Santa Clara County
Behavioral Health

Substance Use
Treatment Services

Clinical Documentation

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Quality Improvement Division
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Tiana Nelson, Clinical Standards
SUTS Director: Bruce Copley

AGENDA

9:00 AM
• Intro to Manual
• SUTS Philosophy of Care
• Location of TX
• Treatment Modalities
• ASAM
• Program Oversight
• Audits and Record Retention
• Scope of Practice
• Screening, Admission and Treatment
• Timelines Overview
Quiz One
10:15 AM Break

10:25 AM
• Physical Exams & Discharge Requirements
• Assessment and ALOC
• Medical Necessity and Diagnosis
• Treatment Planning
• Protected Health Information
• Progress Notes & Special Issues
• SUTS Continuum of Care
• Service Types and Claiming
• Client Problem Resolution Process
• CalOms Quiz Two
• Q & A and Complete reviews
1. How to use the manual:
2. Quick look at Table of Contents
3. Appendixes Tables
4. Index and Glossary
5. Hyperlinks and bookmarks
6. Quiz and Questions

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**Philosophy of Care**

*Mission, Vision, Values, Strategic Priorities*

- Client Centered
- Chronic Care Model
- ASAM Fidelity
- Continuum of Care
- Whole Person Care
- Trauma Informed
- Individualized
- Collaborative Learning Community
- Outcomes: Research, Data Support

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**Location of Treatment**

- **I**
  - Less severe SUD
  - Less severe MI
  - Type: Co-occurring Capable
- **II**
  - Less severe SUD
  - More severe MI
  - Type: Co-occurring Integrate
- **III**
  - More severe SUD
  - Less severe MI
  - Type: Co-occurring Capable
- **IV**
  - More severe SUD
  - More severe MI
  - Type: Co-occurring Integrated

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Treatment Modalities

- Outpatient: OS, IOS and PHS
- Additional MAT
- NTP/OTP: Methadone
- Perinatal TX
- Residential TX
- Recovery Services
- Withdrawal Management
- Case Management Programs

And

Non Treatment: Recovery Residences

ASAM Decision Ladder

Program Oversight

* Medi-Cal ODS 1115 Waiver Pilot *

“Managed Care is a health care delivery system organized to manage cost, utilization, and quality.” (Medicaid) " Medi-Cal Managed Care provides high quality, accessible, and cost-effective health care through managed care delivery systems.” (DHCS)

Federal Guidelines: CFR Part 438-Managed Care

System performance Measures: Engagement, Timeliness, Quality of Care and EBP & Client Survey
OUT OF COUNTY CLIENTS

Exceptions:
1. Client is homeless or out of county OR IN transition of moving to SCC.
2. The counselor must assist client and document the client’s attempts to obtain Medi-Cal.
3. Clients in process of transfer of Medi-Cal to SCC.
4. Medi-Cal eligibility is in dispute.

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Client records are the only full source of information for:

- CLIENT DEMOGRAPHICS
- EVIDENCE OF MEDICAL NECESSITY & ASAM LOC
- DIAGNOSES, TREATMENT PROVIDED
- VERIFICATION OF CHARGING
- EVIDENCE OF BEST PRACTICES
- CLIENT GOALS, PROGRESS & NEEDS

**Record Retention Requirements**

**Protected Health Information**

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Clinical & Administrative Records

**Preparing for Audits**

<table>
<thead>
<tr>
<th>Chart Requirements</th>
<th>Types of Audits</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Medi-Cal Eligibility</td>
<td>☑ Clinical Performance</td>
</tr>
<tr>
<td>☑ Physical Exam</td>
<td>☑ Medi-Cal</td>
</tr>
<tr>
<td>☑ Group Sign-In</td>
<td>☑ VHP &amp; Other</td>
</tr>
<tr>
<td>☑ Primary Counselor</td>
<td>☑ Peer Reviews (UR)</td>
</tr>
<tr>
<td>☑ Treatment Plan</td>
<td></td>
</tr>
<tr>
<td>☑ Evidence of 2 EBP's</td>
<td></td>
</tr>
</tbody>
</table>
SIGNATURE REQUIREMENTS

Providers:
- Black Ink
- Printed Name
- Signature
- License/Certification & Number or Role
- Date

Or: Electronic Signatures

Clients:
- Black Ink
- Printed Name
- Signature
- Date

Scope of Practice

Determined by License, Credential and/or Role

- What is an LPHA?
- Certified or Credentialed
- Pre-licensed & Pre-Certified
- Community Workers, Peer Mentors

See Crosswalk

Quiz
SCREENING, ADMISSION & TREATMENT

- Appointment–based (Gateway)
- Pre-Authorization sites
- Care Coordination referrals
- Same day walk-in (“open access”)
- Youth “Gateway”

Timelines Overview

<table>
<thead>
<tr>
<th></th>
<th>CHCONS</th>
<th>ALOC</th>
<th>ASSES</th>
<th>INITIAL TREATMENT PLAN</th>
<th>CSU BI-ANNUAL</th>
<th>CSU ANNUAL</th>
<th>CSU DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OS/IOS PHS</td>
<td>Prior to 3rd session</td>
<td>In 15 days</td>
<td>30 days</td>
<td>Between 5th &amp; 6th month</td>
<td>Between 11th &amp; 12th month</td>
<td>30 days from last clinical contact</td>
<td></td>
</tr>
<tr>
<td>NTP OTP</td>
<td>Prior to 2nd session</td>
<td>In 15 days</td>
<td>28 days</td>
<td>Between 5th &amp; 6th month</td>
<td>Between 11th &amp; 12th month</td>
<td>14 days from last dose</td>
<td></td>
</tr>
<tr>
<td>RES</td>
<td>Between 2nd &amp; 3rd month</td>
<td>10 days</td>
<td>By day 10</td>
<td>NA</td>
<td>NA</td>
<td>48 hours</td>
<td></td>
</tr>
<tr>
<td>WIM</td>
<td>48 hours</td>
<td>In 15 days</td>
<td>48 hours</td>
<td>NA</td>
<td>NA</td>
<td>48 hours</td>
<td></td>
</tr>
<tr>
<td>RES</td>
<td>NA at admit or DC</td>
<td>In 30 days</td>
<td>30 days</td>
<td>Between 5th &amp; 6th month</td>
<td>Between 11th &amp; 12th month</td>
<td>NA DC 30 days from last clinical contact</td>
<td></td>
</tr>
</tbody>
</table>

Physical Exams

- Client Completes HSQ
- Client must obtain a Physical Exam
  - Must be within last 12 months
  - With written Proof of completion or
  - Added to Treatment Plan and
    Counselor works with client to obtain

* CARE COORDINATION *
DISCHARGES
Continuing Care and Discharge Plan
- Triggers for Relapse
- Support Plan
- Referrals & Resources

DISCHARGE SUMMARY
- 30 days after last face to face or 14 days after last dose
- Within 48 hours for Residential and WM
- Duration, Reason for DC, Summary & Prognosis

Administrative Discharge Summary
- When CalOMS was completed but client left Treatment

ASSESSMENT
Multidimensional Biopsychosocial Assessment
- Indicates LOC
- Determines Medical Necessity
- Diagnosis
- Identifies Accommodations needed
- Assesses Risk
- Identifies Client Strengths

ASAM PLACEMENT AND ALOC

REVIEW:
- Here And Now
- History
- How Worried Are You

WHEN:
- Admission
- Discharge
- Authorization
- Transfers
- Referral
- Recovery Residences
- For internal review

WHERE:
- (This will be changing!)
  For external review:
  Profile of Client

  For internal review:
  Profile of Cost Center
In order to constitute “imminent danger” ALL THREE ELEMENTS must be present

1. A strong probability that certain behaviors will occur (e.g., continued alcohol or drug use or relapse or non-compliance with psychiatric medications)
2. The likelihood that these behaviors will present a significant risk of serious adverse consequences to the individual and/or others (as in a consistent pattern of driving while intoxicated)
3. The likelihood that such adverse events will occur in the very near future within hours or days.

**Medical Necessity and Diagnosis**

- **Principle Diagnosis** must be a SUD diagnosis
- **Must** be on DHCS approved list
- **Must** be written with ICD code & DSM Description
  - Ex: F10.20, Alcohol Use Disorder, Moderate
- LPHA’s may add a **Secondary** Mental Health Diagnosis
- Diagnosis may not be given by Credentialed/Certified or Pre-Credentialed/Certified Counselors
  - Counselors may give “Diagnostic Impressions”. “Face to face” meeting with LPHA required by DHCS to give actual Diagnosis
- **Meets DSM Criteria** and Medical Necessity Determinates

**Treatment Planning**

The ASAM Assessment informs the Treatment Plan

The TX Plan Identifies:

Problems → Goals → Action Steps

**Strength Based**
Action Steps

S.M.A.R.T.
Specific, Measurable, Attainable, Relevant and Time-Bound

<table>
<thead>
<tr>
<th>SMART Goals</th>
<th>Who</th>
<th>Client and/or Counselor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verb/Action Word</td>
<td>will do</td>
<td>specific, observable and measurable</td>
</tr>
<tr>
<td>How often</td>
<td>for (x days, weeks, months)</td>
<td></td>
</tr>
<tr>
<td>When will be done</td>
<td>by (x weeks, months)</td>
<td></td>
</tr>
<tr>
<td>How will it be measured</td>
<td>as measure by (eg. Client report, counselor observation, written documentation or verifiable)</td>
<td></td>
</tr>
</tbody>
</table>

TX PLAN ELEMENTS

✓ Problem identifies areas of impairment or distress of substance use
✓ Problem correctly matches the ASAM dimension
✓ Stage of Change correctly matches the problem statement
✓ Goal directly relates to the problem statement
✓ Goal matches the stage of change
✓ Action Steps are measurable (SMART)
✓ Action Steps help achieve the goal

PROTECTED HEALTH INFORMATION

“Any verbal, written, recorded or electronic information that identifies or can be used to identify a client is considered Protected Health Information (PHI).”

★ Standard Consents
★ Consents based on Client Type.
★ TSR's and CSR's.

Redislosure: A release to speak to one entity does not allow disclosure to a second entity.
Progress Notes
The Golden Thread

- The **Assessment** looks at where the client is.
- The **Treatment Plan** identifies where the client wants to go and their strengths and their barriers to this goal.
- The **Action Steps** outline what the client and the provider will do to get to the client’s chosen destination.
- The **Progress Note** describes the journey.

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Progress Notes
The Treatment Plan Goals & Actions Steps are the map for Treatment!

- **P** Problem
- **I** Intervention
- **R** Response
- **P** Plan

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On the Road to Recovery
Progress Notes
Overall Record must show:
✓ Fidelity to ASAM & Stage of Change
✓ Counselor Interventions & Client Response
✓ Support SUD DX & MH DX
✓ Medical Necessity ✓ Risk Factors
✓ Client’s Progress ✓ Updates to TX plan
✓ Evidence of EBPs ✓ Care Coordination
✓ Client Strengths ✓ Documentation Time
✓ Travel time ✓ Discharge planning

PROGRESS NOTES
Specific Requirements
Informed Consent
Groups
TCM
Parent & School Involvement
NTP/OTP & Additional MAT
IOS/PHS
Residential & WM
Late Entries
Cancellations, Late Arrivals
and No Shows

Special Issues:
* AIDS/HIV Status
* Suicide Protocol
  * Violence
  * Abuse
  * Incidents
  * Other
Concurrent Services
Psychiatric Medication Assessment
~ Methadone (OTP/NTP)
~ Additional MAT
  • Naltrexone (Vivitrol),
  • Naloxone,
  • Disulfiram, and
  • Prescription Suboxone

Service Types & Charging Requirements
Service Types

Reimbursable

Client Problem Resolution Process

Client must be informed of Process at Intake

CalOMS

Client must have:

- Alcohol or drug (AOD) related problem
- Consented to participate in treatment
- Completed screening and admission
- Begun development of Treatment Plan

Admission

- Prior to 3rd Outpatient session
- Between 2nd and 10th day of Residential Treatment

Discharge

- If CalOMS has been already completed

Annual Update

Note: No CalOMS for Recovery Services
Counselor Resources

- Make sure you have the correct Forms
- Review and understand all legislation and regulations that apply to your role
- Review all Alerts at Staff meetings
- Consult when you are not sure!

Clinical Trainings

1. QI Trainings: Offered annual or Bi-Annually
   a. ALOC – Level of Care
   b. Orientation to SUTS System of Care
   c. SUTS Documentation
   d. Stage of Change & TX Planning and others.
2. Annually:
   a. Confidentiality, 42 CFR and HIPAA *
   b. Compliance *
   c. Culturally and Linguistically Appropriate Services (CLAS) *
3. Every two years:
   a. Communicable Diseases: minimum 2 hours-offered by County
   b. Law and Ethics – minimum of 6 hours-offered by the County
   c. Prevention of Sexual Harassment *

New with Waiver: All counselors must be trained in ASAM placement Criteria prior to beginning work. We will be adding an on-line course available through the County.

* This training not available for Contract Providers through the County

Final Review

QUIZ
Comments & Questions

Please complete your evaluation form and request for CEU's.