Santa Clara County
Behavioral Health
Substance Use
Treatment Services
Clinical Documentation

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SUTS Behavioral Health Executive Director: Bruce Copley

AGENDA
1:30 PM
• 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
2:45 PM Break
3:00 PM
• 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

Philosophy of Care

**Mission, Vision, Values, Strategic Priorities**

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

Location of Treatment

<table>
<thead>
<tr>
<th>Quadrant</th>
<th>Description</th>
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<tbody>
<tr>
<td>I</td>
<td>Less severe SUD Less severe MH Type: Co-occurring Capable</td>
</tr>
<tr>
<td>II</td>
<td>More severe SUD More severe MH Type: Co-occurring Integrated</td>
</tr>
<tr>
<td>III</td>
<td>More severe SUD Less severe MH Type: Co-occurring Capable</td>
</tr>
<tr>
<td>IV</td>
<td>Less severe SUD More severe MH Type: Co-occurring Capable</td>
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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

Program Oversight

“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: 42 CFR Part 438-Managed Care


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
Client Records

Client records are the *only* source of information for:

- Client Demographics
- Evidence of Medical Necessity
- Shows Fidelity to ASAM LOC
- Verifies Diagnoses
- Evidence of Treatment Provided
- Verification of Charging
- Evidence of Best Practices
- Client Goals, Progress & Needs

**Record Retention Requirements**

**Protected Health Information**

Clinical & Administrative Records

**Preparing for Audits**

**Chart Requirements**
- Medi-Cal Eligibility
- Physical Exam
- Group Sign-In
- Primary Counselor
- Treatment Plan
- Evidence of 2 EBP's

**Types of Audits**
- Clinical Standards
- Drug Medi-Cal
- VHP & Other
- Peer Reviews (UR)
- Fiscal
- Administrative
SIGNATURE REQUIREMENTS

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

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

Electronic Signatures may be used

Scope of Practice
Determined by License, Credential and/or Role

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

See Table 3

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>CAL-OHS ADMIT</th>
<th>ALOD</th>
<th>ASSESS</th>
<th>1ST T/A CARE PLAN</th>
<th>6M ANNUAL</th>
<th>ANNUAL</th>
<th>CAL-OHS DISCHARGE</th>
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<tr>
<td>OS &amp; ERS</td>
<td>Prior to 2nd</td>
<td>Make &amp; Discharge</td>
<td>30 days</td>
<td>20 days</td>
<td>Between 6th &amp; 8th month</td>
<td>Between 1st &amp; 2nd month</td>
<td>30 days from last clinical contact</td>
</tr>
<tr>
<td>MIP</td>
<td>Prior to 3rd</td>
<td>Make &amp; Discharge</td>
<td>30 days</td>
<td>10 days</td>
<td>Between 8th &amp; 10th month</td>
<td>Between 4th &amp; 5th month</td>
<td>14 days from last dose</td>
</tr>
<tr>
<td>TP</td>
<td>Prior to 3rd</td>
<td>Intake</td>
<td>26 days</td>
<td>10 days</td>
<td>NA</td>
<td>NA</td>
<td>45 hours</td>
</tr>
<tr>
<td>RES</td>
<td>Between 2nd &amp; 10th day</td>
<td>Make &amp; Discharge</td>
<td>9 days</td>
<td>10 days</td>
<td>NA</td>
<td>NA</td>
<td>45 hours</td>
</tr>
<tr>
<td>WM</td>
<td>48 hours</td>
<td>Intake &amp; Discharge</td>
<td>NA as needed</td>
<td>48 hours</td>
<td>NA</td>
<td>NA</td>
<td>45 hours</td>
</tr>
<tr>
<td>RES</td>
<td>NA</td>
<td>Intake &amp; Discharge</td>
<td>30 days</td>
<td>30 days</td>
<td>Between 1st &amp; 2nd month</td>
<td>Between 6th &amp; 7th month</td>
<td>NA</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
**ASAM DECISION LADDER**

- What is the progress of the treatment plan and placement decision? What are the outcome measurements?
- What drug or intensity of these services is needed for each dimension?
- Choose a specific focus and target for each priority dimension.
- Multidimensional severity/level of functioning profile.
- Conduct a multidimensional assessment.
- What does the participant want? Why now?
- Where can these services be provided? In the least intensive but safe level of care or site of care?
- What specific services are needed for each dimension?
- Identify which assessment dimensions are currently most important to determine treatment priorities.
- What is the DSM IV diagnosis?
- Does the participant have immediate needs due to increased risk in any of the six assessment dimensions?

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**ASSESSMENT**

Multidimensional Biopsychosocial Assessment

- Indicates LOC
- Determines Medical Necessity
- Justifies Diagnosis
- Identifies Accommodations needed
- Assesses Risk
- Identifies Client Strengths
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.

**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:
- For external review: At "Profile of Client" level

**CASE MANAGEMENT**

ASSESSMENT SHOULD INCLUDE:

Client need for:
1. Care coordination and linkages to physical and mental health care.
2. Transition to higher/lower level of care
3. Transportation
4. Housing
5. Vocational/ School assistance
6. Referrals for childcare and parenting services
7. Patient advocacy
8. Communication with legal entities (ex. TSR) and...Periodic reassessment of individual needs
Medical Necessity and Diagnosis

• Principle Diagnosis must be a SUD DSM diagnosis
• For reimbursement it must be on DHCS approved list
• Must be written with; ICD code & DSM Description
  • Ex: F10.20, Alcohol Use Disorder, Moderate
• And... must meet medical necessity
• LPHA’s may add a secondary Mental Health Diagnosis
  ➢ Note: 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 determine actual Diagnosis

Treatment Planning

The ASAM Assessment informs the Treatment Plan

The TX Plan Identifies:
Problems → Goals → Action Steps

Which dimensions are currently most important? Develop priorities.

Action Steps

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

<table>
<thead>
<tr>
<th>SMART Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who</td>
</tr>
<tr>
<td>Verb/Action Word</td>
</tr>
<tr>
<td>What</td>
</tr>
<tr>
<td>How often</td>
</tr>
<tr>
<td>When will it be done</td>
</tr>
<tr>
<td>How will it be measured</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 and match stage of change

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**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.

*Redisclosure:* A release to speak to one entity does not allow disclosure to a second entity.

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**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.
Progress notes
The Treatment Plan Goals & Actions Steps are the map for Treatment!

- Problem
- Intervention
- Response
- Plan

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
- Client's Progress
- Evidence of EBPs
- Client Strengths
- Travel time
- Risk Factors
- Updates to TX plan
- Care Coordination
- Documentation Time
- Discharge planning

PROGRESS NOTES
Specific Requirements
Informed Consent
Groups
Case Management
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

It's Time For A Break

SUTS Continuum of Care

- Outpatient & Recovery Services
- Intensive Outpatient & Partial HOSP
- Withdrawal Management
- Residential
- Recovery Residences
- Housing
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*

1. EVENT
2. CONSULT
3. REVIEW P&P
4. CONTACT QI
5. HQA
   - Grievances
   - Appeals
6. FAIR HEARING

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**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*

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**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. Q1 Trainings: Offered annual or Bi-Annually
   a. Documenting to meet Medical Necessity for LOC Authorization
   b. Understanding SUTS System of Care, ASAM and Clinical Standards
   c. SUTS Clinical Documentation
   d. Stage of Change & TX Planning for SUTS

2. Annually:
   a. Confidentiality, 42 CFR and HIPAA *
   b. Compliance *
   c. Culturally and Linguistically Appropriate Services (CLAS) *

2. 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*

All new hires have nine (9) months from hire date to complete mandatory trainings:

New with Waiver: All counselors must be trained in ASAM placement Criteria prior to seeing clients. There are two required on-line course available through the County.

* This training not available for Contract Providers through the County.

Final Review

QUIZ

Thanks for Coming!

Comments & Questions

Please complete your evaluation form and request for CEU’s