1:45-2:00p	Break
2:00-3:00p	Service Types
3:00-3:45p	Progress Notes
3:45-4:00p	Break
4:00-4:30p	Discharges
4:30-5:00p	Miscellaneous and Questions

# A few reminders...

- ▶ Please turn off or mute your telephone
- ▶ If you need to take a call please go to a quiet area outside of the training space
- ▶ Please keep side conversations to a minimum, it can be difficult to hear in the training room and is disruptive to the training experience
- ▶ We value and appreciate questions because they help to clarify things and really get to the details of the topics, however at times they can get us off topic or will be answered as the training progresses.
- ▶ Please try to save your questions until the end of a section. Or occasionally we might ask you to hold questions.

# Introductions

- ▶ What agency are you from?
- ▶ What is your role?
- ▶ What is your credential or license, SUD or otherwise?
- ▶ What is one question you have about SUD documentation you would like answered today?

# ACBHCS SUD SOC Audit

- ▶ 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)
  - ▶ Treatment 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

# Recoupment of disallowed SUD claims

- ▶ All claims disallowed will result in recoupment of funds to BHCS regardless of the funding source.





# Technical Assistance Feedback

- ▶ DHCS Monitoring Unit is providing on-site technical assistance independent of ACBHCS
  - ▶ Please let Sharon know if DHCS contacts your agency to conduct a chart review
  - ▶ This will assist us in providing accurate, consistent technical assistance to all of our providers



▶ BHCS SUD / AOD Provider Website

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

Contains links and downloads of forms

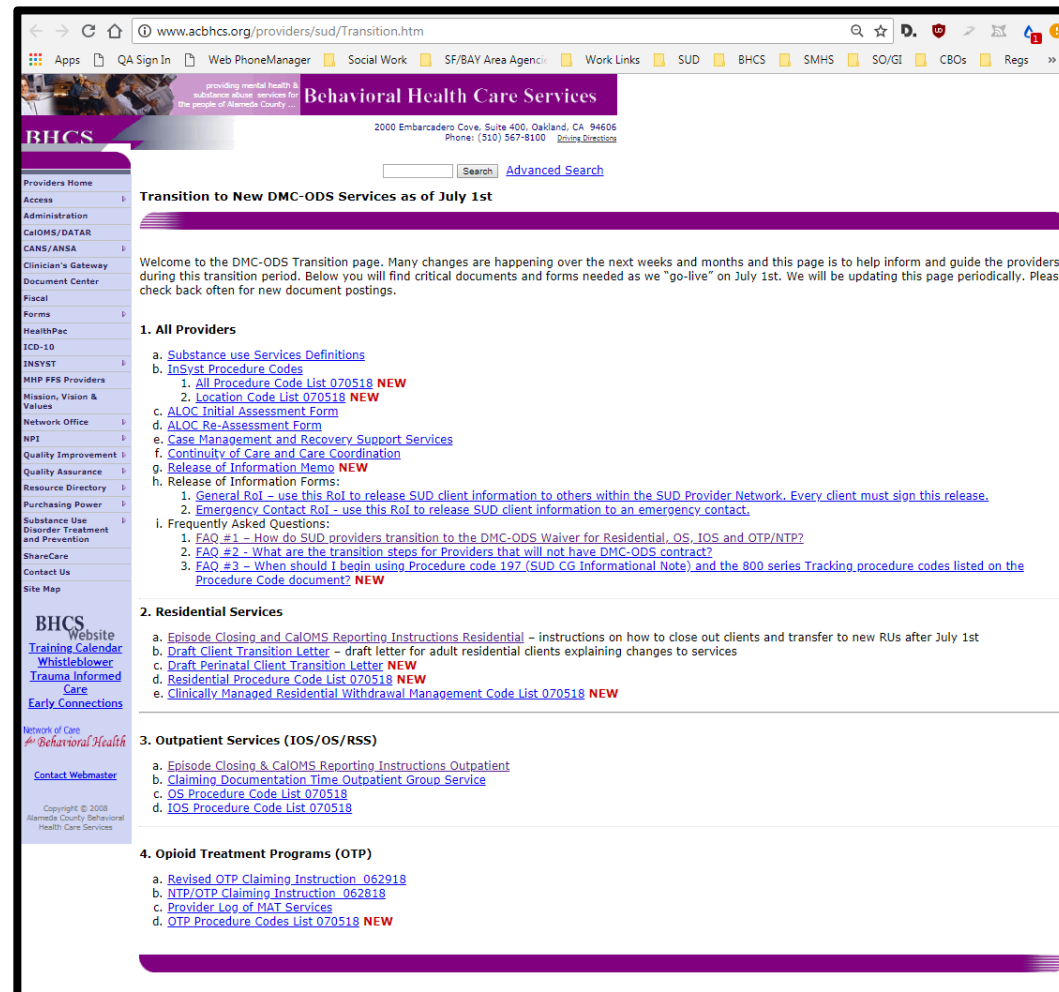
Can subscribe to BHCS email lists, click on this icon



e-Subscribe

# BHCS SUD DMC-ODS Transition Website

<http://www.acbhcs.org/providers/sud/Transition.htm>



The screenshot shows a web browser displaying the BHCS SUD DMC-ODS Transition Website. The browser address bar shows the URL [www.acbhcs.org/providers/sud/Transition.htm](http://www.acbhcs.org/providers/sud/Transition.htm). The website header includes the BHCS logo and the text "Behavioral Health Care Services" with the address "2000 Embarcadero Cove, Suite 400, Oakland, CA 94606" and phone number "(510) 567-8100". A search bar is located below the header.

The main content area is titled "Transition to New DMC-ODS Services as of July 1st". Below the title, there is a welcome message: "Welcome to the DMC-ODS Transition page. Many changes are happening over the next weeks and months and this page is to help inform and guide the providers during this transition period. Below you will find critical documents and forms needed as we 'go-live' on July 1st. We will be updating this page periodically. Please check back often for new document postings."

The content is organized into four main sections:

- 1. All Providers**
  - a. [Substance use Services Definitions](#)
  - b. [InSyst Procedure Codes](#)
    - 1. [All Procedure Code List 070518 NEW](#)
    - 2. [Location Code List 070518 NEW](#)
  - c. [ALOC Initial Assessment Form](#)
  - d. [ALOC Re-Assessment Form](#)
  - e. [Case Management and Recovery Support Services](#)
  - f. [Continuity of Care and Care Coordination](#)
  - g. [Release of Information Memo NEW](#)
  - h. [Release of Information Forms:](#)
    - 1. [General RoI - use this RoI to release SUD client information to others within the SUD Provider Network. Every client must sign this release.](#)
    - 2. [Emergency Contact RoI - use this RoI to release SUD client information to an emergency contact.](#)
  - i. [Frequently Asked Questions:](#)
    - 1. [FAQ #1 - How do SUD providers transition to the DMC-ODS Waiver for Residential, OS, IOS and OTP/NTP?](#)
    - 2. [FAQ #2 - What are the transition steps for Providers that will not have DMC-ODS contract?](#)
    - 3. [FAQ #3 - When should I begin using Procedure code 197 \(SUD CG Informational Note\) and the 800 series Tracking procedure codes listed on the Procedure Code document? NEW](#)
- 2. Residential Services**
  - a. [Episode Closing and CalOMS Reporting Instructions Residential](#) - instructions on how to close out clients and transfer to new RUs after July 1st
  - b. [Draft Client Transition Letter](#) - draft letter for adult residential clients explaining changes to services
  - c. [Draft Perinatal Client Transition Letter NEW](#)
  - d. [Residential Procedure Code List 070518 NEW](#)
  - e. [Clinically Managed Residential Withdrawal Management Code List 070518 NEW](#)
- 3. Outpatient Services (IOS/OS/RSS)**
  - a. [Episode Closing & CalOMS Reporting Instructions Outpatient](#)
  - b. [Claiming Documentation Time Outpatient Group Service](#)
  - c. [OS Procedure Code List 070518](#)
  - d. [IOS Procedure Code List 070518](#)
- 4. Opioid Treatment Programs (OTP)**
  - a. [Revised OTP Claiming Instruction 062918](#)
  - b. [NTP/OTP Claiming Instruction 062818](#)
  - c. [Provider Log of MAT Services](#)
  - d. [OTP Procedure Codes List 070518 NEW](#)

Updated  
10.19.18

# BHCS SUD QA Webpage

http://www.acbhcs.org/providers/QA/aod.htm

The screenshot displays the BHCS SUD QA Webpage in a Google Chrome browser. The address bar shows the URL [www.acbhcs.org/providers/QA/aod.htm](http://www.acbhcs.org/providers/QA/aod.htm). The page header includes the BHCS logo, the text "Behavioral Health Care Services", and contact information: "2000 Embarcadero Cove, Suite 400, Oakland, CA 94606" and "Phone: (510) 567-8100". A search bar with a "Search" button and a link to "Advanced Search" is located below the header.

The left sidebar contains a navigation menu with the following items: Providers Home, Access, Administration, CaIDMS/DATAR, CANS/ANSA, Clinician's Gateway, Document Center, Fiscal, Forms, HealthPac, ICD-10, INSYST, Mission, Vision & Values, Network Office, NPI, Quality Improvement, Quality Assurance, Resource Directory, Purchasing Power, Substance Use Disorder Treatment and Prevention, ShareCare, Contact Us, and Site Map. Below the menu is a "BHCS Website" section with links for Training Calendar, Whistleblower, Trauma Informed Care, and Early Connections. At the bottom of the sidebar, there is a "Network of Care for Behavioral Health" logo and a "Contact Webmaster" link.

The main content area is titled "Substance Use Disorder Treatment and Recovery Services". It features a purple banner with the text "Welcome to the Substance Use Disorder Treatment and Recovery Services (SUDS) Webpage for the Quality Assurance Office of Alameda County's Behavioral Health Care Services (ACBHCS). The Quality Assurance Office recently launched an intensive training and technical assistance initiative for Alameda County contracted SUDS providers with a primary focus on supporting Drug Medi-Cal certification and documentation efforts. We are also providing assistance on other aspects of quality improvement and integration to enhance provider treatment and recovery services in the new climate of health care reform. This web page is a venue for providers to obtain correspondence, training information, and resource materials." Below the banner, there is a "Keep in Touch" section with a link to "e-Subscribe". A "We are here to assist:" section lists "Sharon Loveseth, SUD Program Specialist-QA" and provides contact information for questions about SUD or MH policies and procedures. A "Quick Links:" section includes links for "QA Training Schedule & Resources", "BHCS Training Calendar", "SUD Forms", "QA/Drug Medi-Cal Memos & Notices", "SUD Policies and Procedures", and "Mental Health Quality Assurance Manual". A "Medical Necessity for SUD Services" section explains the "Medical Necessity Memo" and lists two requirements for establishing Medical Necessity. An "In addition," section mentions a "Medical Necessity Fact Sheet". An "ALCOHOL AND DRUG COUNSELOR REQUIREMENTS:" section states that there are three approved organizations for certification. A "SUBSTANCE USE DISORDER TREATMENT PROGRAM DHCS CERTIFICATION AND LICENCING REQUIREMENTS" section lists links for "Drug Medi-Cal Treatment Program Certification Application Forms", "Drug Medi-Cal CCR Title 22", "Drug Medi-Cal CCR Title 22 edited", and "Drug Medi-Cal Billing Manual February 2017".

Updated  
10.19.18

# Who is this training for?

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

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

# Anticipated SUD Staff Ratios

- ▶ Licensed/Board Registered LPHAs and Certified SUD Counselors, at a minimum, are 30% of staff
- ▶ Registered SUD Counselors should be at most about 70% of staff

# Some things to keep in mind...

- ▶ Regardless of program certification standards or contract, all subcontracted SUD providers will be audited to BHCS QA clinical documentation standards
- ▶ All days indicated in this training are to be considered calendar days, unless specifically noted otherwise

# Alameda County SUD System Overview

Updated  
10.19.18

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FYI

# What is the DMC-ODS Waiver?

- ▶ The Drug Medi-Cal Organized Delivery System (DMC-ODS) provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for substance use disorder treatment services, enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidenced based practices in substance abuse treatment, and coordinates with other systems of care.
- ▶ This approach provides the beneficiary with access to the care and system interaction needed in order to achieve sustainable recovery. DMC-ODS will demonstrate how organized substance use disorder care increases the success of DMC beneficiaries while decreasing other system health care costs.

# Applicable Regulations and Standards

- ▶ DMC-ODS Intergovernmental Agreement (Exhibit A, Attachment I)
- ▶ Centers For Medicare & Medicaid Services, Special Terms and Conditions
  - Note: Refer to pages 96-127 and 376-407 for the DMC-ODS system. (Updated April 5, 2018)
- ▶ CA Alcohol and/or Other Drug Program Certification Standards (AOD) (Program Licensing required for Residential)
- ▶ Alameda County Behavioral Health Plan / BHCS QA Clinical Doc Standards
  - ▶ BHCS SUD DMC-ODS RFP
  - ▶ BHCS SUD DMC-ODS Implementation Plan
  - ▶ Individual provider contracts
- ▶ 42 CFR, Part 2, HIPAA (PUBLIC LAW 104-191), HITECH
- ▶ Additional regulations may apply

**Remember providers must always follow the highest standard / regulation.**

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# The IA, STC, and Title 22



By implementing the DMC-ODS Waiver, SUD services after 6/30/18 are now regulated by the *DMC-ODS Intergovernmental Agreement and the CMS Special Terms and Conditions*. **Title 22 § 51341.1 is no longer applicable for DMC-ODS counties.**

As well as the BHCS SUD RFP Specifications, BHCS SUD DMC-ODS Implementation Plan, and individual contracts.

**DHCS has stated that the broad standards outlined in the IA are intended as a minimum standard of care. Counties are expected and encouraged to set higher standards of care depending on specific county needs. In all areas, SUD Providers must follow the ACBHCS Guidelines described herein.**

# AOD Certification / License Standards



- ▶ DHCS Alcohol and/or Other Drug Program Certification Standards updated 5/2017:
  - ▶ [http://www.dhcs.ca.gov/provgovpart/Documents/DHCS\\_AOD\\_Certification\\_Standards\\_5\\_30\\_17.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/DHCS_AOD_Certification_Standards_5_30_17.pdf)
- ▶ All residential programs are required to have AOD Certification Standard License
- ▶ AOD Certification Standards are no longer required for outpatient Alameda County SUD providers who claim to DMC
- ▶ Regardless, if an agency still has an active AOD Certification / License, then that agency is required to follow those standards (if different or higher)
- ▶ ACBHCS will be requesting evidence of AOD Certification / License at the time of audits



# ASAM American Society of Addiction Medicine





# ASAM American Society of Addiction Medicine

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

Check the ACBHCS SUD page for information about upcoming ASAM trainings



# Early Intervention Services

(ASAM Level 0.5) – contracted out services (not ODS claiming-a separate contract is required)

- ▶ Services include: screenings, brief treatment as medically necessary, and, when indicated, a referral to treatment with a formal linkage.
- ▶ Individuals, other than at-risk youth, refer to other prevention services in the community.
- ▶ **Some types of Early Intervention Services include: Educational programs for DUI, Employee Assistance Programs, community based services, Transition to Treatment, primary prevention service providers**
- ▶ **Bridge to Treatment** - For adolescents at risk of developing a substance use disorder or those with an existing substance use disorder.
- ▶ **Transition to Treatment – For adults (and their families) experiencing problems related to substance use and who need treatment services but have not yet engaged in those services**
- ▶ Early Interventions Services must be specified in your contract in order to be claimed

# Outpatient Services (OS)

## (ASAM Level 1.0) – Outpatient contracts

- ▶ Adults = Up to 9 hours of medically necessary services
- ▶ Adolescents = Less than 6 hours of medically necessary services

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

- ▶ 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 treatment plan must be updated to reflect the need for expanded IOS hours.

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

# 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
- ▶ Collateral Services
- ▶ Crisis intervention services
- ▶ Discharge planning and coordination

# 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.
- ▶ Upon discharge, individuals may be referred to additional SUD services based on the ALOC.

# Components of Withdrawal Management

## Currently Cherry Hill

- ▶ **Intake:** 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.
- ▶ **Treatment Planning:** Developing individualized treatment plans with the beneficiary based on issues identified during the assessment.
- ▶ **Observation:** 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.
- ▶ **Discharge 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.

# Case Management Services

- ▶ 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, 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.

# Physician Consultation Services

- ▶ Physician Consultation Services consist of **DMC Physicians'** consultation with **BHCS approved external** addiction medicine physicians, addiction psychiatrists, or clinical pharmacists.
- ▶ Designed to assist provider physicians by allowing them to seek expert advice when developing treatment 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 BHCS specified consultants — TBD**

May be provided in these settings: OS, IOS, RES, WM RES

# UCSF Clinician Consultation Center

## Free Consultation Services




CLINICIAN-TO-CLINICIAN ADVICE

- HIV/AIDS MANAGEMENT
- PERINATAL HIV
- HEPATITIS C MANAGEMENT
- PREP: PRE-EXPOSURE PROPHYLAXIS
- PEP: POST-EXPOSURE PROPHYLAXIS
- SUBSTANCE USE MANAGEMENT

[www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)

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Translating science into care.




The Clinician Consultation Center's team of expert physicians, nurses, and clinical pharmacists support healthcare providers in delivering high-quality care to patients of all ages. Our free and confidential services are for all experience levels.

We answer your questions on:

<b>HIV/AIDS Management</b> (800) 933-3413	<b>Perinatal HIV</b> (888) 448-8765
<b>PEP: Post-Exposure Prophylaxis</b> (888) 448-4911	<b>PrEP: Pre-Exposure Prophylaxis</b> (855) 448-7737
<b>Hepatitis C Management</b> (844) 437-4636	<b>Substance Use Management</b> (855) 300-3595

Online consultation services: [nccc.ucsf.edu](http://nccc.ucsf.edu)

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Translating science into care.

The CCC, a part of the AIDS Education and Training Centers, is located at the University of California, San Francisco/Zuckerberg San Francisco General Hospital and is funded by the Health Resources and Services Administration and the Centers for Disease Control and Prevention.

Providers may be able to claim Case Management when consulting with these services.



# Medication Services and Medication Assisted Treatment (MAT)

- ▶ 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 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 may not be methadone, buprenorphine, naloxone, and disulfiram for opioid treatment unless added to the provider contract.
- ▶ Beneficiaries may also be referred to their primary care physician for medication services
- ▶ **RES programs require *Incidental Medical Services (IMS) Certification***

# Components of Recovery Support Services

State approval pending for unlicensed peer staff, may currently only be provided by LPHAs and SUD Counselors.

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.

# Recovery Support Services (RSS)

- ▶ Only may be provided by SUD Outpatient Providers
- ▶ Are available after the beneficiary has completed a course of treatment. *Recovery 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.
- ▶ *Recovery Support Services* are part of the assessment and treatment needs of Dimension 6, Recovery Environment of the ASAM Criteria and during the transfer/transition planning process.
- ▶ Similar documentation requirements as OS
- ▶ The RSS provider doesn't have to be same provider of the previous SUD treatment service.
- ▶ Only individuals who are in recovery are eligible for RSS – Must meet Medi-Cal Necessity and have a remission diagnosis)

# Recovery Support Services Requirements

- ▶ Beneficiary must meet with SUD Counselor 1x per month, unless LPHA clinically justifies reduced contact
- ▶ Request for an extension are considered on a case-by-case request. The beneficiary must meet criteria for medical necessity to qualify for an extension.
- ▶ Services shall be delivered by: 1) ~~a certified Peer Specialist (for substance abuse assistance services only)~~; 2) a SUD counselor who is linked to a DMC-certified site / facility and/or a Licensed Practitioner of the Healing Arts (LPHA).
- ▶ No maximum number of service hours.

State approval pending for unlicensed peer staff, may currently only be provided by LPHAs and SUD Counselors.

# Recovery Residences

- ▶ Are abstinence-based, peer supported housing with concurrent SUD/DMC outpatient treatment
- ▶ Based on recommended CCAAP Recovery Residence models
- ▶ Short-term housing, based on BHCS criteria
- ▶ **Beneficiaries must be actively participating in OS/IOS/RSS Treatment in order to be eligible for Recovery Residence services.**

# Updated SUD Scope of Practice



A memo will be sent out shortly

# SUD InSyst Procedure Code Table

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
<b>Outpatient Services (OS)</b>																				
197	SUD CG Informational Note	SUD CGNOTE	OO	no Mical bill																
880	SUD Tracking-Assessment	SUDTRKASST	OO	no Mical bill																
881	SUD TRACKING MED NECESS/JUSTIF	SUDTRKMNEC	OO	no Mical bill																
882	SUD TRACKING ALOC	SUDTRKALOC	OO	no Mical bill																
883	SUD TRACKING DISCHARGE	SUDTRKDISC	OO	no Mical bill																
601	OS Individual Counsel	OS INDIV	EA	H0004	X	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	X
621	OS Collateral Services	OS COLL	EA	H0004	X	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	X
626	OS Family Therapy	OS FAM TX	EA	H0004	X	X		X	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	X
634	OS Medication Services	OS MEDS	EA	H0004	X	X		X	X	X	X	X	X	X	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	X
644	OS Treatment Planning	OS TX PLNG	EA	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
649	OS Discharge Plug	OS DISCH	EA	H0004	X	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	X
659	OS Group Education	OS GRP EDU	FA	H0005	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
664	OS Group Multi-Fam Conts-Adol	OSGRPMFAMA	FA	H0005	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
665	OS Case Mgmt-Care Coord	OS CM CARE	GA	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
666	OS Case Mgmt-Serv Coord	OS CMSERV	GA	H0006	X	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 Mical bill	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
677	OS Recov Srv - Individual Cont	OS RSINDIV	EB	H0004	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
680	OS Rec Srv - Group Cont	OS RS GRP	FB	H0005	X	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	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	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
<b>Intensive Outpatient Services (IOS)</b>																				
197	SUD CG Informational Note	SUD CGNOTE	OO	no Mical bill																
880	SUD Tracking-Assessment	SUDTRKASST	OO	no Mical bill																
881	SUD TRACKING MED NECESS/JUSTIF	SUDTRKMNEC	OO	no Mical bill																
882	SUD TRACKING ALOC	SUDTRKALOC	OO	no Mical bill																
883	SUD TRACKING DISCHARGE	SUDTRKDISC	OO	no Mical bill																
201	IOS Intensive OP Treatment	IOS INDIV	KA	H0015	X	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	X
215	IOS Group Counseling	IOS GROUP	KA	H0015	X	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	X
226	IOS Family Therapy	IOS FAM TX	KA	H0015	X	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	X
234	IOS Medication Services	IOS MEDS	KA	H0015	X	X		X	X	X	X	X	X	X	X	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	X
244	IOS Treatment Planning	IOS TX PLNG	KA	H0015	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
249	IOS Discharge Plug	IOS DISCH	KA	H0015	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X

# Clinical Quality Review Team (CQRT)

- ▶ CQRT has two components:
  - ▶ Services authorization for OS/IOS/RSS (For RES auth. fax to UM)
  - ▶ Chart review (for IOS/OS/RSS/RES)
- ▶ CQRT is required for all IOS/OS/RSS/RES SUD providers and is part of Alameda County's service authorization process
- ▶ Providers will be trained by BHCS QA staff on CQRT procedure and will participate in BHCS QA facilitated CQRT meetings
- ▶ Providers are required to participate in BHCS led CQRT
- ▶ Providers should send at least one QA Staff ideally, Licensed LPHA, may be unlicensed LPHA, Certified SUD Counselors, and with QA BHCS approval Registered Counselors who meet BHCS requirements to conduct Intake/Assessment/ASAM.



# Residential Treatment Services

ASAM Levels 3.1 to 3.5

Updated  
10.19.18

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# 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
- ▶ 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 face-to-face 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 face-to-face clinical service per day.

# Residential Treatment Services

## ▶ Per DHCS reimbursable residential services are:

- ▶ 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 clinical hour requirements of 3.1 and 3.5

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. **When transporting a client the provider must be present.**
  - ▶ **When a RES provider provides Case Management Services that involves transportation, the time transporting the client must be claimed as part of the RES day activity.**
- ▶ 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)

# 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

# Preauthorization of Residential Services

- ▶ Once the provider has received the referral and beneficiary has presented for intake, the provider has **5 days** to complete the diagnosis (including written basis), Initial Medical Necessity form, and Initial ALOC. **Completion of full assessment is highly recommended.**
- ▶ This information is securely sent to UM for authorization along with other referral information
- ▶ UM will make determination on authorization
- ▶ Residential programs have **10 days** from date of admission to complete the Intake Assessment, treatment plan, and other required admission documentation.

# Length of Residential Services: Non-Perinatal Adults

- ▶ Adults are beneficiaries aged 21 and older
- ▶ Length of stay
  - ▶ 1 to 90 days, 90 day maximum
  - ▶ 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 non-perinatal adult is admitted to RES 3.5, the day 30 ALOC reassessment indicates improved functioning and LOC as 3.1. If they transition from 3.5 to 3.1, this would be considered the same regimen and they still have 60 days left on this residential regimen.

# Length of Residential Services

## Perinatal

A stay at a perinatal residential program is considered a residential admission and counts towards the annual limits in residential admissions.

**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
- ▶ Examples: Hospital discharge paperwork, with DOB; Physician's note



# 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. BHCS 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

- ▶ Perinatal RES → Eligible until the last day of the month in which the 60<sup>th</sup> 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 BHCS SUD documentation standards, even though non-DMC funded

# Additional Required Perinatal Services

- ▶ 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

- ▶ Adolescents are beneficiaries aged 12 to 20
- ▶ Length of stay
  - ▶ Adolescents, under the age of 21, can receive continuous residential services for a maximum of 30 days. Extensions must be approved by UM every 30 days if medically necessary and authorized by UM.
  - ▶ 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
- ▶ **Adolescent beneficiaries 18 to 20 must reside in adult residential programs, but follow adolescent length of stay limits and authorizations.**

# SUD Provider Personnel

Updated  
10.19.18

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# SUD Provider Responsibilities

- ▶ It is you and your staffs' responsibility to know and follow **ALL** applicable regulations
- ▶ Employ qualified staff and make ensure staff work within their scope of practice!
- ▶ Develop and document procedures for admission
- ▶ Ensure medical necessity is documented in beneficiary records
- ▶ Complete a personal, medical, and substance use history upon admission
- ▶ Ensure that client's challenges identified are addressed in treatment plan and progress notes
- ▶ Complete discharge plan **OR** discharge summary upon discharge
- ▶ SUD Treatment **MUST** be provided under the direction of a **Licensed LPHA**

# Requirements for SUD Medical Director

## SUD Medical Director is a Licensed LPHA

- ▶ Must be physician who is licensed by the ***Medical Board of California*** or the ***Osteopathic Medical Board of California***
  - ▶ Must not be excluded from participation in any State or Federal Medicare or Medicaid program
  - ▶ Must be enrolled in Medi-Cal as a substance use disorder medical director
  - ▶ Must be acting in compliance with all laws and requirements of the Medi-Cal program



# SUD Medical Director Responsibilities

The substance use disorder medical director may delegate their responsibilities to a physician consistent with the provider's medical policies and standards; however, the substance use disorder medical director shall remain responsible for ensuring all delegated duties are properly performed.

- ▶ Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care
- ▶ Ensure that physicians do not delegate their duties to non-physician personnel
- ▶ Develop and implement medical policies and standards for the provider. **MD P&P must be signed by the current Medical Director.**
- ▶ Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards
- ▶ Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
- ▶ Ensure that provider's physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries
- ▶ Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section



# Medical Director's Policies and Standards

- ▶ Your current Medical Director must have reviewed, approved, and **signed** the current *Policy and Standards*.
- ▶ What needs to be in the *Medical Director's Policies and Standards* is determined by the Medical Director.
- ▶ Some sections that may be included are:
  - ▶ Disease prevention, on-site injury response, on-site injury prevention, medication dosing procedures, emergency protocols, OD procedure, medical emergency procedure, infectious disease protocols (e.g. TB, lice, MRSA, scabies, etc), requirements for physical exam, procedure for when the client is under the influence, and more...



# Counselor Certification Organizations

DHCS recognizes the following organizations to register and certify alcohol and other drug counselors in California: <https://www.dhcs.ca.gov/provgovpart/Pages/CounselorCertificationOrganizations.aspx>

As of this training these are:

California Association of DUI Treatment Programs (CADTP)

*Accredited Program – Certified Alcohol & Other Drug Counselor (expires 6/30/19)*

<http://www.cadtp.org/>

[info@cadtp.org](mailto:info@cadtp.org)

California Consortium of Addiction Programs and Professionals (CCAPP)

*Accredited Program - Certified Alcohol Drug Counselor II (expires 4/30/22)*

<https://www.ccapp.us/>

*Email: [office@ccapp.us](mailto:office@ccapp.us)*

Note that as of 6/15/18 CATC (CAADE) credentials are no longer accepted by DHCS



# Licensed Practitioners of the Healing Arts (LPHAs)

LPHAs include:

- ▶ Physicians
- ▶ Nurse Practitioners
- ▶ Physician Assistants
- ▶ Registered Nurses
- ▶ Registered Pharmacists (May not diagnose or conduct MSE as it is not within their scope of practice)
- ▶ Licensed Clinical Psychologists
- ▶ Licensed Clinical Social Worker
- ▶ Licensed Professional Clinical Counselor
- ▶ Licensed Marriage and Family Therapists
- ▶ License Eligible Practitioners (Registered/Waivered) working under the supervision of licensed clinicians
  - ▶ Co-signatures required by licensed LPHA on diagnoses

# SUD Counselor/LPHA Responsibilities

- ▶ Assessment (Intake and ongoing as medically necessary)
- ▶ ASAM/ALOC (LPHA and Certified Counselors only)
- ▶ Initial & Updated Treatment 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.

# Training Requirements

- ▶ **All LPHAs, including the SUD Medical Director,** must receive a minimum of five (5) hours of continuing education related to addiction medicine each year
- ▶ Registered and certified SUD counselors must adhere to all requirements in CCR Title 9, Chapter 8
- ▶ For ASAM, at a minimum 2 e-modules are required, **ASAM Multidimensional Assessment, and From Assessment to Service Planning and Level of Care.**

# Alameda County SUD Providers' Admission/Pre-Admission Process

Updated  
10.19.18

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# Informing Materials

- ▶ BHCS Informing Materials are required for all SUD beneficiaries
- ▶ Providers may add additional privacy notices, informing forms, etc., if necessary but may not remove or modify any components of the BHCS form
- ▶ Providers must retain the signature page in the beneficiary's medical record
- ▶ Providers must review and have signed the informing materials by the treatment plan due date

# At Beginning of Treatment: Informed Consent to Treatment, Incidental Disclosure Acknowledgement & Required Release of Information Forms

Providers must review and have signed the *ACBHCS Informing Materials* by the treatment plan due date

- ▶ Having the Informed Consent Signature page signed by the due date does not relieve the provider of their duties to have agreement to consent of treatment, the Incidental Disclosure Acknowledgement, ROIs, etc. in place as required by regulation.



# At Beginning of Treatment: Informed Consent to Treatment, Incidental Disclosure Acknowledgement & Required Release of Information Forms, Cont.

Required *BHCS SUD Programs* ROI must be signed prior to releasing any information and prior to entering any information into Clinician's Gateway/InSyst

- ▶ This particular ROI is titled: **Authorization to Disclose My Individually Identifiable SUD Information – BHCS SUD Programs:**  
[http://www.acbhcs.org/providers/Forms/SUD/Authorization\\_Disclose\\_SUD.pdf](http://www.acbhcs.org/providers/Forms/SUD/Authorization_Disclose_SUD.pdf)
- ▶ Use the **BHCS SUD Provider Directory** to determine which agencies are covered by the BHCS SUD Programs release:
  - ▶ [http://www.acbhcs.org/SUD/docs/SUD\\_providers\\_dirctory.pdf](http://www.acbhcs.org/SUD/docs/SUD_providers_dirctory.pdf) ← This is the actual URL
  - ▶ Best practice remains to discuss and have client sign a specific ROI whenever releasing information outside of your agency.

**IF THE BENEFICIARY DECLINES TO SIGN THE REQUIRED SUD PROGRAMS ROI DO NOT OPEN EPISODE IN INSYST/CG, INDICATE ON ROI AND CONSULT WITH BHCS IMMEDIATELY.**

# 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:	RU #, if applies:	
INSYST #:			

**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:	

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# Components of Informing Materials

- ▶ 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”
- ▶ Provider Directory for Alameda County Behavioral Health Plan
- ▶ Beneficiary Problem Resolution Information
- ▶ Advance Directive Information (for age 18+ and when client turns 18)
- ▶ Notice of Information 42 CFR PART 2: Information on Drug and Alcohol Patient Disclosure (for clients receiving Substance Use Treatment services only)

# Incidental Disclosures in Group

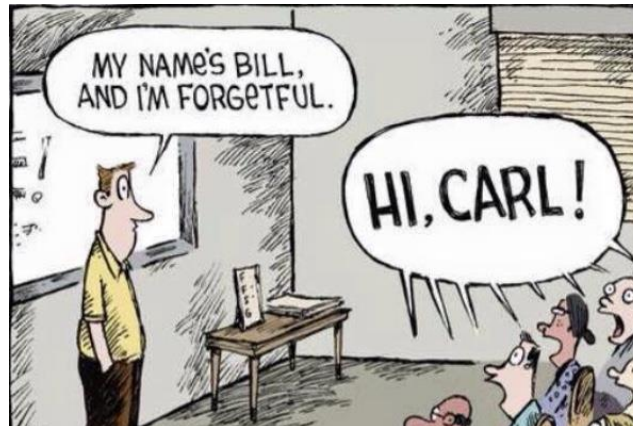
42 CFR, Part 2 prohibits "incidental disclosures" that can occur through such things as group sign-in sheets.

Due to this prohibition all beneficiaries must be informed that incidental disclosures of their name and person may occur during group treatment. **At intake written acknowledgment must be completed for each beneficiary.**

To maintain compliance with this regulation, all beneficiaries attending groups must sign a release of confidentiality and/or client agreement.

**These documents shall be in the beneficiary's chart and ACBHCS will be auditing to this standard.**

**Additional disclosure is required by BHCS and must be maintained in client's chart**



# BHCS Incidental Disclosure Notice

All Alameda SUD Beneficiaries must review and sign

Client Acknowledgement of Incidental Disclosure(s)  
Substance Use Prevention and/or Treatment

I, \_\_\_\_\_ (print name), realize and accept that both 42 Code of Federal Regulations (CFR) Part 2 and HIPAA Privacy Rule require Substance Use (SU) services programs to take wise safety measures to protect my personal healthcare information (PHI).

State and federal laws are not meant to prevent program staff from talking to each other or to their clients. Sound judgement is used by program staff to avoid sharing information with those not involved with a client case. Even with this caution, it is possible that minor amounts of client information may be disclosed to people who are nearby. This kind of disclosure is called an *incidental disclosure*.

An incidental disclosure of client information does not violate privacy so long as wise cautions are taken. Wise cautions to protect privacy require that staff be aware of where they are and who is around.

Clients usually see one another on the program grounds and may even talk together. They are free to disclose and talk about their own client-identifying information to other clients- or anyone else, for that matter. This does not abuse the privacy laws. When in a group, people share their experiences. Clients' free talk between themselves is considered self-disclosures which 42 CFR Part 2 and HIPAA do not regulate.

Program services include individual and group sessions. Group session sign-in sheets require clients to record their name for each session. Because clients see one another's' names on the sheet, the sign-in sheet reveals the names of other clients. This might seem like a self-disclosure by the client, but it is not.

Privacy and confidentiality laws for substance use (SU) services is greater than the HIPAA laws. When the sign-in sheet has limited information HIPAA sees this as an incidental disclosure. SU laws (42 CFR Part 2) sees the sign-in sheet as a required disclosure. All required disclosures require written consent and acknowledgment from the client.

**I agree not to disclose information about other clients or participants.**

- I understand that I must take wise precautions to protect and respect the privacy of others.
- I will take wise precautions to not violate other client confidential information that I may hear while in a group setting.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature/Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



# Releases of Information (ROIs), Cont.

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



# BHCS ROI Screenshots

## Criminal Justice ROI

## Emergency Contact ROI

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 - 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 - 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)

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

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

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.acbhcs.org/SUD/docs/SUD\\_providers\\_directory.pdf](http://www.acbhcs.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 09/18

Adults require reporting and monitoring, including for conditional release or juvenile justice program  
 Medication and medication compliance; drug testing results  
 Attendance, participation, and compliance with treatment program, and ongoing coordination of care for collaborative court purposes  
 Prognosis and progress with treatment  
 Operations activities for the collaborative courts  
 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

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

An individual within the criminal justice system who receives patient information under 42 CFR part 2, sec. 2.35 may re-disclose and use it only to carry out that individual's official duties with regard to the patient's conditional release or other action in connection with which the consent was given.

SUD-ROI-CRIMINAL JUSTICE - REV 09/18

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

I may contact my emergency contact(s) in the event of an emergency, and thereby disclose that I am a patient being served in this SUD program.

I carry out the disclosure purpose of 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.acbhcs.org/SUD/docs/SUD\\_providers\\_directory.pdf](http://www.acbhcs.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 09/18

Updated  
10.19.18

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# BHCS SUD Programs ROI

- ▶ When the beneficiary signs the BHCS SUD Programs ROI, this allows communication between BHCS contracted SUD programs.
- ▶ Best practice remains to discuss and have client sign a specific ROI whenever releasing information outside of your agency.
- ▶ Use the BHCS SUD Provider Directory to determine which agencies are considered part of the BHCS Service Provider Network (SPN) and covered by the BHCS SUD Programs release:
  - ▶ [http://www.acbhcs.org/SUD/docs/SUD\\_providers\\_dirctory.pdf](http://www.acbhcs.org/SUD/docs/SUD_providers_dirctory.pdf)

# 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.



# Physical Health and SUD Treatment

Updated  
10.19.18

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# 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 NOT a 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

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](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 997413  
Sacramento, CA 95899-7413

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**CLIENT HEALTH QUESTIONNAIRE AND INITIAL SCREENING QUESTIONS**

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HEALTH QUESTIONNAIRE INSTRUCTIONS

If Incidental Medical Services (IMS) are to be provided, the [Incidental Medical Services Certification Form \(DHCS 4020\)](#), and the [Health Care Practitioner Incidental Medical Services Acknowledgement Form \(DHCS 5250\)](#), must be completed, reviewed and signed by a Health Care Practitioner.

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**CLIENT HEALTH QUESTIONNAIRE**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date: \_\_\_\_\_

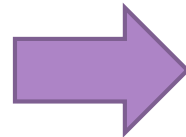
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**Physical**

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 997413  
Sacramento, CA 95899-7413

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**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 9

Available  
in handout  
section!

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Updated 10.19.18

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# Physical Examinations are an integral part of SUD Treatment

## Scenario A

If the beneficiary has had a physical exam in the 12 months prior to the date of admission, then the **physician, registered 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 does not review the exam record AND/OR new exam is not completed, then the initial treatment 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

- ▶ 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 treatment 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

Updated  
10.19.18

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# Intake Assessment

**At a minimum the SUD Assessment must include detailed:**

- ▶ Drug/Alcohol use history
- ▶ Medical history
- ▶ Family history
- ▶ Psychiatric/psychological history
- ▶ Social/recreational history
- ▶ Financial status/history
- ▶ Educational history
- ▶ Employment history
- ▶ Criminal history, legal status
- ▶ Previous SUD treatment history
- ▶ Narrative evaluation or analysis of client and their functioning (see next slide)

# 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 treatment plan.

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

- ▶ BHCS 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 CADC-I 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

# Intake Assessment

The BHCS Intake/Assessment form is a comprehensive assessment. The goal is to complete as much as possible, 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.

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

The screenshot shows a web-based form titled "Service #: New Title: Intake & Assessment". The form is divided into several sections:

- Client Information:** Includes fields for Client Number (set to "Unknown"), Last Name, and First Name. There are also fields for Service date (06/05/2018), Util. review date, and Plan due date.
- Procedures:** A dropdown menu labeled "Select Procedure".
- Service Location:** A dropdown menu labeled "Select Location".
- Medical History:** Includes dropdowns for "Med. Compliant" (set to "N/A") and "Side Effects" (set to "N/A"). There are also checkboxes for "Emergency" and "Pregnant?".
- Staff Time:** Includes a dropdown for "Primary Clinician" (set to "63219 - Phipps, Brion"), a dropdown for "Provider" (set to "Select Provider"), and time input fields for "Primary Total Start" and "End" (both set to "hh:mm").
- Assessment:** A section titled "SUD INTAKE AND ASSESSMENT" with a checkbox "Health Screening Questionnaire Reviewed with Client". Below this is the "INTAKE INSTRUCTIONS" section, which contains detailed text about the assessment process and a list of items to be reviewed. At the bottom of this section are input fields for "Episode Opening Date", "Birthdate", "Preferred Last Name", and "Preferred First Name".
- Demographics:** Includes a "What is your Pronoun:" section with radio buttons for "She/Her", "He/Him", "They/Them", "Unknown/ Not Reported", and "Other". Below this is a "Sex Assigned at Birth:" section with radio buttons for "Unknown", "Male", "Female", "Intersex", and "Other". At the very bottom is a "Gender Identity:" section with checkboxes for "Unknown", "Male", "Female", "Intersex", "Gender Queer", and "Decline to State".

# Additional Perinatal Assessment Items

- ▶ Was a need for mother/child habilitative services assessed in the Intake?
- ▶ 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)?
- ▶ Prenatal exposure to substances harms developing fetuses. Was this assessed in the Intake?
- ▶ Were sexual or physical abuse issues assessed in the Intake?
- ▶ Were service access needs (i.e. transportation, financial, other barriers) assessed in the Intake?
  - ▶ **Must provide transportation when needed (i.e. client cannot access transportation). Indicate reason**
- ▶ If any of these items are endorsed by the client, then it must be indicated in the treatment plan.

# 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

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

# 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)**
- ▶ **For NTP**
  - ▶ **Due within 28 days of admission**



# 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.

- ▶ BHCS form has two signature lines to document completion and LPHA review
- ▶ CG will require LPHA review and signature
- ▶ 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.

# 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 treatment plan.
  - ▶ This will be explored more extensively in the treatment plan section of this training

# Establishing Medical Necessity

Part of the Golden Thread

Updated  
10.19.18

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# What is the Golden Thread?

Unifying and linking of medical necessity throughout treatment

- ▶ When treatment is well planned and thoughtful, each element of treatment will be connected to each other and all based on the client's medical need for SUD treatment. The *golden thread* is that common theme linking all aspects of the beneficiary's treatment together. Without the *golden thread*, treatment will likely be unfocused and disjointed.
- ▶ **Admission** starts the golden thread → What's determined during the **Intake/Assessment** process informs → **Treatment Planning**, which uses the information from the assessment to develop a strategy to treat the identified issues related to the beneficiary's substance use disorder → When the beneficiary demonstrates improvement with their identified challenges and they no longer need treatment services the **Discharge Planning** process begins → Aftercare services to support their gains are called **Recovery Support** and are based on was relapse prevention strategies the beneficiary identified during treatment.
- ▶ **Progress Notes** are both part of the *golden thread* and documentation of the *golden thread*.

# The essential parts of establishing Medical Necessity

## Part 1

- ▶ 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. BHCS 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 Assessment Form***
  - ▶ ***ALOC Re-Assessment Form***
  - ▶ These forms are identical and have different names for tracking purposes
    - ▶ Using identical ALOCs allows for direct comparison across treatment time frames

# ASAM Level of Care (ALOC) Form

**BHCS SUD ALOC Initial Assessment – Waiver**

**This form is not for claiming, service must be documented in a progress note in order to be claimed**

**Service #: ALOC Assessment**

Client: \_\_\_\_\_  
InSyst #                      Last Name                      First Name

Location: \_\_\_\_\_ Episode Opening Date: \_\_\_\_\_  
Services were provided in: \_\_\_\_\_ by  Interpreter or  clinician

**STAFF INFORMATION**

Provider: \_\_\_\_\_ RU: \_\_\_\_\_  
 Primary Counselor/LPHA: \_\_\_\_\_

**ALOC ASSESSMENT**

**ALOC 30 Day Assessment Continuum of Care Form**

**Directions:** The Brief ASAM-Level of Care (A-LOC) engagement questions are designed to ensure placement into the appropriate A-LOC. If or when it is determined a different level of care may be needed the client should receive a more through A-LOC Re-Assessment.

**Current Relevant Information**

Re-engaged with Family?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Plans to Enroll in School?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Somewhere safe to reside?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you put work on hold to enroll in SUD TX?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Plans to return to work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identified relapse triggers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Receiving services for mental illness?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Outside support system in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Stage of Change**

Pre-contemplation    Contemplation    Preparation    Action    Maintenance    Relapse

Comment: \_\_\_\_\_

**Desire to Change**

No desire (4)    Little desire (3)    Ambivalent desire (2)    Desires to change, with some reservations (1)  
 Active desire to change (0)

Comment: \_\_\_\_\_

**Relapse Prevention**

Actively objects to a relapse prevention plan (4)    Unwilling to develop a relapse or continued use prevention plan (3)  
 Ambivalent about a relapse or cont. use prevention plan (2)    Willing to do a relapse or cont. use prevention plan (1)  
 Working actively on a prevention or continued use prevention plan (0)

Comment: \_\_\_\_\_

**Interpersonal/ Social Functioning**

Actively toxic relationships (4)    Not supportive relationships (3)    Marginally supportive (2)  
 Moderately supportive (1)    Very supportive (0)

Comment: \_\_\_\_\_

**Self-Care**

Page 1 of 4

**BHCS SUD ALOC Re-Assessment – Waiver**

**This form is not for claiming, service must be documented in a progress note in order to be claimed**

**ALOC Assessment**

Client: \_\_\_\_\_  
InSyst #                      Last Name                      First Name

Location: \_\_\_\_\_ Episode Opening Date: \_\_\_\_\_  
Services were provided in: \_\_\_\_\_ by  Interpreter or  clinician

**STAFF INFORMATION**

Provider: \_\_\_\_\_ RU: \_\_\_\_\_  
 Primary Counselor/LPHA: \_\_\_\_\_

**ALOC ASSESSMENT**

**ALOC 30 Day Assessment Continuum of Care Form**

**Directions:** The Brief ASAM-Level of Care (A-LOC) engagement questions are designed to ensure placement into the appropriate A-LOC. If or when it is determined a different level of care may be needed the client should receive a more through A-LOC Re-Assessment.

**Current Relevant Information**

Re-engaged with Family?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Plans to Enroll in School?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Somewhere safe to reside?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you put work on hold to enroll in SUD TX?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Plans to return to work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identified relapse triggers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Receiving services for mental illness?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Outside support system in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Stage of Change**

Pre-contemplation    Contemplation    Preparation    Action    Maintenance    Relapse

Comment: \_\_\_\_\_

**Desire to Change**

No desire (4)    Little desire (3)    Ambivalent desire (2)    Desires to change, with some reservations (1)  
 Active desire to change (0)

Comment: \_\_\_\_\_

**Relapse Prevention**

Actively objects to a relapse prevention plan (4)    Unwilling to develop a relapse or continued use prevention plan (3)  
 Ambivalent about a relapse or cont. use prevention plan (2)    Willing to do a relapse or cont. use prevention plan (1)  
 Working actively on a prevention or continued use prevention plan (0)

Comment: \_\_\_\_\_

**Interpersonal/ Social Functioning**

Actively toxic relationships (4)    Not supportive relationships (3)    Marginally supportive (2)  
 Moderately supportive (1)    Very supportive (0)

Comment: \_\_\_\_\_

**Self-Care**

Page 1 of 4



# ASAM Level of Care (ALOC)

## Due Dates

- ▶ OS/RSS/NTP – Due within 30 days from date of admission and then every 90 days
- ▶ IOS – Due within 30 days from date of admission and then every 60 days
- ▶ RES – Due within 5 days from date of admission and then every 30 days
  - ▶ This is a required component of the BHCS 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
- ▶ **ALOCs are due prior to every plan or plan update and whenever clinically indicated**
  - ▶ **ALOCs completed within 30 days of plan date may be used to meet this requirement, if there are clinical changes then the ALOC must be redone.**

# 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 make the diagnosis

**Option B:** The LPHA can 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.**

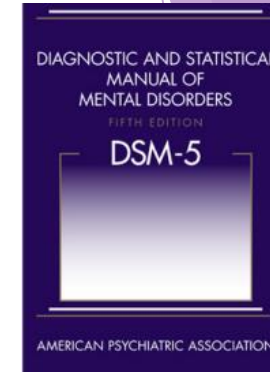
Regardless of the above options, the LPHA must complete the individualized written basis for the diagnosis

- ▶ Note, that if the LPHA is not licensed, they must have the diagnosis and written basis reviewed and co-signed by a licensed LPHA or Medical Director.

Restating the diagnostic criteria, without specifying how they each individually apply to the beneficiary and with required timeframes, is not acceptable

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

# Essential parts of Medical Necessity



## Part 2 (Dx, Sx, Impairments)

- ▶ An included DSM-5 SUD diagnosis
- ▶ To be given a diagnosis, the beneficiary must meet the criteria as specified in the DSM-5 for the each diagnosis given. BHCS does not determine criteria for diagnoses.
  - ▶ Only a LPHA may establish a diagnosis (unlicensed LPHAs require co-sig.)
  - ▶ The LPHA establishing the diagnosis must include specific, individualized criteria for each included diagnosis including timeframes.

# Gathering Information for the SUD Diagnosis

In this column provide specific examples of how the client meets this symptom criteria. Provide as many examples as possible for each substance. Be specific, include timeframes as well as quantities.

SUD Counselors may not diagnose, but they may gather information to inform the diagnosis. Without specific information the LPHA cannot properly make a SUD diagnosis.

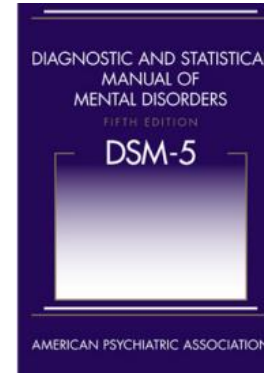
BHCS SUD Assessment Form – DSM-5 Diagnosis Criteria ONLY

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 (relapse, remission, or in a controlled environment) or was/is in a controlled environment.

Met	Symptom	Substance(s)	Provide specific examples and timeframes for each substance
<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/anti-anxiety, 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.)

# 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 BHCS on 1/4/18
  - ▶ Only diagnoses on this list may be treated through SUD services
- ▶ Include both the ICD-10 code and DSM-5 name (CG will provide both)
  - ▶ And DSM-5 specifiers (e.g. In Early Remission, In Sustained Remission, In a Controlled Environment)

# ACBHCS SUD Included Diagnosis List

SUD providers must use list on the right side

Last updated on 1/4/2018

DHCS issues their list of allowed diagnoses in ICD-10 format. ICD-10 does not contain specific diagnostic criteria. The ACBHCS provides a crosswalk between ICD-10 codes and DSM-5 diagnoses (which provide diagnostic criteria).

1/4/2018 ACBHCS SUD Medi-Cal Included Diagnosis List - Alpha by ICD-10 Name

**Instructions:** Crossed out diagnoses are not allowed for ACBHCS DMC claiming. The left column is the complete DHCS DMC included list attached to MHSUDS IN 16-030. Providers shall use the ACBHCS list in the right column. DHCS publishes their list of allowable diagnoses for DMC services in ICD-10 format, this creates several difficulties with regard to providing treatment. 1) ICD-10 provides little if any diagnostic criteria. 2) ICD-10 contains both DSM-IV and DSM-5 substance use diagnoses and this causes issues as there was a change in orientation and philosophy between DSM-IV and DSM-5. 3) Not all diagnoses are in DSM-IV and DSM-5. Alameda County is committed to providing the best possible care to its Medi-Cal recipients and requires providers to use DSM-5 for all SUD diagnoses. The ACBHCS list on the right represents the equivalent DSM-5 diagnoses for included ICD-10 codes. When there are multiple possibilities for an allowed DHCS ICD-10 code, all possible DSM-5 diagnoses are listed. Any suggestions are offered as a guide and do not substitute for comprehensive diagnostic formulation. Whenever possible, ICD-10 diagnoses that are also DSM-5 diagnoses should be used as indicated. Diagnoses are repeated when there are multiple potential cross walked diagnoses or different diagnoses with the same code and indicated by (brackets).

**Coding DSM-5 Diagnoses:** DSM-5 diagnoses have uncoded specifiers that refine diagnoses. Clients' medical record must include the ICD-10 code, DSM-5 name, and all relevant specifiers. A few specifiers are included below to indicate accurate cross walked diagnoses; however this is not an exhaustive list. When coding 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).

Not in DSM-5		Crossed out diagnoses= Not allowed		Cross to this DSM-5 diagnosis	
DHCS DMC Included Codes				Alameda County SUD Included List	
ICD-10 Code	ICD 10 Code Descriptions			ICD-10 Code	DSM-5 Description
<del>F10.120</del>	<del>Alcohol Abuse with Intoxication, Uncomplicated</del>			F10.129	Alcohol Intoxication, With Mild Use Disorder
F10.129	Alcohol Abuse with Intoxication, Unspecified			F10.129	Alcohol Intoxication, With Mild Use Disorder
<del>F10.111</del>	<del>Alcohol Abuse, in Remission*</del>			F10.10	Alcohol Use Disorder, Mild with a remission specifier <sup>1</sup>
F10.10	Alcohol Abuse, Uncomplicated			F10.10	Alcohol Use Disorder, Mild
<del>F10.220</del>	<del>Alcohol Dependence with Intoxication, Uncomplicated</del>			F10.229	Alcohol Intoxication, With Moderate or Severe Use Disorder
F10.229	Alcohol Dependence with Intoxication, Unspecified			F10.229	Alcohol Intoxication, With Moderate or Severe Use Disorder
<del>F10.230</del>	<del>Alcohol Dependence with Withdrawal, Uncomplicated</del>			F10.20 & F10.239	Alcohol Use Disorder, Moderate & Alcohol Withdrawal, Without Perceptual Disturbances; OR
<del>F10.230</del>	<del>Alcohol Dependence with Withdrawal, Uncomplicated</del>			F10.20 & F10.239	Alcohol Use Disorder, Severe & Alcohol Withdrawal, Without Perceptual Disturbances
F10.239	Alcohol Dependence with Withdrawal, Unspecified			F10.239	Alcohol Withdrawal, Without Perceptual Disturbances
<del>F10.211</del>	<del>Alcohol Dependence, in Remission</del>			F10.20	Alcohol Use Disorder, Moderate with a remission specifier <sup>1</sup> ; OR
<del>F10.211</del>	<del>Alcohol Dependence, in Remission</del>			F10.20	Alcohol Use Disorder, Severe with a remission specifier <sup>1</sup>
F10.20	Alcohol Dependence, Uncomplicated			F10.20	Alcohol Use Disorder, Moderate; OR
F10.20	Alcohol Dependence, Uncomplicated			F10.20	Alcohol Use Disorder, Severe

v.1.4.2018 Page 1 of 9 <sup>1</sup> See DSM-5: Substance-Related and Addictive Disorders chapter for available specifiers

# 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 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

Form is in CG

- ▶ 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 patient record
- ▶ The person completing the form, must sign, print their name, and date the form



# ACBHCS 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 BHCS UM
- ▶ **WM RES (ASAM 3.2) – Due within 24-48 hours of admission (24 hours highly recommended due to short length of stay)**

# ACBHCS Initial Medical Necessity Form

LPHA must include the written basis for the primary included diagnosis. DSM-5 criteria must be individualized and include specific signs and symptoms for each diagnosis including timeframes.

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

**SUD Initial Medical Necessity Form - Waiver**

**This form is not for claiming, service must be documented in a progress note in order to be claimed.**

**Client Information**

Client: \_\_\_\_\_  
 InSyst # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Location: \_\_\_\_\_ Episode Opening Date: \_\_\_\_\_  
 Services were provided in: \_\_\_\_\_ by  Interpreter or  clinician

**Initial Medical Necessity**

A Licensed Professional of the Healing Arts (LPHA) (Physician; Nurse Practitioner (NPs); Physician Assistants (PAs); Registered Nurses (RNs); Registered Pharmacists (RPs); 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. When an unlicensed LPHA establishes medical necessity, a licensed LPHA must review and co-sign this document (within 15 days or when medical necessity is due, whichever is sooner).

**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.

LPHA completing IMN Form, must check the appropriate box below:  
 LPHA met face-to-face with the beneficiary  
 LPHA met face-to-face with the SUD counselor that conducted the intake

Primary Included SUD ICD-10 Code: \_\_\_\_\_  
 Primary Included DSM-5/ICD-10 Name: \_\_\_\_\_  
 Additional Diagnosis ICD-10 Code: \_\_\_\_\_  
 Additional Diagnosis DSM-5/ICD-10 Name: \_\_\_\_\_  
 General Medical codes: \_\_\_\_\_  
 Written Basis for Diagnosis (Must be completed by LPHA & include specific criteria of Medi-Cal included primary SUD diagnosis): \_\_\_\_\_

LPHA determined ASAM Level of Care: \_\_\_\_\_  
 LPHA determined ASAM Level of Care: \_\_\_\_\_  
 Is this level of care recommendation different than the previously assessed ALOC?  Yes  No  
 Explain if yes: \_\_\_\_\_

Client information that has been considered includes the following:  
 • The beneficiary's personal, medical and substance use history; review of information with the client and/or LPHA

Page 1 of 2

**SUD Initial Medical Necessity Form - Waiver**

• **Physical Exam (when available)**

Medical Necessity is determined by the following factors:  
 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

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 Initial** one of the Following:  
 1. \_\_\_\_\_ After in-person review of the above information with the SUD counselor, I have determined there are not physical or mental disorders or conditions that would place the beneficiary at excess risk in the treatment program planned, and that the beneficiary is receiving appropriate and beneficial treatment that can reasonably be expected to improve the diagnosed condition.  
 2. \_\_\_\_\_ 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.

Unlicensed LPHA Signature (if completing form) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
 Licensed LPHA Signature (required) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Page 2 of 2

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

Can only be completed by an LPHA

- If completed by an unlicensed LPHA, a licensed LPHA must review and co-sign the form
- If not, medical necessity will not have been established and claims will be disallowed

A few review questions are coming up, we know the answers are in your handout, they're right there on the next page, but wouldn't it be more fun for us to all figure them out together?



# Medical Necessity & Assessment Review Questions

What are the requirements for Medical Necessity?

- ▶ A **DHCS included SUD diagnosis** which is the Primary Focus of Treatment
- ▶ Appropriate ASAM LOC (ALOC)

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 to the beneficiary

# 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 ACBHCS 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?

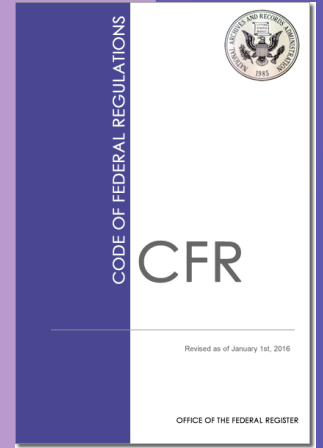
- ▶ If the LPHA completing the form was not licensed

A photograph of a long, narrow aisle in a medical records storage room. The aisle is carpeted in blue and is flanked by high shelves on both sides. The shelves are filled with numerous folders, each with a different colored tab (red, yellow, green, blue, purple, etc.). The perspective is from the end of the aisle, looking down its length. The text "Medical Record Requirements" is overlaid in white, sans-serif font across the center of the image.

# Medical Record Requirements



# Charting Requirements Individual Client Record



- ▶ 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 patient 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
- ▶ Treatment 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 Authorization Forms (Reg. Compliant Tool may be kept separate from the chart)



# Medical Records Retention Policy

- ▶ ACBHCS is now recommending all providers maintain client records up to 15 years following discharge/termination from services, with some considerations:
  - ▶ Minors' records must be kept for a minimum of 10 years from date client turned 18
  - ▶ May be required to be kept longer due to cost settlement or when related to an audit
  - ▶ Before destroying records, verify BHCS's date of most recent DHCS cost settlement
  - ▶ Records must additionally be kept through the current MHP contract, adding up to 5 years to retention timeframe.
- ▶ Also, consider that different disciplines have different record retention requirements and providers must adhere to the strictest standard
- ▶ Safest is to maintain all records for at least 15 years from the last date of service, or the client's 18<sup>th</sup> birthday-whichever is later.

# Treatment Plans

Part of the Golden Thread

Updated  
10.19.18

Your Success is Our Success

115

A photograph of a brown and white cow and a dolphin jumping out of the water in perfect synchronization. A white speech bubble is positioned above them, containing the text "We are so in sync". The background is a clear blue sky and turquoise ocean water.

We are so in sync

# Treatment Plans & Documentation

“We are so \*NSync”



Treatment Plans &  
Documentation

# SUD Treatment Plan

- ▶ Each person admitted to treatment services must have an individually prepared treatment plan
  - ▶ The development of the treatment 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 treatment plan and updated treatment plans.

# Required Parts of a SUD Treatment Plan, cont.

## Treatment Plan Challenges

- ▶ All problems identified during the intake and assessment are required to be on the plan (some may be deferred)
- ▶ On the ACBHCS plan template, we consider these challenges and not problems
- ▶ Indicate Area(s) of Difficulty: Alcohol and-or Drugs / Family & Social Skills / Legal / Employment & Support / Recovery Environment / Emotional, Behavioral and/or Cognitive Conditions & Complications

# Required Parts of a SUD Treatment Plan, cont.

## Treatment 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
- ▶ BHCS recommends providers use S.M.A.R.T. (Specific, Measurable, Attainable, Realistic, and Time Bound) style goals.



# Required Parts of a SUD Treatment Plan, cont.

## Deferring Treatment Plan Goals

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

# Required Parts of a SUD Treatment 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 Treatment 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 Treatment 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 ACBHCS abbreviations (acronyms) may be used in the Medical Record—see website for list

# Required Parts of a SUD Treatment 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 Treatment Plan should be updated if the planned frequency doesn't correspond with the beneficiary's actual use of services
- ▶ ACBHCS will be checking this in upcoming audits

# Required Parts of a SUD Treatment Plan, cont.

## Description of Services

The following services types need to be in the plan:

Individual Counseling, Group Counseling, Collateral, Case Management, Medication Services, Patient Education, Group Education, Family Therapy, Family Support (recovery support services only), **and 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 Treatment Plan, cont.

- ▶ Plan must indicate the **primary** SUD Counselor/LPHA. Assignment of a primary should be documented in a progress note.
- ▶ 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)

# Treatment Plan Signatures

## For Initial Plan and Plan Updates

- ▶ The SUD Counselor/LPHA who collaborates with the beneficiary to write the plan must legibly print their name, sign, and date the plan within plan due dates
- ▶ If a SUD Counselor signs the plan, an LPHA must review and co-sign the plan within 15 days (of the counselor signature date) AND within the plan due date
- ▶ The beneficiary must also legibly print, sign, and date the plan within plan due dates
  - ▶ They must indicate whether they participated in the development of the plan
  - ▶ 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**



# All Treatment Plan Signatures, cont.

- ▶ Treatment Plan signatures must include **ALL** of the following parts for each individual, including the beneficiary, signing the plan:
  - ▶ Typed or legibly written name
  - ▶ Signature (legible)
  - ▶ Date
  - ▶ Professional Credentials Highly Recommended

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.

# Treatment Plan: Using ACBHCS Template

## Treatment Plan forms are in CG

Plan template will be available shortly in CG or paper form

**Client Plan SUD**

Plan #: New  
 Revision: 1  
 Client: TEST, BETTY A (10068032)  
 Client DOB: 1/1/2000  
 Provider: 999 CGS - CLINICIAN GATI  
 Assigned Counselor/Therapist: 62994 - Chen, Lester, Admin-Supp  
 Primary Diagnosis:  
 Plan Type:  Initial (new to this R/Or client)  Update (90 Day or Change to the current plan in place)

**MY OVERALL STRENGTHS**

INDIVIDUAL/FAMILY STRENGTHS TO OVERCOME BARRIERS AND ACHIEVE DESIRED RESULTS

**MY GOALS FOR THE FUTURE**

**GOALS**

DESCRIPTION	STATUS OF CHANGE	DEFERRED
Select	Select	<input type="checkbox"/>

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

**CHALLENGES**

SPECIFIC CHALLENGES OR FUNCTIONAL IMPAIRMENTS RELATED TO DIAGNOSES, SIGNS & SYMPTOMS

**CLIENT OBJECTIVES**

Obj#	Short-Term Achievable Objectives	Target Date (3 months unless appropriate to indicate level of specificity)	At Reassessment (Optional) When Improvement, Date and Initial
1		12 Weeks	<input type="radio"/> Not Improved <input type="radio"/> Somewhat Improved <input type="radio"/> Very Much Improved Date: _____ Initial: _____ <input type="radio"/> Met

Add Another Objective

Add Another Goal

**PROVIDER SERVICES**

MODALITY	FREQUENCY	DURATION	DUR #/ON
<input type="checkbox"/> Case Management	Every	Weekend As Needed	3 Months
<input type="checkbox"/> Colateral	Every	Weekend As Needed	3 Months
<input type="checkbox"/> Individual	Every	Weekend As Needed	3 Months
<input type="checkbox"/> Group	Every	Weekend As Needed	3 Months
<input type="checkbox"/> Multi Party Group	Every	Weekend As Needed	3 Months
<input type="checkbox"/> Medication Mgmt	Every	Month and As Needed	3 Months

**DESCRIPTION OF SERVICES FOR EACH MODALITY**

MODALITY 0 detailed interventions or Case Management include as relevant. linkage to and monitoring of community support services for \_\_\_\_\_ if in-home, afterhours, medical issues, or substance abuse will result in client meeting their Mental Health Objectives # and # listed above)

**DISCHARGE PLAN**

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

**ADDITIONAL COMMENTS**

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

**AUTHORIZATION SIGNATURES**

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

<input type="checkbox"/> LPA	Select Clinician
<input type="checkbox"/> Physician	Select Clinician
<input type="checkbox"/> Psychiatrist	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-ACBHCS psychiatrist

The plan also sent to: \_\_\_\_\_

**INDIVIDUAL/FAMILY PARTICIPATION**

Plan was discussed in primary language: English

Individual/Family was offered a copy of the Plan: English

Individual/Family participated in the development of, and agreed to, the 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.

# Treatment Plan Due Dates

Required for all service modalities

- ▶ OS/IOS/RS

- ▶ Due within 30 days from EOD
- ▶ **OTP/NTP 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)

- ▶ Treatment plan **OS/IOS/RSS** 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

# 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 treatment plan has not yet been completed
  - ▶ Residential programs must have specific planned services and “residential services”
  - ▶ 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 (RES ONLY)

## Recovery Services

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

## Withdrawal Management

- ▶ Observation
- ▶ Medication Services
- ▶ Case Management
  - ▶ Service Coordination
  - ▶ Care Coordination

# Potential Treatment Plan Non-Compliance

## Services may be disallowed when:

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

## What are **some common reasons for treatment plan non-compliance?**

- ▶ **Primary SUD Counselor/LPHA** not identified in the treatment plan
- ▶ Frequency, Target Dates, and Type of Services (modalities) not specified
- ▶ Goals, Objectives and Measurable Action Steps are missing or vague
- ▶ Treatment plan was not completed on time

# Perinatal Treatment 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 treatment 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 treatment plan must include a goal, action steps, and target date to accomplish this goal

# Perinatal Treatment Plans, cont.



- ▶ Was a need for mother/child habilitative services identified in the assessment?
  - ▶ If yes, the treatment 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 treatment 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 treatment plan must include a goal, action steps, and target date to accomplish this goal



# How to claim for writing the treatment plan

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

# How to claim for writing the treatment plan

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

- ▶ 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, but wouldn't it be more fun for us to all figure them out together?



# Treatment 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) 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 treatment 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

# Treatment Plan Review Questions

- ▶ When does the treatment 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

Updated  
10.19.18

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# 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 prior to completing the Continuing Services Justification Form.

SUD CONTINUING SERVICES JUSTIFICATION – COUNSELOR RECOMMENDATION FORM		
Note that this form is not for claiming, a service note must be completed to claim.		
Client Information		
Client:	InSyst #	Last Name First Name
Location:		Episode Opening Date:
Services were provided in: _____ by <input type="checkbox"/> Interpreter or <input type="checkbox"/> clinician		
Instructions		
For each beneficiary, Continuing Services Justification (CSJ) recommendation must be completed no sooner than 5 months and no later than 6 months after date of admission or date of last CSJ.		
SUD Counselor		
Date of Most Recent (M/R or CSJ):		
Required Recommendation (choose one):		
<input type="checkbox"/> I have reviewed this beneficiary's progress and eligibility to continue to receive treatment services and RECOMMEND client continue to receive treatment services.		
<input type="checkbox"/> 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 comment (optional):		
Counselor Signature, Credentials (REQUIRED)		
Printed Name:		Title:
Signature/Cred:		Date:
Page 1 of 1		



# Continuing Services Justification

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
- ▶ 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 treatment plan goals
  - ▶ The primary SUD Counselor/LPHA's recommendation
  - ▶ The beneficiary's progress
  - ▶ Most recent ASAM Level of Care (ALOC)

Signing of Treatment 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.

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

**SUD CONTINUING SERVICES JUSTIFICATION FORM**

**This form is not for claiming, service must be documented in a progress note in order to be claimed**

**Client Information**

Client: InSys# \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Agency: \_\_\_\_\_ RU: \_\_\_\_\_  
 Services were provided in: \_\_\_\_\_ by  interpreter or  clinician

**Instructions**

For each beneficiary, Continuing Services Justification (CSJ) must be completed no sooner than 5 months and no later than 6 months after date of admission or date of last CSJ. When an unlicensed LPHA establishes medical necessity, a licensed LPHA must review and co-sign this document (within 15 days and by medical necessity due date).  
 Episode Opening Date: \_\_\_\_\_ date of last CSJ (if applicable): \_\_\_\_\_

**Medical Necessity**

LPHA completing this Form, must check the appropriate box below:  
 LPHA met face-to-face with the beneficiary  
 LPHA met face-to-face with the beneficiary's primary SUD Counselor

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

Primary Included SUD ICD-10 Code: \_\_\_\_\_  
 Primary Included SUD DSM-5 Name: \_\_\_\_\_  
 Additional Diagnosis ICD-10 Code: \_\_\_\_\_  
 Additional Diagnosis DSM-5/ICD-10 Name: \_\_\_\_\_  
 Written Basis for Diagnosis Must be completed by LPHA & include specific criteria of Medi-Cal included primary SUD diagnosis:

Indicate all ASAM levels of care recommended  
 LPHA determined ASAM Level of Care: \_\_\_\_\_  
 LPHA determined ASAM Level of Care: \_\_\_\_\_  
 LPHA determined ASAM Level of Care: \_\_\_\_\_  
 Is level of care recommendation different than the previously assessed ALOC?  Yes  No  
 Explain if yes: \_\_\_\_\_

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)

SUD Cont. Services Justification Form Page 1 of 2

**SUD CONTINUING SERVICES JUSTIFICATION FORM**

\* Physical Exam (if not available, a treatment goal to obtain within 6 months)

Medical Necessity is determined by the following factors (if not established if all are not yes):

a) 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 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..."  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 LPHA/SUD Counselor recommendation  Yes  No

Physical Exam Requirement:

- M.D. conducts physical exam or client provides copy
- Client will provide copy of recent physical exam (within 12 months) or
- 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 or LPHA MUST INITIAL one of the Following:

- After in-person review of the above information with the SUD counselor, I have determined there are no known physical or mental disorders or conditions that would place the beneficiary at excess risk in the treatment program planned, and that the beneficiary 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.

Unlicensed LPHA Signature (if completing form) \_\_\_\_\_ Printed Name/Credentials \_\_\_\_\_ Date \_\_\_\_\_

Licensed LPHA Signature (required) \_\_\_\_\_ Printed Name/Credentials \_\_\_\_\_ Date \_\_\_\_\_

SUD Cont. Services Justification Form Page 2 of 2

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

Updated  
10.19.18

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# Claiming using BHCS 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 treatment plan, the SUD Counselor might meet with the beneficiary to discuss treatment 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
- ▶ Providers must enter the actual time and minutes on the service note, InSyst will calculate correct claiming

# WM RES Progress Notes

- ▶ Daily Note required with breakdown of allowed WM services
- ▶ Additional and separate PNs required for Case Management and Physician Consultation services

# Why can't IOS providers write daily notes?

- ▶ Currently CG does not support daily or weekly IOS notes due to group claiming requirements



# IOS/OS/RSS Group Claiming

Use this note only for group claims, for all other claims use the single service note.

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

BHCS SUD Group Service Note – OS IOS RS		
Progress Note – Group Service OS IOS RS		
Client:	InSyst #	Last Name
		First Name
Procedure Code and Name:		Service Date:
Location:		
Agency:		SU:
Services were provided in:		by <input type="checkbox"/> Interpreter or <input type="checkbox"/> Clinician
Group Facilitator Information/Time		
Group Count:	# of group facilitators:	
Group Facilitator:		InSyst ID:
FF Start:	Doc. Date:	Travel 1 Start:
FF End:	Doc. Start:	Travel 2 Start:
		Travel 3 Start:
		Travel 1 End:
		Travel 2 End:
		Travel 3 End:
Total FF Time:	Total Doc. Time:	Staff 1 Total Travel Time:
Total Time (group claiming time entered into InSyst) = Total FF Time + Total Travel Time + All Group Clients' Doc Time		
Total of All Group Clients' Doc Time:		Total Time:
Group Co-Facilitator:		InSyst ID:
FF Start:	Travel 1 Start:	Travel 2 Start:
FF End:	Travel 1 End:	Travel 2 End:
Total FF Time:	Staff 2 Total Travel Time:	
Total Time (group claiming time entered into InSyst) = Total FF Time + Total Travel Time + Total Time:		
Instructions		
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.		
Topic of the Session		
Provider Support & Interventions		
Progress (client's specific progress on treatment plan problems, goals, action steps, objectives, and/or referrals)		
Client's Plan (including new issues or problems that affect diagnosis/treatment plan. Diagnosis/Plan must be updated)		
Facilitator Signature (LPHA/SUD Counselor)	Printed Name/Credentials	Date
Co-Facilitator Signature (LPHA/SUD Counselor)	Printed Name/Credentials	Date
Group Service Progress Note – OS IOS RS		

Group claiming can be complicated, follow the instructions in the note carefully and complete all required components.

When a group has two facilitators, both must include their time and sign the progress note.

# 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 BHCS single service OS/IOS/RSS progress note to document these services, including case management and physician consultation (if allowed)

BHCS SUD Single Service Note – OS IOS RS		
<b>Progress Note – Single Service OS IOS RS</b>		
Client: _____		
InSyst # _____	Last Name _____	First Name _____
Procedure Code and Name: _____		Service Date: _____
Location: _____		
Services were provided in: _____ by <input type="checkbox"/> interpreter or <input type="checkbox"/> clinician		
<b>Staff Information &amp; Time – ENTER ALL TIME IN MINUTES</b>		
Agency: _____		RU: _____
FF Start: _____	Doc. Start: _____	Travel 1 Start: _____
FF End: _____	Doc. End: _____	Travel 1 End: _____
Total FF Time: _____	Total Doc. Time: _____	Staff 1 Total Travel Time: _____
Doc. Date: _____	Total Time: _____	
<b>Instructions and Pre-Existing Diagnoses</b>		
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.		
Topic of the Session		
Provider Support & Interventions		
Progress (Client's specific progress on treatment plan problems, goals, action steps, objectives, and/or referrals)		
Client's Plan (including new issues or problems that affect diagnosis/treatment plan. Diagnosis/Plan must be updated.)		
LPHA/SUD Counselor Signature _____	Printed Name/Credentials _____	Date _____
SUD Progress Note – Single Service OS IOS RS Page 1 of 1		

# Progress Notes

## For OS, IOS, RSS, CM, and NTS

- ▶ 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**
  - ▶ A signature date is required

*All are reasons for non-compliance*

# Progress Notes For OS, IOS, RSS, CM, and NTS

*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
  - ▶ Other claimable activities' dates and start/end time

# Progress Notes For OS, IOS, RSS, CM, and NTS

*All are reasons for non-compliance*

- ▶ REQUIRED COMPONENTS, CONT:
  - ▶ The location of the service: in-person, telephone, telehealth, community
  - ▶ If services were provided in the community, include 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 treatment plan problems, goals, action steps, objectives, and/or referrals.
    - ▶ For CM, how does the service relate to the beneficiary's treatment plan problems, goals, action steps, objectives, and/or referrals?
  - ▶ The legibly printed name, signature, and date signed of the LPHA or counselor who provided the session/service
  - ▶ If multiple notes are combined on a single page, each note must have all of the required parts

# Reimbursement of Documentation Time

## OS, IOS, RSS

- ▶ 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, treatment 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
- ▶ 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

**For Residential services and WM documentation time is included in the day rate and is not separately reimbursable.**

# ACBHCS Single Service Progress Notes

Service #: New Title: Progress Note - Daily QDP

Client: Number: [dropdown] Last Name: [dropdown] First Name: [dropdown] [int] Service date: 08/05/2018 [calendar]  
UOI review date: [calendar] Plan due date: [calendar]

Procedure: [dropdown]  
Service Location: [dropdown]  
Visit Component: [dropdown] Side Effects: [dropdown]  
Emergency:  Pregnant:

Staff Time  
Primary Clinician: [dropdown] Primary total Start: [dropdown] End: [dropdown]  
Provider: [dropdown] Time: [dropdown]

**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: [dropdown] Hours: [dropdown] Minutes: [dropdown] Services were provided in: [dropdown] English  
by  interpreter [dropdown] or  clinician [dropdown] ICD-10: [dropdown] DSM 5: [dropdown]

**Diagnoses Information**  
Primary Secondary Tertiary SU QMC

Topic of the Session [dropdown] Previous history: [dropdown]  
Provider Support & Interventions [dropdown] Previous history: [dropdown]  
Progress (Client's specific progress on treatment plan problems, goals, action steps, objectives, and/or referrals) [dropdown] Previous history: [dropdown]  
Client's Plan (including new issues or problems that affect treatment plan) [dropdown] Previous history: [dropdown]

Note is complete

Now cannot be submitted to review, save as pending or finalized due to expired Electronic Signature Agreement

Cancel Spell Check Save and Continue Save as Pending Save as Draft

# Progress Notes – Residential Services

## *All reasons for non-compliance*

- ▶ RES providers are to complete a daily progress note for each beneficiary receiving these services
  - ▶ These progress notes are individual narrative summaries and must include all of the following:
    - ▶ A description of the client’s progress towards treatment plan challenges, goals, action steps, objectives, and/or referrals
    - ▶ A record of the beneficiary’s attendance at each session throughout the day
    - ▶ Must include the date, start and end times, and topic of each counseling session
    - ▶ **Location of each service activity**
    - ▶ **Doc. time and travel time for each service activity**



# Progress Notes – Residential Services, cont.

## *All reasons for non-compliance*

- ▶ Each note must have the legibly printed name, signature, and signature date of the provider completing the note
- ▶ Notes must be completed and signed within 7 days from the date of service
- ▶ Indicate if services were provided in-person, by telephone, or by telehealth
- ▶ Include documentation time, travel time, etc. including start/end dates and times.

# RES / WM RES Progress Notes

- ▶ **The daily note exceeds DHCS requirements and a weekly note is not required.**
- ▶ A daily progress note is required due to CG configuration and to reduce provider risk of using weekly notes.
  - ▶ When a daily note is used, only that day is at risk of disallowance.
- ▶ Only include reimbursable activities in this progress note
- ▶ Only a staff that has provided a reimbursable service to a beneficiary that day may write that day's progress note
- ▶ Services are claimed by the day unit, both in the note and InSyst

# RES Daily Note

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

Daily services logged separately in these areas

Include intake/assessment, group/individual counseling, family therapy, crisis, treatment planning, discharge planning, patient education, and transportation

BHCS SUD RES Daily Note

**Progress Note – RES Daily Note**

Client: \_\_\_\_\_ InSyst # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Service Date: \_\_\_\_\_ Procedure Code: \_\_\_\_\_ EOD: \_\_\_\_\_  
Services were provided in: \_\_\_\_\_ by  interpreter or  clinician Total Time (doc. time): \_\_\_\_\_  
Agency: \_\_\_\_\_ RU: \_\_\_\_\_  
Location: Residential Substance Abuse Treatment Facility

**Instructions and 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. Reminder: Providers are required to establish and maintain a sign-in sheet for every group counseling session, independent from CG. Sign-in sheet shall contain: 1) legibly printed counselor/therapist name & signature who conducts the session; 2) start & end time of group session; 3) date of group session 4) topic of session; and, 5) client legibly printed name and signature.

**Daily Service 1 – Reimbursable Services ONLY**

Topic/Purpose: \_\_\_\_\_ Location: \_\_\_\_\_  
Service Type: \_\_\_\_\_  
Counselor/LPHA: \_\_\_\_\_ Group Co-Facilitator: \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Duration: \_\_\_\_\_  
Travel 1 Start: \_\_\_\_\_ Travel 1 End: \_\_\_\_\_ Total Travel Time: \_\_\_\_\_  
Travel 2 Start: \_\_\_\_\_ Travel 2 End: \_\_\_\_\_

**Daily Service 2 – Reimbursable Services ONLY**

Topic/Purpose: \_\_\_\_\_ Location: \_\_\_\_\_  
Service Type: \_\_\_\_\_  
Counselor/LPHA: \_\_\_\_\_ Group Co-Facilitator: \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Duration: \_\_\_\_\_  
Travel 1 Start: \_\_\_\_\_ Travel 1 End: \_\_\_\_\_ Total Travel Time: \_\_\_\_\_  
Travel 2 Start: \_\_\_\_\_ Travel 2 End: \_\_\_\_\_

**Daily Service 3 – Reimbursable Services ONLY**

Topic/Purpose: \_\_\_\_\_ Location: \_\_\_\_\_  
Service Type: \_\_\_\_\_  
Counselor/LPHA: \_\_\_\_\_ Group Co-Facilitator: \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Duration: \_\_\_\_\_  
Travel 1 Start: \_\_\_\_\_ Travel 1 End: \_\_\_\_\_ Total Travel Time: \_\_\_\_\_  
Travel 2 Start: \_\_\_\_\_ Travel 2 End: \_\_\_\_\_

**Daily Service 4 – Reimbursable Services ONLY**

Topic/Purpose: \_\_\_\_\_ Location: \_\_\_\_\_  
Service Type: \_\_\_\_\_  
Counselor/LPHA: \_\_\_\_\_ Group Co-Facilitator: \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Duration: \_\_\_\_\_  
Travel 1 Start: \_\_\_\_\_ Travel 1 End: \_\_\_\_\_ Total Travel Time: \_\_\_\_\_  
Travel 2 Start: \_\_\_\_\_ Travel 2 End: \_\_\_\_\_

**Daily Service 5 – Reimbursable Services ONLY**

Topic/Purpose: \_\_\_\_\_ Location: \_\_\_\_\_  
Service Type: \_\_\_\_\_

SUD Progress Note Daily RES Page 1 of 2

BHCS SUD RES Daily Note

Counselor/LPHA: \_\_\_\_\_ Group Co-Facilitator: \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Duration: \_\_\_\_\_  
Travel 1 Start: \_\_\_\_\_ Travel 1 End: \_\_\_\_\_ Total Travel Time: \_\_\_\_\_  
Travel 2 Start: \_\_\_\_\_ Travel 2 End: \_\_\_\_\_

**Daily Service 6 – Reimbursable Services ONLY**

Topic/Purpose: \_\_\_\_\_ Location: \_\_\_\_\_  
Service Type: \_\_\_\_\_  
Counselor/LPHA: \_\_\_\_\_ Group Co-Facilitator: \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Duration: \_\_\_\_\_  
Travel 1 Start: \_\_\_\_\_ Travel 1 End: \_\_\_\_\_ Total Travel Time: \_\_\_\_\_  
Travel 2 Start: \_\_\_\_\_ Travel 2 End: \_\_\_\_\_

**Daily Service 7 – Reimbursable Services ONLY**

Topic/Purpose: \_\_\_\_\_ Location: \_\_\_\_\_  
Service Type: \_\_\_\_\_  
Counselor/LPHA: \_\_\_\_\_ Group Co-Facilitator: \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Duration: \_\_\_\_\_  
Travel 1 Start: \_\_\_\_\_ Travel 1 End: \_\_\_\_\_ Total Travel Time: \_\_\_\_\_  
Travel 2 Start: \_\_\_\_\_ Travel 2 End: \_\_\_\_\_

**Daily Summary**

Note includes 1) Progress (Client's specific progress on treatment plan problems, goal, action steps, objectives, and/or referrals. 2) Provider support and interventions, 3) Client's plan (including new issues or problems that affect treatment plan).

Additional Service Information (add information or description of activities if needed)

**Daily RES Progress Note Documentation Time**

Date:	Start:	End:	Total Doc. Time:
<b>Documentation Log (Use when documenting time completing clinical forms. Do not include this time above)</b>			
Start:	End:	Time:	Type:
Start:	End:	Time:	Type:
Start:	End:	Time:	Type:
Start:	End:	Time:	Type:
Start:	End:	Time:	Type:

Signature of SUD Counselor/LPHA \_\_\_\_\_ Printed Name/Credential \_\_\_\_\_ Date \_\_\_\_\_

SUD Progress Note Daily RES Page 2 of 2

Log time spent documenting the daily note here

Log time spent on other documentation activities here, such as writing the assessment or treatment plan

# Residential Treatment Service Components

- ▶ Intake/Assessment\*
- ▶ Individual Counseling\*
- ▶ Group Counseling\*
- ▶ Family Therapy\*
- ▶ Collateral Services\*
- ▶ Crisis Intervention Services\*
- ▶ Treatment Planning\*
- ▶ Discharge Planning\*

A total of 20 hours of these services are required per week for residential treatment

- ▶ Patient Education – Individual or Group (non-clinical hours)
- ▶ Transportation Services: Time arranging or provision of needed transportation to and from medically necessary treatment (non-clinical hours)

\*Counts towards 5/12 clinical hours per week

# 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
- ▶ Providers must use the single service progress note to separately document these services

# Requirements for Physician Consultation and CM Notes

- ▶ Progress notes shall 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
- ▶ The LPHA must type or legibly print their name, and sign and date the progress note
- ▶ The progress note must be completed within seven (7) calendar days of the service
- ▶ Note that Physician Consultation Services are only physician to physician

# Clinician's Gateway Screenshot: SUD Information Only Note

**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 Last Name First Name Service date: [ ]

Client: Unknown [ ] [ ] [ ] [ ] Util. review date:

Procedures: [ Select Procedure ] Plan due date:

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 ]

Provider: [ Select Provider ] End: [ hh:mm ]

**Progress Note** Previous Entries: [ (Select Note) ]

[ ] Note is complete.

Cancel Spell Check Save as Pending Save as Draft

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

# Clinician's Gateway Screenshot: Drug Test Stand Alone Note

Service #: New Title: Drug Test

Client: [Number] [Last Name] [First Name] [Initials] Service date: [Date]  
 [Link icon] [Unlink icon] UHL review date: [Date]  
 Plan due date: [Date]

Procedures: [Select Procedure]

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

**Staff Time**

Primary Clinician: [62323 - Peterson, Camille] Primary Total Start: [hh:mm] [spinners]  
 Provider: [Select Provider] End: [hh:mm] [spinners]

**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.

Episode Diagnosis Information  
 Primary Secondary Tertiary SU GMC

Primary FF Time: [Hours:Minutes] Services were provided in [English] by  interpreter [ ] or  clinician ICD-10: [ ] DSM 5: [ ]

**Drug Testing**

Test Results Report Date: [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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dilute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Altered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Tested	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Notes** Previous Entries: [Select Note]

Note is complete.

Cancel Spell Check Save as Pending Save as Draft

Use this note for recording drug test results. Completing this note is a non-billable services unless combined with an individual session.



# SUD Group Treatment Requirements

Updated  
10.19.18

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# SUD Group Counseling

- ▶ SUD counseling 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.
- ▶ 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 certified school site.

# Claiming in InSyst for Co-Staffing

## See BHCS Memo dated July 1, 2018 for full details



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
Carol F. Burton, MSW, Interim Director

Provider Relations  
P.O. Box 738  
San Leandro, CA 94577-0738  
(800) 878-1313 (510) 567-4634  
FAX: (510) 567-8081

Date: July 3, 2018

To: County Clinics, MH and SUD Contractors, City of Berkeley


From: BHCS, Finance, Provider Relations

Subject: DHCS change in the billing of co-staff services

On January 10, 2018 the Department of Health Care Services (DHCS) posted an Information Notice 18-002 in regards to "Co-Practitioner Claim Submission Requirements". The Information Notice announces the requirements for claim submission when two or more providers (co-practitioners) render services simultaneously to one or more beneficiaries.

The Information Notice states that DHCS requires a separate service to be submitted with the providers National Provider Identifier (NPI) number for each service rendered. DHCS and the Office of Inspector General (OIG) enforce "Title 42, Code of Federal Regulations, §1002.211" and "Title 42, United States Code, § 1396a(a)" rules prohibiting counties from making payments for services performed by a provider who is excluded, terminated or suspended from participating in the Medi-Cal program. Due to the Office of Inspector General (OIG) recommendation DHCS has implemented an edit in the Short Doyle Medi-Cal claiming system to validate every provider's service and NPI number against the excluded, terminated and suspended lists.

**Service Entry Instructions:**  
In order to accommodate this DHCS billing requirement BHCS is eliminating the ability to enter a "co-staff duration" in InSyst on all service entry screens. You will still be able to enter the co-staff # to identify that the service was co-staffed. The second staff will now be required to enter their service on a new service line, they will not record the service as co-staff since the primary staff already identified them as the co-staff.



A Department of Alameda County Health Care Service Agency

**Duplicate Service Entry Instructions:**  
When the co-staff's duration of service is the same as the primary staff it is likely that the entry of the co-staff's service may encounter an InSyst edit for a duplicate service and InSyst may propose a duplicate service code. If this occurs during service entry answer the duplicate service question as you would any other duplicate service question. There is also a possibility that InSyst may not propose a duplicate service code at the time of service entry but during other InSyst edit checks if InSyst believes it is a duplicate the service may kick out on an error report. When/if that occurs your agency will be contacted by a Provider Relations staff to determine the appropriate duplicate code for correction.

**Quality Assurance Instructions:**  
Please note that this service entry requirement does not change a provider's ability to provide a co-staffed service and document the co-staffed service in their progress notes as directed in the Quality Assurance manual, only the service entry method is changing. The co-staffed progress note will require signature by both staff or two separate notes. By requiring a separate service entry for every service BHCS services will meet the state billing requirement as stated in the Information Notice 18-002.

Information Systems will be updating all InSyst reporting units by removing the ability to enter co-staff duration on all service entry screens beginning on September 1, 2018. In Clinicians Gateway, clinicians may still continue to write co-staffed notes as usual, the functionality for co-staff will be suppressed when the service is transferred into InSyst.

If you have questions regarding service entry in InSyst please call Provider Relations at 1 (800) 878-1313.

If you have questions about documentation standards please contact Quality Assurance:

**QA Technical Assistance:**

- All MH CBO's/Network Providers: A-I [Jennifer Fatzler](#), LMFT
- All Children's County Clinics and Programs
- All MH CBO's/Network Providers: J-Z [Brion Phipps](#), LCSW
- All Adult County Clinics and Programs
- SUD Providers A-Z [Sharon Loveseth](#), CADCCII, LAADC\*  
\*a non - governmental license LNR4020512

Thank you for ensuring that services entered in InSyst meet state standards for revenue recoupment.

Each staff claiming for group services must have separate claim lines in InSyst in order to comply with DHCS and OIG enforcement of 42 CFR Regulations.

# Group Sign-In Sheets

## *All reasons for non-compliance*

- ▶ 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
  - ▶ **Start and End time for individuals (if different than group time)**
  - ▶ 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 ACBHCS whenever a chart is audited

# Group Sign-In and signatures

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

SUD groups must be between 2 and 12 members

SUD Group Sign-In Sheet

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Topic of the Session: \_\_\_\_\_

Facilitator Printed Name, Credentials \_\_\_\_\_ Facilitator Signature, Title \_\_\_\_\_

Co-Facilitator Printed Name, Credentials \_\_\_\_\_ Co-Facilitator Signature, Title \_\_\_\_\_

DMC – number in group is a minimum of 2 and maximum of 12

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

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

Administrative Use Only:

Group Sign-In Sheet, Page 1 of 1

Both 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.

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.

# Service Types

Including InSyst Procedure Codes

Updated  
10.19.18

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# 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

# Intake/Assessment

## InSyst Procedure Codes

- ▶ OS, OS Recovery Services → 611
- ▶ IOS, IOS Recovery Services → 211
  
- ▶ 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 treatment plan, based upon information obtained in the intake and assessment process. The treatment 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 treatment plan.
- ▶ May be provided by SUD Counselors and LPHAs. When completed by a SUD Counselor it must be cosigned by a LPHA by the plan due date

# Treatment Planning

## InSyst Procedure Codes

- ▶ OS Treatment Planning → 644
  - ▶ OS RSS Treatment Planning → 644
  - ▶ IOS Treatment Planning → 244
  - ▶ IOS RSS Treatment Planning → 244
- 
- ▶ For Residential Programs, including Withdrawal Management Residential, Treatment Planning is included in the day rate code

# Individual Counseling

Allowed for all SUD providers except WM

- ▶ Contact between a beneficiary and a LPHA or SUD counselor
- ▶ Individual Counseling must be indicated in Treatment Plan with frequency (e.g. 1x/week)
- ▶ Services are provided in-person, by telephone or by telehealth qualify as Medical reimbursable units of service, and are reimbursed without distinction.
- ▶ May be provided by SUD Counselors and LPHAs

# 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, except Withdrawal Management Residential, Individual Counseling is included in the day rate code

# Group Counseling

## Allowed for all SUD providers except WM

- ▶ 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 Treatment 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

# 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, except Withdrawal Management Residential, 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
- ▶ Releases of Information are required for collateral contacts
- ▶ Collateral must be indicated in Treatment 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, including 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 treatment plan.
- ▶ Patient Education must be indicated in Treatment Plan with frequency (e.g. 2x/month)
- ▶ Patient Education groups may only have 2-12 participants per group (12+ ok in 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, except Withdrawal Management Residential, 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 treatment 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 BHCS 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 may not be methadone, buprenorphine, naloxone, and disulfiram for opioid treatment unless provided for in contract.
- ▶ Prescription and administration of medications may occur at the following locations:
  - ▶ NTP/OTPs (only certain medications)
  - ▶ Fee-for-service primary care physicians (e.g. FQHCs)
- ▶ Medication Services must be indicated in Treatment Plan with frequency (e.g. 2x/month)
- ▶ RES Programs require IMS Certification

# 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
  
- ▶ 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 patient, 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 Treatment 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

# Monitoring and Substance Abuse Assistance Recovery Support Services Only

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

Currently RSS are allowed only by LPHA and SUD Counselors. Unlicensed staff (peer counselors) approval is pending from DHCS. Once allowed peer staff may provide Substance Abuse Assistance services (only).

# 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 - Adol (622)

- ▶ **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 treatment plan
- ▶ **Only use for adolescent beneficiaries**

# OS Group Multi-Family Counseling - Adol (664)

- ▶ **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 patient, 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 treatment 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.**
- ▶ **Only use for adolescent beneficiaries**



# OS Screening Engagement - Adol (673)

- ▶ Only applies to adolescent SUD ODS programs and 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; and,
  - ▶ The adolescent individual shall meet the ASAM adolescent treatment criteria (pending)
- ▶ Services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.
- ▶ **Only use for adolescent beneficiaries**

# 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

# CASE MANAGEMENT

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ALAMEDA COUNTY DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM

## 204 WHAT IS CASE MANAGEMENT?

---

- Service that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.
- Focus on coordination of SUD care, integration around primary care especially for beneficiaries with a chronic substance use disorder, and interaction with the criminal justice system, if needed.
- Provided by a LPHA or a SUD Counselor.
- Provided face-to-face, by telephone, or by telehealth with the beneficiary and may be provided anywhere in the community

1. CARE COORDINATION

+

2. SERVICE COORDINATION =

---

3. CASE MANAGEMENT

- **Care Coordination** – Activities associated with providing for seamless transitions of care for beneficiaries in the DMC-ODS system of care without disruption of services.
- **Service Coordination** – Services that assist beneficiaries to access needed medical, mental health, housing, educational, social, prevocational, vocational, rehabilitative or other community services.

## LEVEL OF CARE

- The final LOC determination for placement is based on the comprehensive assessment, and may override the determination from the initial screening process.
- In the event that a full comprehensive assessment yields a different LOC, the provider shall be responsible for transitioning the beneficiary to the appropriate level of care, which may include transitioning (and providing or arranging transportation) to another provider facility. For residential cases, the provider may work with the beneficiary's Care Navigator to successfully transition to a new provider.
- Treatment services are to be coordinated across Levels of Care (LOC); from the initial point of contact, first call or in-person visit, first offered appointment, referral, intake/assessment and determination of medical necessity, treatment planning, transition planning, discharge, and recovery support services.
- Prior to any changes in the LOC, the SUD service provider must conduct an A-LOC re-assessment.

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## ONE DESIGNATED COORDINATOR

- All beneficiaries shall have an ongoing source of care appropriate to their needs with an SUD provider case manager designated as primarily responsible for coordinating services.
- Beneficiaries will be informed as to whom to contact, and how to contact, their designated case manager upon initial intake into an SUD treatment program.
- For Narcotic Treatment Programs, the individual counselors will provide this function.



## 208 WHEN DOES CARE COORDINATION OCCUR?

- Throughout treatment –AND– between settings of care
- Includes appropriate discharge planning for short term and long-term hospital and institutional stays.

## WHO DOES CARE COORDINATION OCCUR WITH?

- Beneficiary
- Other SUD providers in BHCS network serving the beneficiary
- Services beneficiary receives from any other managed care organizations or provider of health services, including primary care, Specialty Mental Health Services, and care management / health home services.
- Services the beneficiary receives from the community and social support providers.



## 2009 CO-OCCURRING NEEDS & OTHER SERVICE



- At intake, and ongoing throughout SUD treatment, providers will assess to identify any ongoing conditions that may require treatment for co-occurring disorders or additional needs requiring services delivered by other care providers.
- The assessment will indicate such conditions in the treatment plan and will ensure linkage to the appropriate service providers.
- Treatment plans for beneficiaries with co-occurring mental health, physical health, or other needs requiring supportive services (e.g. housing, child welfare, probation) shall be:
  - Developed with beneficiary participation, and in consultation with any providers of care or care management for the beneficiary;
  - Developed by a person trained in person-centered planning using a person-centered process and a plan as defined in 42 CFR § 441.301(c)(1);
  - Reviewed and revised upon reassessment of functional need, at least every 90 days, or when the beneficiary's circumstances or needs change significantly, or at the request of the beneficiary per 42 CFR § 441.301(c)(3)

## 210 LINKING, REFERRING, & COORDINATING

- SUD Providers will ensure that beneficiaries who need treatment for co-occurring mental health or physical health needs, have access to services from other qualified providers as appropriate for the beneficiary's condition(s).
- SUD Provider will refer to managed care plan, primary care provider, Federally Qualified Health Center, provider of Care Management / Health Home Services, homeless assistance, supportive housing, the BHCS ACCESS line for specialty mental health services, or other agencies.
- SUD treatment providers will be responsible for coordinating SUD treatment with the other agencies and services to which the beneficiary is referred during the beneficiary's episode of SUD treatment.



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# ROLE OF CARE NAVIGATORS



- The Care Navigator will maintain at least monthly contact with the beneficiary through the time that he/she is engaged in **Residential treatment** or **Recovery Residences**.
- The primary job of the Care Navigator will be to ensure that the beneficiary successfully connects with and engages in treatment;
- Ensure that the beneficiary successfully connects with subsequent treatment services recommended post-residential.
- For a beneficiary who is experiencing homelessness at the time of entry into residential treatment, the Care Navigator will ensure that the beneficiary is assessed for potential housing assistance that may be accessed through a Housing Resource Center (Alameda County's coordinated entry system for homeless assistance).
- In the event that a beneficiary is placed on a residential waitlist, the Care Navigator will ensure that interim services are provided during the period of time that the beneficiary is waiting for SUD treatment.

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## COORDINATING REQUIRES SHARING INFORMATION



- BHCS and its contracted providers may share with DHCS or other managed care organizations or providers of care management serving the beneficiary the results of any identification and assessment of the beneficiary's needs to facilitate effective care coordination, and to prevent duplication of case management activities or other services, with appropriate client Release of Information in place.
- Each provider furnishing services to beneficiaries will maintain and share, as appropriate, a beneficiary's health record in accordance with lawful and professional standards.
- In the process of coordinating care, each beneficiary's privacy will be protected in accordance with privacy requirements in 45 C.F.R. parts 160 and 164 subparts A and E and 42 CFR Part 2, to the extent that they are applicable.

# DISCHARGE & TRANSITIONS IN TREATMENT



- At Program exit, whether due to a change in LOC based on re-assessment, or treatment completion, the SUD treatment provider staff from the existing program will coordinate with the “new” SUD treatment provider to help facilitate transfer of care and provide support while the beneficiary engages in the new LOC services.
- Case managers must facilitate “warm hand-offs” between LOC, which may require collaboration from staff at both SUD programs. This collaboration may include, but is not limited to, communication through emails or phone calls, transportation or other practical supports.
- For beneficiaries exiting the DMC-ODS, the treatment provider should coordinate and communicate with other care providers or care managers still serving the beneficiary for the purpose of facilitating a “smooth landing” and to prevent negative outcomes such as victimization, crisis, or homelessness.

# RECOVERY SUPPORT SERVICES

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ALAMEDA COUNTY DRUG MEDICAL ORGANIZED DELIVERY SYSTEM

# 215 RECOVERY SUPPORT SERVICES (RSS)

**Recovery Services** – Promote the beneficiary’s role in managing their own health, develop effective internal coping and self-management resources, and an external network of support to sustain recovery. Available as medically necessary after completing formal course of treatment. Services are available to beneficiaries whether they are:

- Triggered,
- Have relapsed, or
- As a preventative measure to prevent relapse

**Person-centered Recovery Plan** – for ongoing recovery and relapse prevention that builds on treatment discharge plan. Characteristics of this plan include:

- Individualized plan that includes specific goals and objectives
- Transition from treatment to Recovery Support Services
- Include plan for recovery and relapse prevention developed during discharge planning when treatment was completed.
- Development of a personal network of support

## 216 COMPONENTS OF RECOVERY SUPPORT SERVICES (RSS)

**Outpatient Counseling** – Individual or group counseling to stabilize beneficiary, then reassess if further care is needed.

**Recovery Monitoring** – Includes recovery coaching and monitoring via telephone/telehealth.

**Substance Abuse Assistance** – Peer to peer services and relapse prevention. (Pending State approval)

**Support for Education & Job Skills** – Linkages to life skills, employment services, job training, and education services.

**Family Support** – Linkages to childcare, parent education, child development support services, and family/marriage education.

**Support Groups** – Linkages to self-help and faith-based support.

**Ancillary Services** – Linkages to housing assistance, transportation, case management, and individual services coordination.



## 217 TREATMENT SETTINGS & STAFF



**Service Delivery.** Recovery Services can be provided in the following ways:

- Face-to-Face
- Telephone
- Telehealth
- In the community

**Broad Range of Providers.** Recovery Services may be provided by:

- Licensed Practitioner of Health Arts (LPHA)
- SUD Counselor
- Peer Counselor (when provided as substance abuse assistance services as a component of recovery support services) **(Pending State approval)**

## 218 WHEN TO USE RECOVERY SUPPORT SERVICES

- **Post-Treatment.** Recovery Services are made available to eligible beneficiaries after they complete their course of treatment.
- **Relapse Prevention and / or Early Intervention.** Whether they are triggered, have relapsed, or as a preventative measure to prevent relapse.
- **Recovery Environment.** When assessment and treatment needs of Dimension 6, Recovery Environment of the ASAM Criteria are met and during the transfer/transition planning process.
- **Medically Necessary.** When a LPHA has determined that recovery services are medically necessary and, after the DMC-ODS beneficiary is discharged from SUD treatment services.

# Discharges from SUD Treatment

Updated  
10.19.18

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# Discharges from SUD Services

- ▶ Discharge of a beneficiary from treatment may occur on a voluntary or involuntary basis.
- ▶ When discharge occurs on an involuntary basis, the provider must notify the beneficiary according to the following slides

# Notice of Adverse Benefit Determination

## Overview

- ▶ There must be a documented legal reason why the beneficiary cannot be given required notice timeliness whenever a reduction in benefits occurs. (e.g. restraining order, arrest, etc).
- ▶ See the following slides for more specific guidance.
- ▶ NOAs are required for beneficiaries of SUD treatment. BHCS will be providing additional guidance and training in the future.

# Notice of Adverse Benefit Determination

## Timing of Notice

- ▶ Providers must give beneficiaries timely and adequate notice of an adverse benefit determination in writing consistent with the requirements below and the notice must explain the following:
  - ▶ The adverse benefit determination the provider has made or intends to make.
  - ▶ The reasons for the adverse benefit determination, including the right of the beneficiary to be provided upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the beneficiary's adverse benefit determination. Such information includes medical necessity criteria, and any processes, strategies, or evidentiary standards used in setting coverage limits.
  - ▶ The beneficiary's right to request an appeal of the adverse benefit determination, including information on exhausting the provider one level of appeal and the right to request a state fair hearing
  - ▶ The procedures for exercising these appeal rights.
  - ▶ The circumstances under which an appeal process can be expedited and how to request it.
  - ▶ The beneficiary's right to have benefits continue pending resolution of the appeal, how to request that benefits be continued, and the circumstances, consistent with state policy, under which the beneficiary may be required to pay the costs of these services.

# Notice of Adverse Benefit Determination

## Timing of Notice

- ▶ The provider must mail the notice within the following timeframes:
  - ▶ At least 10 days before the date of the action, when the action is a termination, suspension, or reduction of previously authorized Medicaid-covered services.
  - ▶ For denial of payment, at the time of any action affecting the claim.
  - ▶ As expeditiously, as the beneficiary's condition requires within state-established timeframes that shall not exceed 14 calendar days following receipt of the request for service, for standard authorization decisions that deny or limit services.
    - ▶ The provider shall be allowed to extend the 14 calendar day notice of adverse benefit determination timeframe for standard authorization decisions that deny or limit services up to 14 additional calendar days if the beneficiary or the provider requests an extension.
    - ▶ The provider shall be allowed to extend the 14 calendar day notice of adverse benefit determination timeframe for standard authorization decisions that deny or limit services up to 14 additional calendar days if the provider justifies a need (to the Department, upon request) for additional information and shows how the extension is in the beneficiary's best interest. Consistent with 42 CFR §438.210(d)(1)(ii), the provider shall:
      - ▶ Give the beneficiary written notice of the reason for the decision to extend the timeframe and inform the beneficiary of the right to file a grievance if he or she disagrees with that decision; and
      - ▶ Issue and carry out its determination as expeditiously as the beneficiary's health condition requires and no later than the date the extension expires.
  - ▶ For service authorization decisions not reached within the timeframes specified in 42 CFR §438.210(d) (which constitutes a denial and is thus an adverse benefit determination), on the date that the timeframes expire.
  - ▶ For expedited service authorization decisions, within the timeframes specified in § 438.210(d)(2).
- ▶ The provider is allowed to mail the notice of adverse benefit determination as few as five days prior to the date of action if the provider has facts indicating that action should be taken because of probable fraud by the beneficiary, and the facts have been verified, if possible, through secondary sources.

# Notice of Adverse Benefit Determination

## Timing of Notice

- ▶ The provider must mail the notice of adverse benefit determination by the date of the action when any of the following occur:
  - ▶ The recipient has died.
  - ▶ The beneficiary submits a signed written statement requesting service termination.
  - ▶ The beneficiary submits a signed written statement including information that requires service termination or reduction and indicates that he understands that service termination or reduction will result.
  - ▶ The beneficiary has been admitted to an institution where he or she is ineligible under the plan for further services.
  - ▶ The beneficiary's address is determined unknown based on returned mail with no forwarding address.
  - ▶ The beneficiary is accepted for Medicaid services by another local jurisdiction, state, territory, or commonwealth.
  - ▶ A change in the level of medical care is prescribed by the beneficiary's physician.
  - ▶ The notice involves an adverse determination with regard to preadmission screening requirements
  - ▶ The transfer or discharge from a facility will occur in an expedited fashion.



# Discharge: Summary v. Plan

*Forms are in CG*

- ▶ 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

## *Forms are in CG*

- ▶ Previous SUD Audits indicate that client discharges are not being documented or completed according to DMC 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.

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

# Discharge Plan

*Forms are in CG*

- ▶ 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: Unknown Last Name: First Name: Service date: 06/05/2018  
 Util. 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: 63219 - Phipps, Brian 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.  Yes  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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SPONSOR, MENTOR, SPIRITUAL ADVISOR OR OTHER SUPPORT PERSON:

Name of Support Person:

I WILL MEET WITH HIM/HER:  Daily  Weekly  Monthly  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: [Dropdown] Last Name: [Text] First Name: [Text] Service date: 08/05/2018  
Med. Complaint: [Text] Side Effects: [Text] Emergency:  Pregnant:

Procedure: [Select Procedure] Service Location: [Select Location] Med. Complaint: [Text] Side Effects: [Text] Emergency:  Pregnant:

Staff Time  
Primary Clinician: [Select Clinician] Primary Total Start: [Time] End: [Time]  
Provider: [Select Provider] Time: [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: [Date] Episode Closing Date: [Date] Date of Last Face to Face: [Date]

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%	5. 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: [Select One]

**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/PHA 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: \_\_\_\_\_

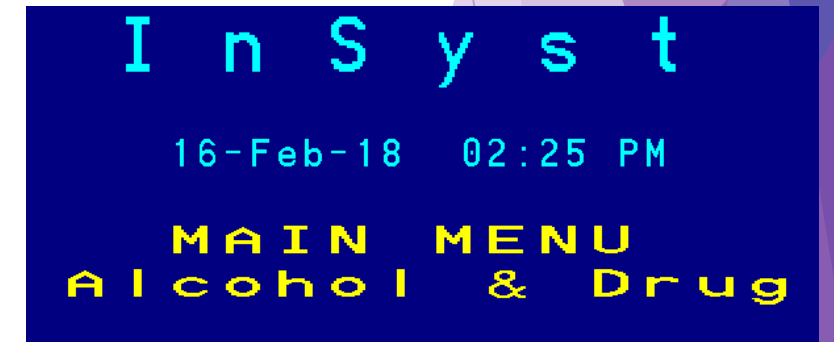
The therapist/counselor must document efforts made to contact the person.  
OCR Section 91341.1 (h) (6) (B) of Title 22 Discharge of a beneficiary from treatment may occur on a voluntary or involuntary basis.

Note is complete.

# To discharge or not to discharge...


If a beneficiary requires a change in the level of care within the same agency using the same medical record, you must close to the previous RU and open to the new RU. The medical record must contain evidence of the change of service types (e.g. in a progress note) and this information will be requested at the time of audits. Additionally, all CalOMS data must be submitted when the RU changes

Some examples include, transitioning from OS to IOS or from RES 3.1 to 3.5. **In all cases an ALOC Re-Assessment and a treatment plan must be redone to address the client's current treatment needs.** The intake/assessment, new ROIs, and Informing Materials, may be **updated** at that time as well.



# Discharge Codes

## California Outcome Measurements (CalOMS)



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

Quality Assurance Office  
2000 Embarcadero Cove, Suite 400  
Oakland, California 94606  
(510) 567-9105 / TTY (510) 533-5018

**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)

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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.



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### 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"



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# 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

# Drug Medi-Cal Eligibility

- ▶ Check Medi-Cal Eligibility 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.

# Grievance and Appeal Process

Updated  
10.19.18

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# What is a “grievance”?

Is an expression of dissatisfaction about any matter other than an adverse benefit determination.

Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the enrollee's rights regardless of whether remedial action is requested.

Grievance includes an enrollee's right to dispute an extension of time proposed by the MCO, PIHP or PAHP to make an authorization decision.

# Grievances

Grievances may be filed by a consumer or their designated representative to BHCS as follows:

- ▶ By phone: (800) 779-0787 Consumer Assistance Line
- ▶ Via US mail:  
2000 Embarcadero Cove, Suite 400  
Oakland, CA 94606
- ▶ In person:
  - ▶ By visiting the provider site to obtain forms and assistance
  - ▶ By visiting Consumer Assistance at Mental Health Association, 954-60<sup>th</sup> Street, Suite 10, Oakland, CA 94608

# Grievances, cont.


- ▶ Draft BHCS P&P is in the handouts provided
- ▶ BHCS encourages providers to utilize the BHCS grievance process instead of an internal grievance process

# Grievance & Appeal Process

**Behavioral Health Services**  
ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
CAROL BURTON, INTERIM DIRECTOR

Consumer Assistance  
Toll Free: 1 (800) 779-0787  
California Relay Service, Dial 711

### GRIEVANCE AND APPEALS PROCESS

 If you have a concern or problem or are not satisfied with your behavioral health services, the Behavioral Health Plan (BHP) wants to be sure your concerns are resolved simply and quickly. You or your representative may file a Grievance or Appeal with the Consumer Assistance office at 1(800) 779-0787. You may also ask your provider if they have a process for resolving grievances. Please use the Grievance and Appeal Request Form to file a Grievance or to request an Appeal. Please note that appeals may only be filed with Consumer Assistance and not with your provider. You will not be subject to discrimination or any other penalty for filing a Grievance or Appeal.

A Grievance is defined as an expression of dissatisfaction about any matter regarding your behavioral health services that are not one of the problems covered by the Appeal and State Fair Hearing processes described below. Examples of grievances might be as follows: the quality of care of services provided, aspects of interpersonal relationships – such as rudeness of an employee, etc. Steps to file a Grievance:

- File a Grievance orally or in writing. Oral grievances do not have to be followed up in writing. You may authorize another person to act on your behalf.
- You may file a Grievance at any time.
- You will receive a written acknowledgment of receipt of your Grievance postmarked within 5 days of receipt of the Grievance.
- The BHP has 90 calendar days after the receipt of your Grievance to review it and notify you or your representative in writing about the decision. If resolution of your grievance is not reached within 90 calendar days you will be provided prompt oral and/or written notification of your rights and specific information on your grievance.
- Timeframes may be extended by you up to 14 calendar days if you request an extension, or if the BHP feels that there is a need for additional information and that the delay is for your benefit in which case you will receive oral and written notice from the BHP.

Where to File Your Grievance  
With Alameda County BHCS:


**By phone:** 1-800-779-0787 Consumer Assistance  
For assistance with hearing or speaking, call 711, California Relay Service

**Via US Mail:** 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606

**In Person:** By visiting Consumer Assistance at Mental Health Association, 954-60<sup>th</sup> Street, Suite 10, Oakland, CA 94608

With your provider: Your provider may resolve your grievance internally or direct you to ACBHCS above. You may obtain forms and assistance from your provider.

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An Appeal is a review by the BHP of an Adverse Benefit Determination (ABD). An Adverse Benefit Determination is defined to mean any of the following actions taken by the BHP or a BHP-contracted provider regarding Medi-Cal behavioral health care services: 1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit; 2) The reduction, suspension, or termination of a previously authorized service; 3) The denial, in whole or in part, of payment for a service; 4) The failure to provide services in a timely manner; 5) The failure to act within the required timeframes for standard resolution of grievances and appeals; or 6) The denial of a beneficiary's request to dispute financial liability. The decision made by the BHP about your behavioral health services may be described in a Notice of Adverse Benefit Determination (NOABD) letter sent or given personally to you.

Steps to file an Appeal:

- Only Medi-Cal beneficiaries may file a Standard or Expedited Appeal with BHCS regarding a NOABD for a Medi-Cal behavioral health service.
- File an Appeal in person, on the phone or in writing within 60 days of the date of a NOABD. If you file the Appeal orally, you must follow it up with a signed written Appeal. If you did not receive a NOABD, there is no deadline for filing; so you may file at any time. You may authorize another person to act on your behalf.
- Upon request, your benefits will continue while the Appeal is pending IF you file the Appeal within 10 calendar days from the date the NOABD was mailed or given to you.
- You will receive a written acknowledgment of receipt of your Appeal postmarked within 5 calendar days of receipt of the Appeal.
- The BHP has 30 days after the receipt of your Appeal to review it and notify you or your representative in writing about the decision.
- Timeframes may be extended by you up to 14 calendar days if you request an extension, or if the BHP feels that there is a need for additional information and that the delay is for your benefit in which case you will receive oral and written notice from the BHP.
- Appeals are not available to beneficiaries that are not happy with the outcome of a grievance.

An Expedited Appeal can be requested if you think waiting 30 days could seriously jeopardize your mental health or substance use disorder condition and/or your ability to attain, maintain or regain maximum function. If the BHP agrees that your appeal meets the requirements for an Expedited Appeal, the BHP will resolve it within 72 hours after the Expedited Appeal is received.

Steps to file an Expedited Appeal:

- File an Expedited Appeal in person, on the phone or in writing within 60 days of the date of a Notice of Adverse Benefit Determination (NOABD). Verbal and in person requests for Expedited Appeals do not have to be put in writing. You may authorize another person to act on your behalf.

Page 2 of 3

QA: Grievance & Appeal Information 6-25-2018

- Upon request, your benefits will continue while the Expedited Appeal is pending IF you file the Appeal within 10 calendar days from the date the NOABD was mailed or given to you.
- The BHP has 72 hours after the receipt of your Expedited Appeal to review it and notify you or your representative in a written Notice of Appeal Resolution (NAR), and may notify you verbally as well.
- Timeframes may be extended by you up to 14 calendar days if you request an extension, or if the BHP feels that there is a need for additional information and that the delay is for your benefit.
- If the BHP decides that your appeal does not qualify for an Expedited Appeal, they will notify you right away verbally and in writing within 2 calendar days. Your appeal will then follow the Standard Appeal process.

Where to File Your Appeal  
With Alameda County BHCS:

**By phone:** 1-800-779-0787 Consumer Assistance  
For assistance with hearing or speaking, call 711, California Relay Service

**Via US Mail:** 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606

**In Person:** By visiting Consumer Assistance at Mental Health Association, 954-60<sup>th</sup> Street, Suite 10, Oakland, CA 94608

You have a right to a State Fair Hearing, an independent review conducted by the California Department of Social Services, if you have completed the BHP's Appeals process and the problem is not resolved to your satisfaction. A request for a State Fair Hearing is included with each Notice of Appeal Resolution (NAR); you must submit the request within 120 days of the postmark date or the day that the BHP personally gave you the NAR. You may request a State Fair Hearing whether or not you have received a NOABD. To keep your same services while waiting for a hearing, you must request the hearing within ten (10) days from the date the NAR was mailed or personally given to you or before the effective date of the change in service, whichever is later. The State must reach its decision within 90 calendar days of the date of request for Standard Hearings and for Expedited Hearings within 3 days of the date of request. The BHP shall authorize or provide the disputed services promptly within 72 hours from the date it receives notice reversing the BHP's ABD. You may request a State Fair Hearing by calling 1(800) 952-5253, or for TTY 1 (800) 952-8349, online to <http://secure.dss.ca.gov/net/gov/shd/pubintake/cdss-request.aspx> or writing to: California Department of Social Services/State Hearings Division, P.O. Box 944243, Mail Station 9-17-37, Sacramento, CA 94244-2430.

For more detailed information on the Grievance or Appeals process, please ask your provider for a copy of *Guide to Medi-Cal Mental Health Services* OR *Guide to Drug Medi-Cal Services*. For questions or assistance with filling out forms, you may ask your provider or call:

Consumer Assistance: 1(800) 779-0787

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QA: Grievance & Appeal Information 6-25-2018

# Grievances

▶ All of the following BHCS Grievance materials must be posted and available in the lobby:

- ▶ Poster
- ▶ Forms
- ▶ Envelopes

▶ Beneficiaries with Grievances & Complaints of any type must be referred to the ACBHCS Grievance Line, see poster for more information

**Grievance and Appeal System**

The Grievance and Appeal process through Alameda County's Behavioral Health Plan (BHP) is described below. You will not be subject to discrimination or any other penalty for filing a Grievance or Appeal. You may obtain the Grievance and Appeal form from our website [www.acbhcs.com](http://www.acbhcs.com) or by calling 1-800-868-0388. You may also request a copy of our Grievance and Appeal forms by calling our Customer Assistance at (800) 779-0787.

Grievance Process	Expedited Appeal
<p>A Grievance is defined as a representation of dissatisfaction by a beneficiary, member, or family member with the health care services or the manner in which the services are provided. Grievances do not include the following:</p> <ul style="list-style-type: none"> <li>• The BHP's financial or administrative operations.</li> <li>• The BHP's internal or external relations.</li> <li>• The BHP's personnel or their actions.</li> <li>• The BHP's information systems.</li> <li>• The BHP's facilities or equipment.</li> <li>• The BHP's insurance contracts.</li> <li>• The BHP's financial or administrative operations.</li> <li>• The BHP's internal or external relations.</li> <li>• The BHP's personnel or their actions.</li> <li>• The BHP's information systems.</li> <li>• The BHP's facilities or equipment.</li> <li>• The BHP's insurance contracts.</li> </ul>	<p>An Expedited Appeal can be requested if you think the BHP's decision to deny, suspend, or terminate your benefits or your coverage is based on medical necessity or your ability to attain, maintain, or regain maximum function. If the BHP denies your appeal, the BHP will resolve the requirements for an Expedited Appeal. The BHP will resolve a written appeal within 72 hours after the Expedited Appeal is received.</p>
<p><b>Steps to file a Grievance:</b></p> <ul style="list-style-type: none"> <li>• File a Grievance only in writing. Grievances do not have to be followed up in writing. You may authorize another person to act on your behalf.</li> <li>• You may file a Grievance at any time.</li> <li>• You will receive a written acknowledgment of receipt of your Grievance postmarked within 5 days of receipt of the Grievance.</li> <li>• The BHP has 30 calendar days after the receipt of your Grievance to review it and notify you or your representative in writing about the decision. If resolution of your grievance is not reached within 30 calendar days, you will be provided prompt oral and/or written notification of your rights and specific information on your grievance.</li> <li>• Timeframes may be extended by you up to 14 calendar days if you request an extension, or if the BHP determines that there is a need for additional information that the delay is for your benefit.</li> </ul>	<p><b>Steps to file an Expedited Appeal:</b></p> <ul style="list-style-type: none"> <li>• File an Expedited Appeal in person, on the phone or in writing within 60 days of the date of notice of adverse Benefit Determination (NOABD). We will send in person requests for Expedited Appeals do not have to be put in writing. You may authorize another person to act on your behalf.</li> <li>• Upon request your benefits will continue while the Expedited Appeal is pending. If you file the Appeal within 10 calendar days from the date the NOABD was mailed or given to you.</li> <li>• The BHP has 72 hours after the receipt of your Expedited Appeal to review it and notify you or your representative in written Notice of Appeal Resolution (NAR), and may notify you orally as well.</li> <li>• Timeframes may be extended by you up to 14 calendar days if you request an extension, or if the BHP determines that there is a need for additional information that the delay is for your benefit.</li> <li>• If the BHP denies that your appeal does not qualify for an Expedited Appeal, they will notify you right away orally and in writing within 2 calendar days. Your appeal will then follow the Standard Appeal process.</li> </ul>
<p><b>Standard Appeal Process</b></p> <p>(Only applies to Medi-Cal beneficiaries receiving Medi-Cal services)</p> <p>An Appeal is a review by the BHP of an Adverse Benefit Determination (ABD), an Adverse Benefit Determination (ABD), or a denial of a requested service, including the determination based on the type or the level of service, medical necessity, appropriateness, setting, effectiveness or covered benefit. The determination suspension, or termination of a previously authorized service. 3) The denial in whole or in part of payment for a service. 4) The failure to provide services in a timely manner. 5) The failure to act within the required timeframe to ratify or rescind a denial of a grievance and appeal; or 6) The denial of a beneficiary's request to dispute financial liability. The decision made by the BHP about your benefit as a health care provider may be described in a Notice of Adverse Benefit Determination (NOABD) letter that originates from you. Steps to file an Appeal:</p> <ul style="list-style-type: none"> <li>• File an appeal in person, on the phone or in writing within 60 days of the date of the NOABD. If you file the Appeal orally you must follow up with a signed written Appeal. If you do not receive a NOABD, there is no need to file anything to file the appeal. You may authorize another person to act on your behalf.</li> <li>• Upon request your benefits will continue while the appeal is pending. If you file the Appeal within 10 calendar days from the date the NOABD was mailed or given to you.</li> <li>• You will receive a written acknowledgment of receipt of your Appeal postmarked within 5 calendar days of receipt of the Appeal.</li> <li>• The BHP has 30 days after the receipt of your Appeal to review it and notify you or your representative in writing about the decision.</li> <li>• Timeframes may be extended by you up to 14 calendar days if you request an extension, or if the BHP determines that there is a need for additional information that the delay is for your benefit.</li> <li>• Appeals are not available to be ratifies that are not happy with the outcome of the grievance.</li> </ul>	<p><b>State Fair Hearing</b></p> <p>You have a right to a State Fair Hearing, an independent review conducted by the California Department of Social Services. If you file a request for a State Fair Hearing, the BHP's appeal process and the problem is not resolved to your satisfaction. A request for a State Fair Hearing is included with each Notice of Appeal Resolution (NAR). You must submit the request within 90 days of the posting date or the date that the BHP has previously given you the NAR. You may request a State Fair Hearing whether or not you have received a NOABD. To help your representative while waiting for a hearing, you must request the hearing within a 100 day period from the date the NAR was mailed or personally given to you or left at the effective date of the change in service, whichever is later. The State must reach its decision within 90 calendar days of the date of request to State Fair Hearing and for Expedited Hearing, within 9 days of the date of request. The BHP shall update or provide the disputed services promptly within 72 hours from the date it receives notice reversing the BHP's ABD.</p> <p>You may also request a State Fair Hearing by calling (800) 868-0388 or by faxing (800) 868-0388. Alternatively, https://www.cdss.ca.gov/hand/publications/request.asp or writing to: California Department of Social Services, State Hearings Division, P.O. Box 844248, 1615 Sherman St., 94240-2480, Sacramento, CA 94244-2480.</p>

Consumer Assistance (800) 779-0787  
For assistance hearing/seeing, call 711, California Relay Service: 800-735-2775

**GRIEVANCE and APPEALS PROCESS (English)**



# Miscellaneous Items

Updated  
10.19.18

Your Success is Our Success

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# Lockout Situations

- ▶ Lockout Situations: A “lockout” means that a service activity is not reimbursable through Medi-Cal because of other services the client may be utilizing or due to a change in their legal status.
- ▶ A staff may provide services within their scope of practice, but it would not be reimbursable to DMC.
- ▶ If a beneficiary loses their Medi-Cal, there may be other non-Medi-Cal funds that may be able to be used.
  - ▶ For example, when a client is in jail no Medi-Cal claims may be made for the time they are in jail.
  - ▶ Minor clients in Juvenile Hall are locked out, unless adjudicated.

# DMC-ODS Same Day Billing Matrix

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	Metadone 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	S5000/S5001	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			
Metadone 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 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 urinalysis 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.

BHCS SUD Drug Test

Drug Testing or completing this form is an administrative only activity and is not claimable

**Drug Test Report**

Client: \_\_\_\_\_  
InSyst# \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Location: \_\_\_\_\_ Episode Opening Date: \_\_\_\_\_  
Services were provided in: \_\_\_\_\_ by  Interpreter or  clinician

**Staff Information**

Provider: \_\_\_\_\_ RU: \_\_\_\_\_  
Primary Staff: \_\_\_\_\_ InSyst ID: \_\_\_\_\_

**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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dilute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Altered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description

\_\_\_\_\_

LPHA/SUD Counselor Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_


# InSyst

- ▶ All staff who will be claiming to DMC need to be enrolled in InSyst
- ▶ **Registered and Certified counselors must have their InSyst Staff Mast indicate “Rehab Counselor” not “Unlicensed Staff”**
- ▶ Please refer to IS page on the BHCS provider website for more information about upcoming InSyst trainings and resources

<http://www.acbhcs.org/providers/Insyst/Insyst.htm>



# Tobacco Guidelines for SUD Providers



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

Quality Assurance Office  
2000 Embarcadero Cove, Suite 400  
Oakland, California 94606  
(510) 567-8105 / TTY (510) 533-5018

TO: All ACBHCS County and Contracted Substance Use Disorder (SUD) Providers

FR: ACBHCS Quality Management Department

DT: January 12, 2018

RE: Tobacco Guidelines for SUD Providers

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**Purpose:**  
This memo is intended to clarify claiming to SUD Drug Medi-Cal with regard to ACBHCS Provider Tobacco Policies and Consumer Treatment Protocols.

**BHCS Quality Assurance Guidance:**  
Tobacco Use Disorder (F17.200) is not a DHCS included diagnosis in the treatment of substance use disorder (SUD) beneficiaries and cannot be claimed through Drug Medi-Cal.


SUD contracted providers offer and provide counseling sessions when the treatment plan problem and associated action steps support recovery from SUD and relapse prevention. Beneficiaries whose recovery outcome may benefit by including tobacco use as a problem in their treatment plan may receive tobacco related services from the DMC SUD contracted provider.

Group services may be provided if a client's SUD symptoms and recovery potential are impacted by Tobacco/Nicotine use. The documentation requirements outlined in this memo are necessary in order to claim SUD treatment services and interventions related to Tobacco/Nicotine use.

**Assessment:** Current assessment standards require substance use/exposure to be assessed, including Tobacco/Nicotine products.

A comprehensive assessment of Tobacco/Nicotine use may include:

- Current/historical use of tobacco and nicotine related products
- Exposure to tobacco and nicotine related products
- Familial history of tobacco and nicotine use
- Risk for use/relapse



A Department of Alameda County Health Care Service Agency

- The impact the client's use of or exposure to tobacco/nicotine on their recovery from SUD.
- Experiences of quitting/attempting to quit

For some clients, tobacco use or exposure can significantly impact their ability to maintain recovery and may be part of the etiology of developing or exacerbating SUD symptoms. Compounding the issue, their SUD symptoms/impairments may be preventing them from accessing area/community resources to assist with tobacco cessation.

In order to claim group counseling services, the assessment shall demonstrate all of the following:


- The client's use/exposure to tobacco/nicotine products are exacerbating the SUD symptoms that are being treated and/or are a trigger for relapse.
- The client's SUD impairments to functioning are preventing them from accessing needed community supports/resources (Adults only); for adolescents, this is not a requirement as it is not expected that adolescents have the ability to seek out community resources on their own.

**Treatment Planning:** It is important to reiterate, that 1) in order to claim for services the treatment plan must contain an identified tobacco use objective/goal/problem and associated action steps and 2) direct treatment of Tobacco Use Disorder is not claimable through SUD/DMC. All treatment plan *Goals (problems), Objectives, Action Steps, and Interventions* must follow existing SUD clinical documentation standards and be related to treatment of a Drug Medi-Cal Included substance use disorder.

- **Objectives/Goals to Address the Identified Problem** must only be related to treating the client's included substance use diagnosis, recovery from SUD, and relapse prevention.
- **Group counseling** must be identified as a modality in the treatment plan in order to be claimed. Group counseling focused on tobacco cessation may be appropriate only if it is related to the treatment plan goals of the individual and provided by a "counselor or therapist" as defined in Title 22.
- **Service interventions** must be related to reducing the symptoms of the included diagnosis or focus on the client's recovery from SUD and/or relapse prevention. The modality, frequency and timeframe for group services should be clearly identified in the treatment plan.

**Progress Notes:** When documenting services in progress notes, if the assessment and plan adequately document the need for services, the provider shall document client's progress towards meeting their treatment plan goals, objectives and/or actions steps and if the service is having the intended impact on their recovery from SUD and/or relapse prevention.

For additional documentation questions, please contact your assigned Quality Assurance Technical Assistance staff. Contact information found here (see QA Technical Assistance\*): <http://www.acbhcs.org/providers/QA/QA.htm>



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ACBHCS released a memo on 1/12/18 outlining treatment options for SUD beneficiaries who use, or whose lives are impacted by, tobacco products

# Sources / Resources

DHCS INs:

[http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/Enclosure%204\\_15\\_30.pdf](http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/Enclosure%204_15_30.pdf)

42 CFR §: <http://www.ecfr.gov/cgi-bin/text-idx?rgn=div5;node=42%3A1.0.1.1.2>

IA: [http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS\\_Waiver/DMC-ODS\\_ExhibitA\\_AttachmentI\\_Boilerplate.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC-ODS_ExhibitA_AttachmentI_Boilerplate.pdf)

CMS STC: <http://www.dhcs.ca.gov/provgovpart/Documents/CAMedi-Cal2020STCsAmended04052018.pdf>

Want to learn more about the DMC-ODS Waiver?

- ▶ [http://www.dhcs.ca.gov/provgovpart/Documents/11.10.15\\_Revised\\_DMC\\_ODS\\_FACT\\_SHEET.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/11.10.15_Revised_DMC_ODS_FACT_SHEET.pdf)
- ▶ <http://www.acbhcs.org/providers/SUD/medi-cal.htm>



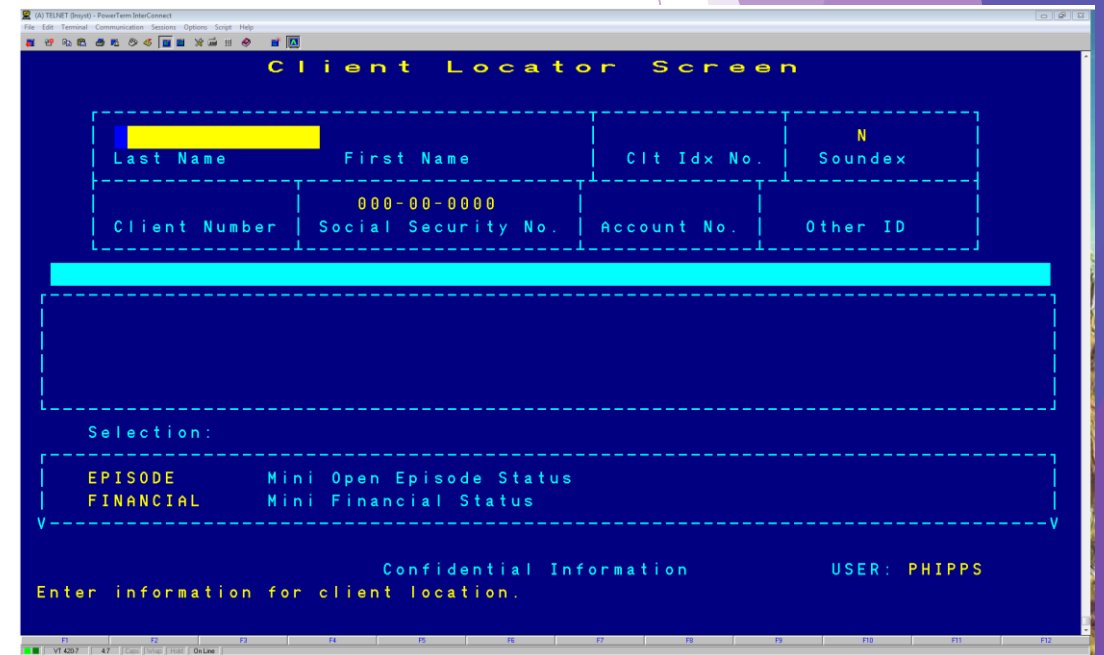
# A few links for more information on 42 CFR, Part 2 Final Rule

42 CFR Part 2, Final Rule is effective as of February 2, 2018. Some resources are provided below:

- ▶ <https://www.federalregister.gov/documents/2018/01/03/2017-28400/confidentiality-of-substance-use-disorder-patient-records>
- ▶ <https://lac.org/wp-content/uploads/2018/01/Jan-2018-Final-Rule-Synopsis.pdf>
- ▶ <https://lac.org/samhsa-revises-42-cfr-part-2-new-final-rule-confidentiality-substance-use-disorder-treatment-information/>
- ▶ <https://www.psychiatry.org/psychiatrists/practice/practice-management/hipaa/42-cfr-part-2>
- ▶ [https://www.asam.org/advocacy/issues/confidentiality-\(42-cfr-part-2\)](https://www.asam.org/advocacy/issues/confidentiality-(42-cfr-part-2))

# How to Print InSyst Face Sheet

- ▶ Navigate to the *InSyst Client Locator Screen* (1,7 from main menu)
- ▶ With the client's information on the *InSyst Client Locator Screen* press Num-Lock + F, then press F6
- ▶ This will print the client's *InSyst Face Sheet* to the computer's default printer
- ▶ These instructions are also in the InSyst Mini-Manual
- ▶ **SUD providers are allowed to print and include the InSyst or CG Face Sheet in the record. This is allowed by 42 CFR and by the client when they sign the SUD Programs ROI.**



# How to Print the InSyst Face Sheet

From the main menu  
input 1 or CLIENTS and  
press enter



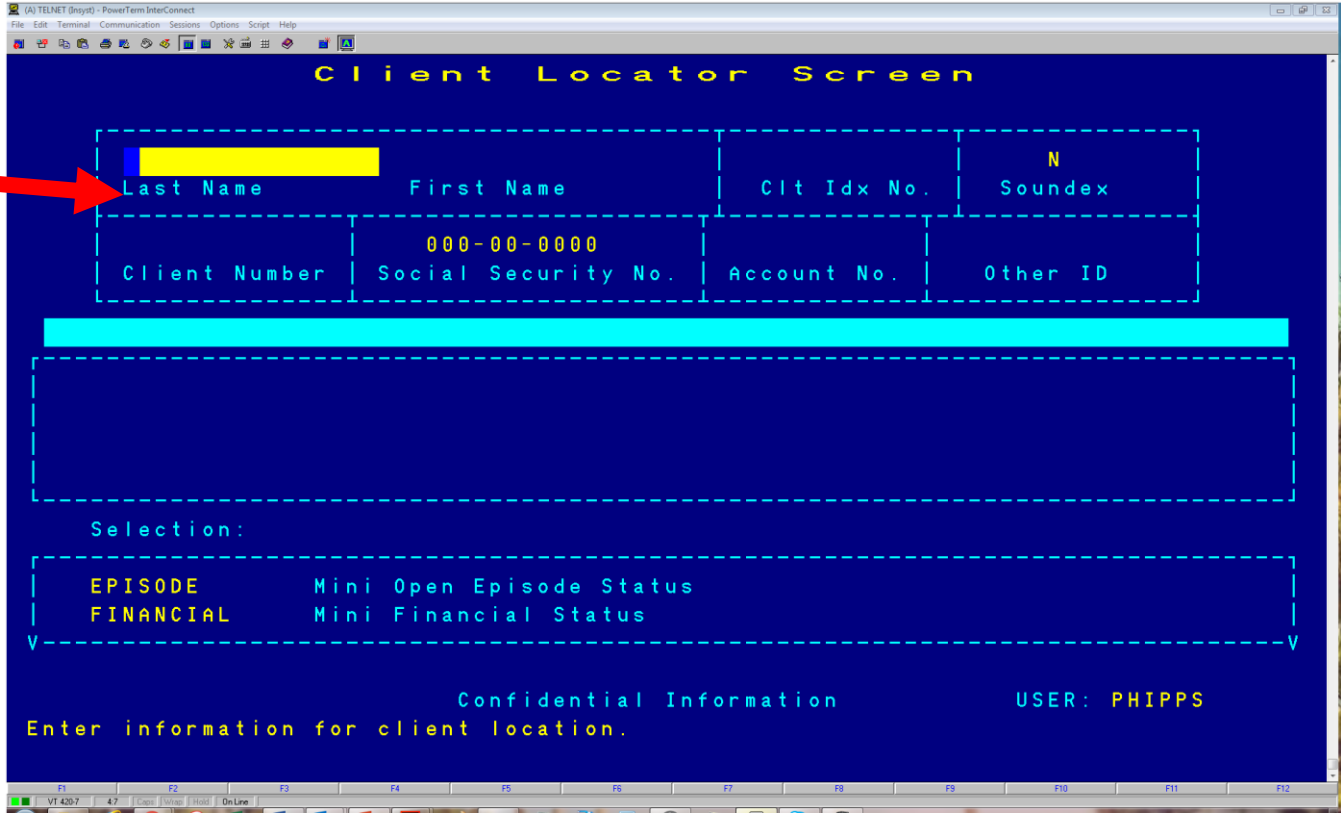
# How to Print the InSyst Face Sheet

Next type LOCATOR or 7 and press enter



# How to Print the InSyst Face Sheet

Enter the client's info into one of these fields and press enter



# How to Print the InSyst Face Sheet

Depending on what info you inputted, several clients may populate this list, put an X next to the client you are looking for and press enter

The screenshot shows a terminal window titled "Client Locator Screen" with a menu and a list of clients. A red arrow points to the first client in the list, "CINDYTHREE TEST".

TEST	CINDY		N
Last Name	First Name	Clt Idx No.	Soundex
	000-00-0000	0	0
Client Number	Social Security No.	Account No.	Other ID

First	M	Last	Number	Birth Date	Sex	SSN	CIN
X		CINDYTHREE	TEST	10088040	01-Jan-1997	F	Unknown
		CLIENT	TEST	10083156	04-Jun-1988	M	Unknown
		DAVE	TEST	10087875	01-Apr-2007	M	Unknown
		FOUR	TEST	10089520	10-Oct-2000	U	Unknown

Selection:

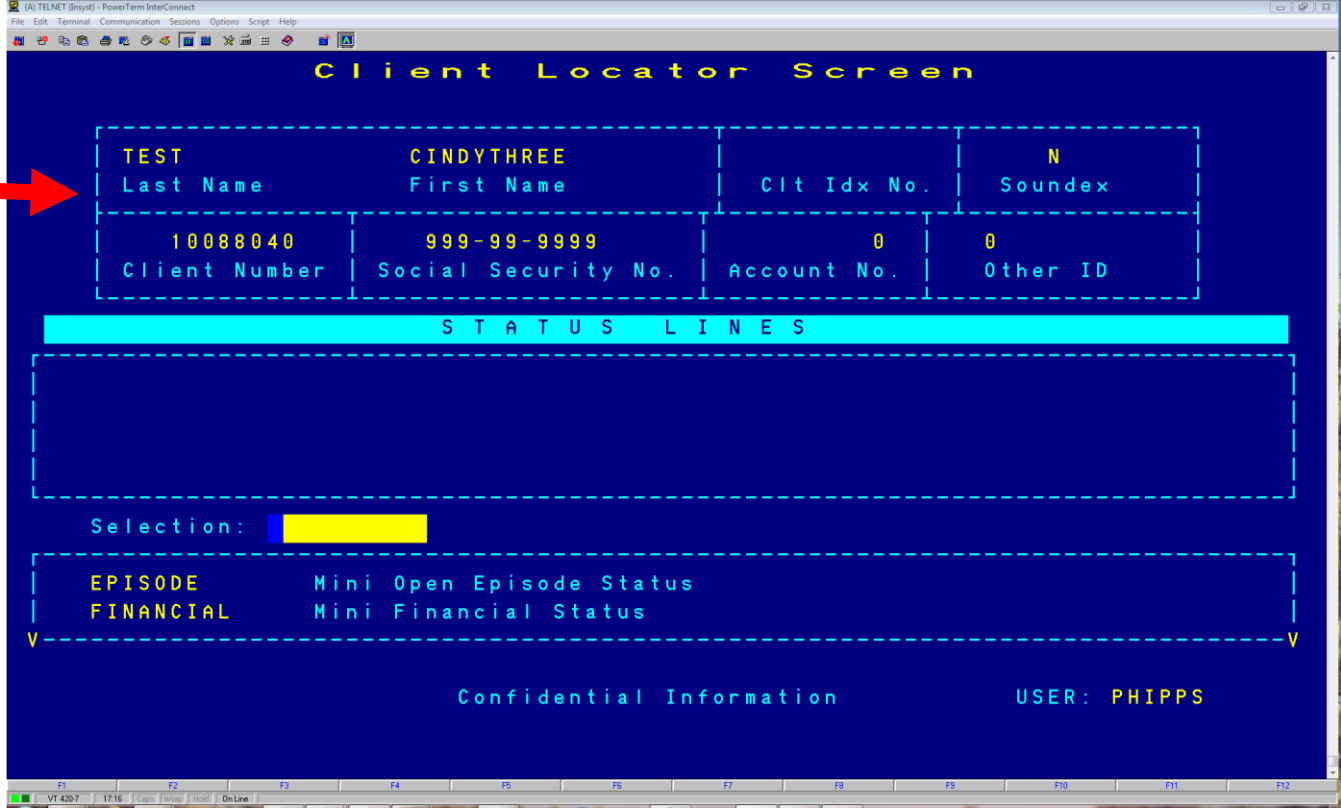
EPISODE	Mini Open Episode Status
FINANCIAL	Mini Financial Status

4 clients displayed.

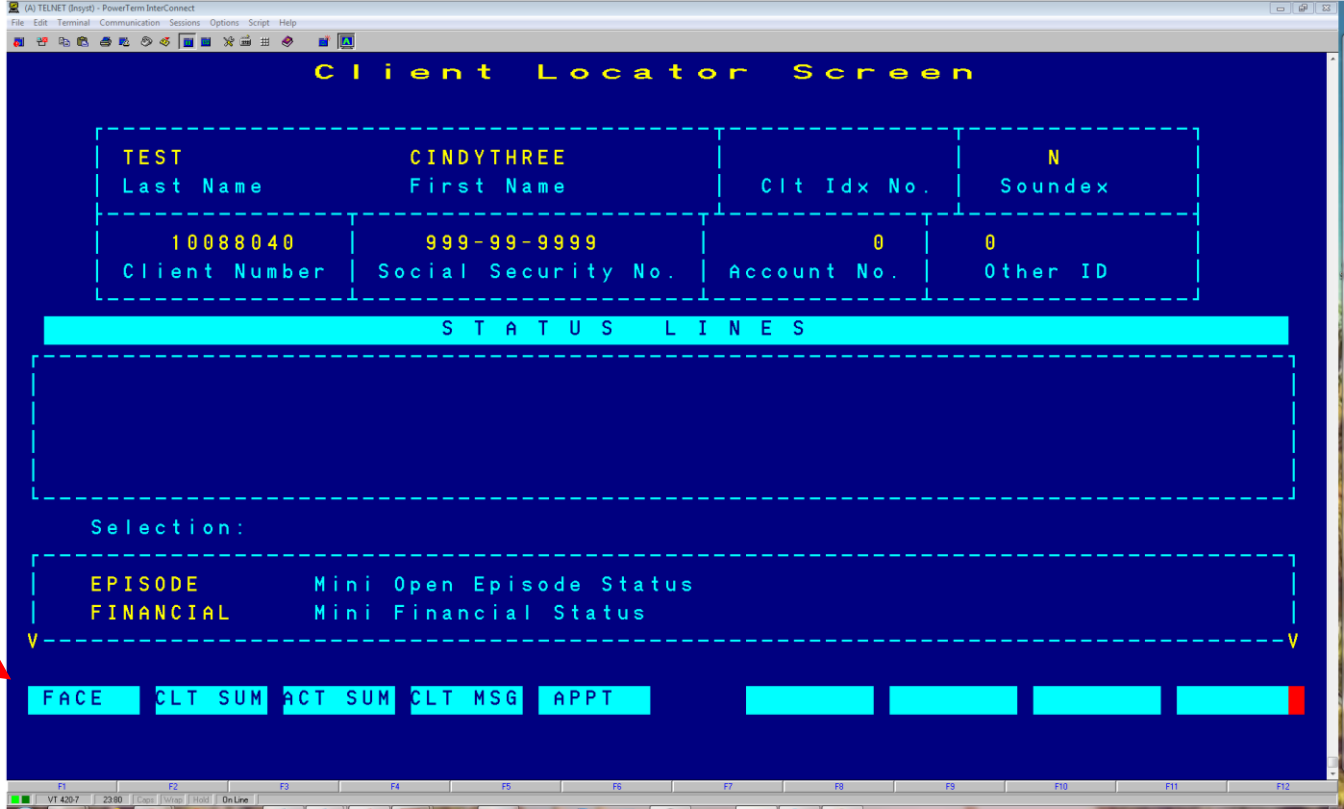
Confidential Information USER: PHIPPS

# How to Print the InSyst Face Sheet

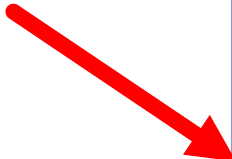
When your client's info appears in these fields. Press Num Lock + F



# How to Print the InSyst Face Sheet



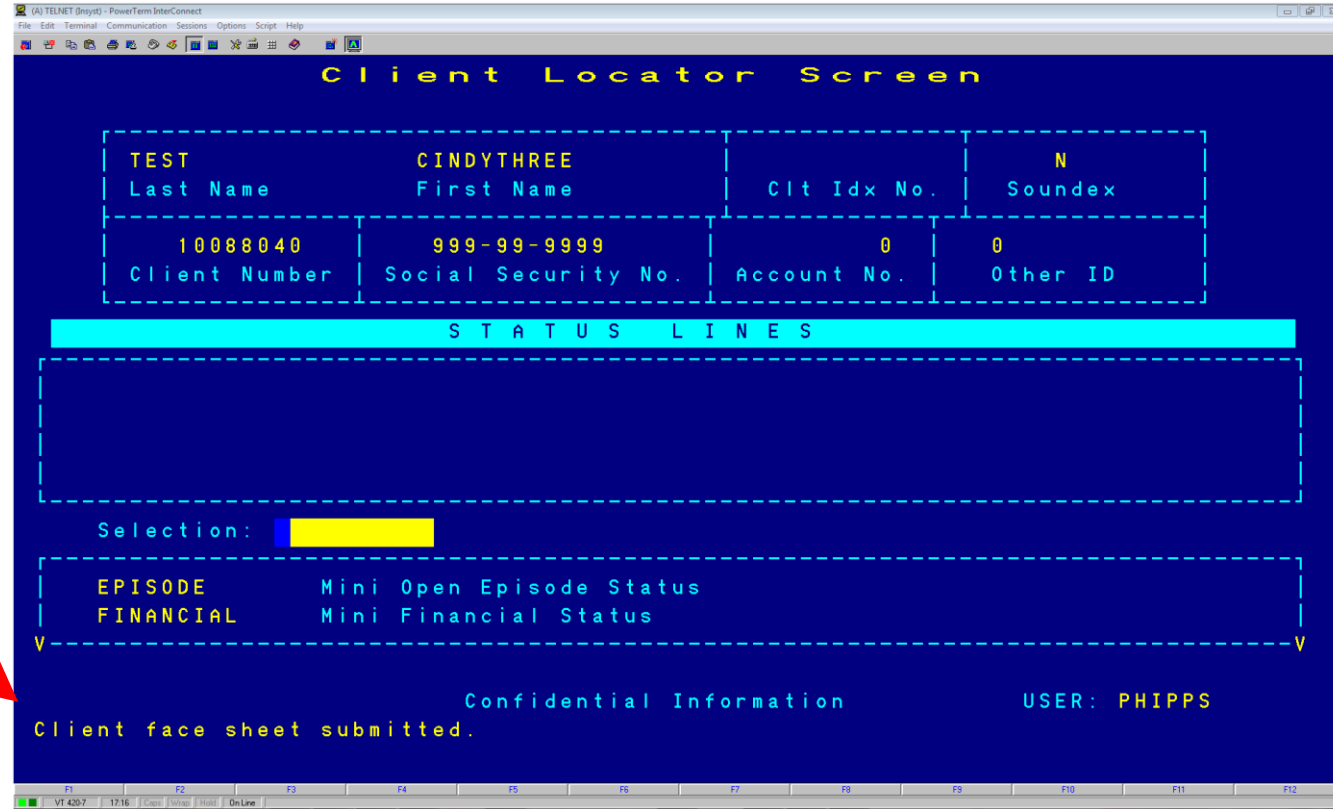
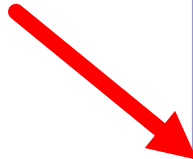
Once this row at the bottom appears, press F6.





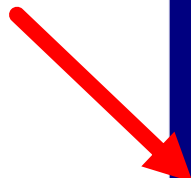
# How to Print the InSyst Face Sheet

Next your screen should look something like this as the Face Sheet is sent to your printer.



# How to Print the InSyst Face Sheet

This yellow highlighted text confirms your document was printed to your computer's default printer.



The screenshot shows a terminal window titled "Client Locator Screen" with a dark blue background and yellow text. The window contains a form with the following fields:

TEST	CINDYTHREE		N
Last Name	First Name	Clt Idx No.	Soundex
10088040	999-99-9999	0	0
Client Number	Social Security No.	Account No.	Other ID

Below the form is a cyan bar labeled "STATUS LINES". Underneath, there is a "Selection:" label followed by a yellow box. A red arrow points to this yellow box. Below the selection box, a status message is displayed in yellow text:

Reply received on ALCOVE from user SP\_E04\_RPT at ALCOVE Batch 15:00:59  
REPORT processing complete for REPORT\_MHS140  
V-----(press <CTRL>W to refresh screen)-----V

At the bottom of the screen, it says "Confidential Information" and "USER: PHIPPS". The message "Client face sheet submitted." is also visible.

# How to Update Emergency Contact Information

InSyst  
17-Oct-16 10:48 AM  
MAIN MENU  
Alcohol & Drug

Enter, "Client." or Enter "1"

Selection: [red cursor]

Selection	Description
CLIENTS	Client Maintenance Menu
DDP	DDP Maintenance Menu
APPTS	Appointment Maintenance Menu
EPISODES	Episode Maintenance Menu
SERVICES	Service Maintenance Menu
INDIR_SERV	Indirect Service Maintenance Menu

# How to Update Emergency Contact Information

InSyst  
17-Oct-16 10:56 AM  
Alcohol & Drug  
Client Maintenance Menu

Enter "Sig\_other"  
or "4"

Selection:

Selection	Description
REGISTER	Client Registration
MANAGEMENT	Client Maintenance
CLIENT_MSG	Client Message Maintenance
SIG_OTHER	Significant Other Maintenance
ECI	Electronic Client Information
ADDRESS	Address Maintenance

# How to Update Emergency Contact Information

**Client Significant Others Selection**

Client Number:

When a client is first registered, there is an option to enter Significant Other information. If no information is entered, INSYST will default to 'No Significant Other' and information on the Face Sheet will be blank. In order to add Significant Other and Emergency Contact information, you must enter Num-Lock I. (This is the command for inserting information.) This will take you to 'Client Significant Other Insert' page (see corresponding Powerpoint slide for more directions).

If a client's Significant Other information was entered at registration and needs to be updated, the client's PSP/INSYST number can be entered on this page. This will pull up a 'Client Significant Other Update page.' (see corresponding Powerpoint slide for more directions).

Significant Other	Relation to Client	Home Phone	Work Phone	Emer
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# Inserting Significant Other Info if None was Entered at Episode Opening.


**Client Significant Others Insert**

Client Number: 75134621    BABY    TEST

Name Last: SIMPSON	First: MARGE	Effective Date: 10/21/2016
Relationship to Client: MOTHER		Expiration Date: / /

Street

Number: 742    City: SPRINGFIELD  
Direction:    State: CA    Zip Code: 94619+ 555  
Name: EVERYGREEN TERRACE    Country: USA  
Type:  
Apartment:    Home Phone: (510) 867-5309 Ext.: 0  
Work Phone: ( ) - Ext.: 0

Comment: 

<input checked="" type="checkbox"/> Emergency Contact	<input checked="" type="checkbox"/> Client's Guardian	<input checked="" type="checkbox"/> Family Member
<input type="checkbox"/> Don't Display on Rpts	<input checked="" type="checkbox"/> Primary Caregiver	

Continue:     Confidential Information    USER: SAMMISJ  
Successful insert.    Insert total = 1.

# Updating Significant Other Information that has already been entered.

**Client Significant Others Selection**

Client Number: PSP INSYST #

Significant Other	Relation to Client	Home Phone	Work Phone	Emer
<input type="text"/> <input type="text"/>	Mother, Father..., etc.	(510) <input type="text"/>	( ) -	X
<input type="text"/> <input type="text"/>	<input type="text"/>	(510) <input type="text"/>	( ) -	

Type U to update information and make changes.

This page must show an X next to Emergency Contact, for it to show up on the Face sheet. If it does not, update the information.

# How to Update Emergency Contact Information

**Client Significant Others Update**

Client Number: PSP# [ ] [ ] [ ]

Name Last: [ Last Name ] First: [ First Name ] Effective Date: [ Date you enter Info ]  
 Relationship to Client: **MOTHER** Expiration Date: / /

Street  
 Number: 0 City:  
 Direction: State: Zip Code: 00000+ 0  
 Name: Country:  
 Type:  
 Apartment: Home Phone: (510) [ Phone # ] Ext.: 0  
 Work Phone: ( ) - Ext.: 0

Make sure this has an X in this field.

Comment: **client's foster mother**

Emergency Contact       Client's Guardian      Family Member  
 Don't Display on Rpts      Primary Caregiver



